

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

10/20/11
Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

OPERATOR: License # 5144

Name: Mull Drilling Company, Inc.

Address 1: 1700 Waterfront Parkway, Bldg #1200

Address 2: _____

City: Wichita State: KS Zip: 67206 + 6637

Contact Person: Mark Shreve

Phone: (316) 264-6366

CONTRACTOR: License # 33575

Name: WW Drilling, LLC **CONFIDENTIAL**

Wellsite Geologist: Kevin Kessler **OCT 20 2009**

Purchaser: N/A

Designate Type of Completion: **KCC**

New Well Re-Entry Workover

Oil SWD SLOW

Gas ENHR SIGW

CM (Coal Bed Methane) Temp. Abd.

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. Conv. to SWD

Plug Back: _____ Plug Back Total Depth _____

Commingled _____ Docket No.: _____

Dual Completion _____ Docket No.: _____

Other (SWD or Enhr.?) _____ Docket No.: _____

7/13/09 7/18/09 7/19/09

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 135-24932-00-00

Spot Description: _____

NE SW NW Sec. 10 Twp. 17 S. R. 23 East West

1650 Feet from North / South Line of Section

990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Ness

Lease Name: Flax "B" Well #: 1-10

Field Name: Wildcat

Producing Formation: N/A

Elevation: Ground: 2410' Kelly Bushing: 2415'

Total Depth: 4500' Plug Back Total Depth: N/A

Amount of Surface Pipe Set and Cemented at: 221' 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 **PANS 11-6-09**
(Data must be collected from the Reserve Pit)

Chloride content: 32,000 ppm Fluid volume: 1000 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.: _____

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: _____

Title: President/COO Date: 10/20/09

Subscribed and sworn to before me this 20th day of October

20 09.
Notary Public Jane R. Witt

Date Commission Expires: 3-26-2011



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

OCT 21 2009

KCC WICHITA

Operator Name: Mull Drilling Company, Inc. Lease Name: Flax "B" Well #: 1-10
 Sec. 10 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Superior: CDL/CNL; DIL; Sonic & Micro	<input checked="" 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>1732</td> <td>+ 683</td> </tr> <tr> <td>B/Anhydrite</td> <td>1766</td> <td>+ 649</td> </tr> <tr> <td>Heebner Shale</td> <td>3809</td> <td>- 1394</td> </tr> <tr> <td>Lansing</td> <td>3845</td> <td>- 1430</td> </tr> <tr> <td>B/KC</td> <td>4104</td> <td>- 1689</td> </tr> <tr> <td>Cherokee Shale</td> <td>4344</td> <td>- 1929</td> </tr> <tr> <td>Mississippian</td> <td>4425</td> <td>- 2010</td> </tr> </table>	Name	Top	Datum	Anhydrite	1732	+ 683	B/Anhydrite	1766	+ 649	Heebner Shale	3809	- 1394	Lansing	3845	- 1430	B/KC	4104	- 1689	Cherokee Shale	4344	- 1929	Mississippian	4425	- 2010
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CASING RECORD <input 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	12 1/4"	8 5/8"	20#	220'	Common	150	2% gel, 3% cc
CONFIDENTIAL							
OCT 20 2009							

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

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 038387

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE	7/13/09	SEC.	10	TWP.	17	RANGE	23	CALLED OUT	ON LOCATION	JOB START	7:00 AM	JOB FINISH	2:00 PM
LEASE	FLAX B	WELL #	1-10	LOCATION	Ransom 283.94 352E45				COUNTY	Ness	STATE	Ka	
OLD OR NEW (Circle one)													

CONTRACTOR W8W
 TYPE OF JOB SURFACE
 HOLE SIZE 12 1/4 T.D. 220
 CASING SIZE 8 1/2 DEPTH 219
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. N **CONFIDENTIAL**
 PERFS. _____
 DISPLACEMENT 13 bbl OCT 20 2009
 EQUIPMENT KCC

OWNER _____
 CEMENT AMOUNT ORDERED _____
150 lb Com 3-2
 COMMON 150 @ 13.65 2047.50
 POZMIX _____ @ _____
 GEL 3 @ 20.40 61.20
 CHLORIDE 5 @ 57.15 285.75
 ASC _____ @ _____
 RECEIVED _____ @ _____
 OCT 21 2009 _____ @ _____
 KCC WICHITA _____ @ _____
 HANDLING 150 @ 2.25 337.50
 MILEAGE 110/514/mile 300.00
 TOTAL 3031.95

PUMP TRUCK CEMENTER Bill
 # 409 HELPER Shane
 BULK TRUCK _____
 # 410 DRIVER Chris
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

Ran 5 lbs of 8 1/2 set c
Cent of 150 lb Com 3-2
pump plug w/ 13 bbls of water
Cent did circ.

CHARGE TO: Mull Drlg Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 999.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 14 @ 7.00 98.00
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 1097.00

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Sid Seitscher
 SIGNATURE Sid Seitscher

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS