

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33922
Name: Mustang Energy Corporation
Address 1: PO Box 1121
Address 2: _____
City: Hays State: KS Zip: 67601 + _____
Contact Person: Rodney Brin
Phone: (785) 623-0533
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: Herb Deines
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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 Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>11/2/2010</u>	<u>11/6/2010</u>	<u>11/7/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163-23,903-00-00
Spot Description: _____
S/2 NW NW NW Sec. 29 Twp. 10 S. R. 20 East West
550 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rooks
Lease Name: Whisman A Well #: 1
Field Name: TriCo
Producing Formation: None
Elevation: Ground: 2119 Kelly Bushing: 2127
Total Depth: 3800 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 220.99 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 16,000 ppm Fluid volume: 320 bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: Black Diamond
Lease Name: Andreson A License #: 7076
Quarter _____ Sec. 16 Twp. 9 S. R. 21 East West
County: Graham Permit #: 15-065-01398-0002

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: Rodney Brin
Title: Owner Date: 2/11/2011

KCC Office Use ONLY

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- Letter of Confidentiality Received Date: FEB 18 2011
 Confidential Release Date: _____
 Wireline Log Received **KCC WICHITA**
 Geologist Report Received
 UIC Distribution PJA
ALT I II III Approved by: Dls Date: 3/1/11

Operator Name: Mustang Energy Corporation Lease Name: Whisman A Well #: 1
 Sec. 29 Twp. 10 S. R. 20 East West County: Rooks

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 complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1615</td> <td>+515</td> </tr> <tr> <td>Anhydrite Base</td> <td>1653</td> <td>+477</td> </tr> <tr> <td>Topeka</td> <td>3171</td> <td>-1041</td> </tr> <tr> <td>Heebner</td> <td>3376</td> <td>-1246</td> </tr> <tr> <td>LKC</td> <td>3412</td> <td>-1282</td> </tr> <tr> <td>BKC</td> <td>3634</td> <td>-1504</td> </tr> <tr> <td>Arbuckle</td> <td>3744</td> <td>-1614</td> </tr> </table>	Name	Top	Datum	Anhydrite	1615	+515	Anhydrite Base	1653	+477	Topeka	3171	-1041	Heebner	3376	-1246	LKC	3412	-1282	BKC	3634	-1504	Arbuckle	3744	-1614
Name	Top	Datum																							
Anhydrite	1615	+515																							
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LKC	3412	-1282																							
BKC	3634	-1504																							
Arbuckle	3744	-1614																							

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	# Sacks Used	Type and Percent Additives
Surface Pipe	12-1/4	8-5/8	23	220.99	Common	150	2%Gel & 3%CC

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4378

Date <i>11-7-10</i>	Sec. <i>29</i>	Twp. <i>10</i>	Range <i>20</i>	County <i>Rooks</i>	State <i>KS</i>	On Location	Finish <i>10:30 a.m.</i>
---------------------	----------------	----------------	-----------------	---------------------	-----------------	-------------	--------------------------

Lease <i>Whisman</i>	Well No. <i>A#1</i>	Location <i>Palco's CL Rd 1/2 185 EINTO</i>
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Contractor <i>Discovery #3</i>	Owner
Type Job <i>Rotary Plug</i>	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Hole Size <i>7 7/8</i>	T.D. <i>3800</i>
Csg.	Depth
Tbg. Size	Depth
Tool	Depth
Cement Left in Csg.	Shoe Joint
Meas Line	Displace
	Charge To <i>Mustang Energy</i>
	Street
	City
	State
	The above was done to satisfaction and supervision of owner agent or contractor.
	Cement Amount Ordered <i>245 bags 44/60 14# 10</i>

EQUIPMENT

Pumptrk <i>9</i>	No.	Cement <i>ra's</i>	Helper <i>D</i>	Common
Bulktrk	No.	Driver <i>Tant</i>	Driver	Poz. Mix
Bulktrk <i>10</i>	No.	Driver <i>J. Soren</i>	Driver	Gel.

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole <i>305K</i>	Hulls
Mouse Hole <i>135K</i>	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
<i>15' 3725 255K</i>	CFL-117 or CD110 CAF 38
<i>20' 1610 255K</i>	Sand
<i>30' 844 705K</i>	Handling
<i>40' 271 405K</i>	Mileage
<i>37' 40' 105K</i>	

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer <i>8 3/8 wooden plug</i>
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

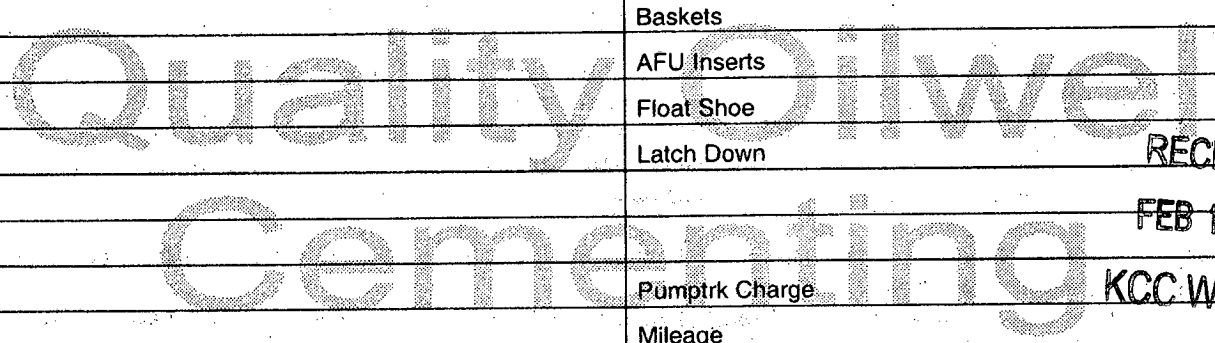
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	Pumptrk Charge
	Mileage
	Tax
	Discount
	Total Charge

X Signature *John Smith*



QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

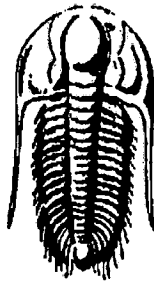
Home Office P.O. Box 32 Russell, KS 67665

No. 4557

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-2-10	24	10	22	Neosho	MO		8:30
Lease	Well No.	Location					
Contractor				Owner			
Type Job				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size	T.D.			Charge To			
Csg.	Depth			Street			
Tbg. Size	Depth			City State			
Tool	Depth			City State			
Cement Left in Csg.	Shoe Joint			The above was done to satisfaction and supervision of owner agent or contractor			
Meas Line	Displace			Cement Amount Ordered			
EQUIPMENT							
Pumptrk	No.	Cementer		Common			
		Helper					
Bulktrk	No.	Driver		Poz. Mix			
		Driver					
Bulktrk	No.	Driver		Gel.			
		Driver					
JOB SERVICES & REMARKS							
Remarks:				Calcium			
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
				CFL-117 or CD110 CAF 38			
				Sand			
				Handling			
				Mileage			
FLOAT EQUIPMENT							
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge			
				Mileage			
				Tax			
				Discount			
				Total Charge			
X Signature							

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**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Mustang Energy Corporation**

2521 E. 20th St.
Hays, KS 67601

ATTN: Herb Deines

29-10-20 Rooks KS

Whisman A 1

Start Date: 2010.11.05 @ 14:40:00

End Date: 2010.11.05 @ 20:16:39

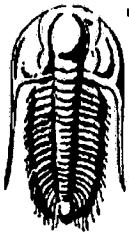
Job Ticket #: 38947 DST #: 1

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Trilobite Testing, Inc
PO Box 1733 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Mustang Energy Corporation

Whisman A 1

2521 E. 20th St.
Hays, KS 67601

29-10-20 Rooks KS

ATTN: Herb Deines

Job Ticket: 38947

DST#: 1

Test Start: 2010.11.05 @ 14:40:00

GENERAL INFORMATION:

Formation: **Upper Topeka 30'**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 16:09:50
 Time Test Ended: 20:16:39

Test Type: Conventional Bottom Hole
 Tester: Chuck Smith
 Unit No: 37

Interval: **3190.00 ft (KB) To 3210.00 ft (KB) (TVD)**
 Total Depth: 3210.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2130.00 ft (KB)
 2122.00 ft (CF)
 KB to GR/CF: 8.00 ft

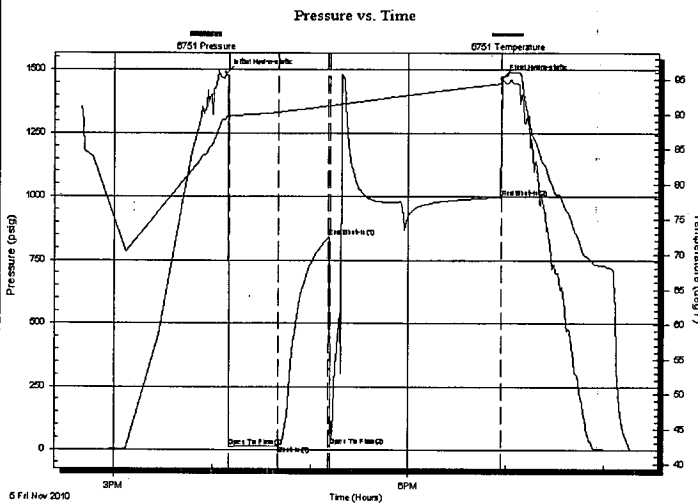
Serial #: 6751

Outside

Press@RunDepth: 15.26 psig @ 3192.00 ft (KB)
 Start Date: 2010.11.05 End Date: 2010.11.05
 Start Time: 14:40:05 End Time: 20:16:40

Capacity: 8000.00 psig
 Last Calib.: 2010.11.05
 Time On Btm: 2010.11.05 @ 16:08:10
 Time Off Btm: 2010.11.05 @ 18:57:20

TEST COMMENT: IF: 1/2" Blow through out.
 IS: No return.
 FF: No blow, flushed tool @ 7 min., weak surface blow died.
 FS: No return.



PRESSURE SUMMARY

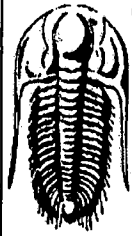
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1485.66	89.41	Initial Hydro-static
2	12.32	89.24	Open To Flow (1)
32	15.26	90.26	Shut-In(1)
63	840.22	91.19	End Shut-In(1)
64	15.93	90.98	Open To Flow (2)
169	997.45	94.43	End Shut-In(2)
170	1465.34	95.06	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	M 100m	0.07

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Mustang Energy Corporation

Whisman A 1

2521 E. 20th St.
Hays, KS 67601

29-10-20 Rooks KS

Job Ticket: 38947

DST#: 1

ATTN: Herb Deines

Test Start: 2010.11.05 @ 14:40:00

Tool Information

Drill Pipe:	Length: 3170.00 ft	Diameter: 3.80 inches	Volume: 44.47 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 31.00 ft	Diameter: 2.25 inches	Volume: 0.15 bbl	Weight to Pull Loose: 60000.00 lb
			<u>Total Volume: 44.62 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	31.00 ft			String Weight: Initial 45000.00 lb
Depth to Top Packer:	3190.00 ft			Final 45000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	20.00 ft			
Tool Length:	40.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool got out of sequence when blocks twisted during first shut-in.

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3171.00	
Shut In Tool	5.00			3176.00	
Hydraulic tool	5.00			3181.00	
Packer	5.00			3186.00	20.00 Bottom Of Top Packer
Packer	4.00			3190.00	
Stubb	1.00			3191.00	
Perforations	1.00			3192.00	
Recorder	0.00	8357	Inside	3192.00	
Recorder	0.00	6751	Outside	3192.00	
Perforations	15.00			3207.00	
Bullnose	3.00			3210.00	20.00 Bottom Packers & Anchor

Total Tool Length: 40.00

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**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mustang Energy Corporation

Whisman A 1

2521 E. 20th St.
Hays, KS 67601

29-10-20 Rooks KS

Job Ticket: 38947

DST#: 1

ATTN: Herb Deines

Test Start: 2010.11.05 @ 14:40:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 55.00 sec/qt
Water Loss: 7.99 in³
Resistivity: 0.00 ohm.m
Salinity: 1500.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft .
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 0 deg API
Water Salinity: 0 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	M 100m	0.074

Total Length: 15.00 ft Total Volume: 0.074 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

