

CONFIDENTIAL

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

AMENDED

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

3/04/10

copy filed
5/12/08
KCC

Operator: License # 5144
Name: Mull Drilling Company, Inc.
Address: P.O. Box 2758
City/State/Zip: Wichita KS 67201-2758
Purchaser: Plains Marketing, LLC
Operator Contact Person: Mark Shreve
Phone: (316) 264-6366
Contractor: Name: WW Drilling, LLC
License: 33575
Wellsite Geologist: Phil Askey

API No. 15 - 135-24722-0000
County: Ness
NW SW NE Sec. 17 Twp. 17 S. R. 23 East West
2018 feet from S N (circle one) Line of Section
2564 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: LAS Unit Well #: 1-17

Field Name: Oppliger
Producing Formation: Mississippi Warsaw Dolomite
Elevation: Ground: 2468' Kelly Bushing: 2473'
Total Depth: 4580' Plug Back Total Depth: 4509'
Amount of Surface Pipe Set and Cemented at 209 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1812' Feet
If Alternate II completion, cement circulated from 1812'
feet depth to surface w/ 155 sx cmt.

Drilling Fluid Management Plan Att # NS 2609
(Data must be collected from the Reserve Pit)
Chloride content 98,000 ppm Fluid volume 750 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License No.:
Quarter Sec. Twp. S. R. East West
County: Docket No.:

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator:
Well Name:
Original Comp. Date: Original Total Depth:
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Enhr.?) Docket No.

11/26/07	12/3/07	1/14/08
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
Title: President/COO Date: 3/4/08
Subscribed and sworn to before me this 4th day of March
20 08
Notary Public: [Signature]
Date Commission Expires: 3-26-2011



KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 09 2008

MAY 09 2008

Side Two

Operator Name: Mull Drilling Company, Inc. CONSERVATION DIVISION Lease Name: LAS Unit Well #: 1-17
WICHITA, KS
 Sec. 17 Twp. 17 S. R. 23 East West County: Ness

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1781	+ 692
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	3870	- 1397
List All E. Logs Run:		B/KC	4156	- 1683
		Cherokee Shale	4377	- 1904
		Mississippian	4448	- 1975

Superior: CDL/CNL; DIL; Sonic & Micro

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacjs Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	24#	209'	Common	160	2% gel, 3% cc
Production	7 7/8"	5 1/2"	14#	4574'	50/50 Poz	150	1000 gal flochem-21

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Surface-1812'	SMD	155	1/4# Flocele

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	4454' - 4462'	CONFIDENTIAL	450 gal 15% MCA
4	4462' - 4472'		
4	4470' - 4475'		

TUBING RECORD	Size <u>2 7/8"</u>	Set At <u>4497'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>1/14/08</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. <u>15</u> Gas Mcf <u>0</u> Water Bbls. <u>5</u> Gas-Oil Ratio <u>N/A</u> Gravity <u>38.5</u>

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____