

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

10/24/11

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 # 5929
Name: Duke Drilling Company, Inc.
Wellsite Geologist: Kevin Kessler
Purchaser: Plains Marketing

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

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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.: _____
8/21/09 8/31/09 9/28/09
Spud Date or Date Reached TD Completion Date or Recompletion Date

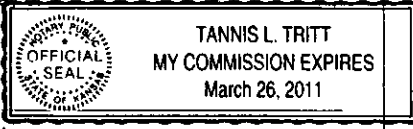
API No. 15 - 101-22184-00-00
Spot Description: _____
NW SW SW NE Sec. 33 Twp. 17 S. R. 28 East West
2150 Feet from North / South Line of Section
2578 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Lane
Lease Name: R-R Unit Well #: 1-33
Field Name: Wildcat
Producing Formation: L/KC, Pleasanton, Marmaton & Pawnee
Elevation: Ground: 2754' Kelly Bushing: 2762'
Total Depth: 4680' Plug Back Total Depth: 4576'
Amount of Surface Pipe Set and Cemented at: 223' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2174' Feet
If Alternate II completion, cement circulated from: 2174'
feet depth to: surface w/ 210 sx cmt.

Drilling Fluid Management Plan AT IJW 11-9-09
(Data must be collected from the Reserve Pit)
Chloride content: 22,000 ppm Fluid volume: 440 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: 10/21/09
Subscribed and sworn to before me this 21st day of October
2009
Notary Public: Tannis L. Tritt
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 22 2009

KCC WICHITA

Operator Name: Mull Drilling Company, Inc. Lease Name: R-R Unit Well #: 1-33
 Sec. 33 Twp. 17 S. R. 28 East West County: Lane

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	2153	+ 610
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	3979	- 1216
List All E. Logs Run:		B/KC	4322	- 1559
Superior: CDL/CNL; DIL; Sonic & Micro		Marmaton	4345	- 1582
		Pawnee	4440	- 1677
		Cherokee Shale	4513	- 1750
		Mississippian	4580	- 1817

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#	223'	Common	150	2% gel, 3% cc
Production	7 7/8"	4 1/2"	10.5#	4669'	50/50 Poz	200	10% salt
CONFIDENTIAL							

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	2174'-Surface	SMD	210	KCC

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	4440' - 4444'	250 gal 15% MCA	
4	4344' - 4346'	250 gal 15% MCA	
4	4314' - 4319'	500 gal 15% MCA	
4	4162' - 4166' & 4152' - 4154'	500 gal 15% MCA	
4	4062' - 4066'	250 gal 15% MCA	

TUBING RECORD: Size: 2 3/8" Set At: 4557' Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 9/28/09 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. <u>30</u>	Gas Mcf <u>0</u>	Water Bbls. <u>80</u>	Gas-Oil Ratio <u>N/A</u>	Gravity <u>36.6</u>
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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 checked="" 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. 044284

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

SERVICE POINT: Oakley KS

DATE <u>8/21/09</u>	SEC <u>33</u>	TWP. <u>17</u>	RANGE <u>28</u>	CALLED OUT	ON LOCATION <u>5:00</u>	JOB START <u>6:00pm</u>	JOB FINISH <u>6:30pm</u>
LEASE <u>R.R. Unit</u>	WELL # <u>33-T</u>	LOCATION <u>Ashton 4N 2 1/2 E</u>		COUNTY <u>Lawrence</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>				Sinto			

CONTRACTOR Duke Q
 TYPE OF JOB Surf Line
 HOLE SIZE 12 1/4 T.D. 224'
 CASING SIZE 8 5/8 DEPTH 223'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 13 1/4 BBL H₂O

OWNER Same
 CEMENT AMOUNT ORDERED 150 SK Com 300cc
270 gal
 COMMON 150 @ 13.65 2047.50
 POZMIX _____ @ _____
 GEL 3 @ 20.40 61.20
 CHLORIDE 5 @ 57.15 285.75
 OCT 21 2009 @ _____
 KCC @ _____
 RECEIVED @ _____
 OCT 22 2009 @ _____
 KCC WICHITA @ _____
 HANDLING 158 SK @ 2.10 331.80
 MILEAGE 104 SK/mile - minimum 312.00
 TOTAL 3038.25

EQUIPMENT
 PUMP TRUCK CEMENTER Alan
 # 422 HELPER Wayne
 BULK TRUCK # 347 DRIVER Darren
 BULK TRUCK # _____ DRIVER _____

REMARKS:

Cement Ord Circulate
Plug down @ 6:30pm
Thank You Alan, Wayne, Darren

CHARGE TO: Mull Drilling
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 223'
 PUMP TRUCK CHARGE _____ 900.00
 EXTRA FOOTAGE @ _____
 MILEAGE 25 @ 7.00 175.00
 MANIFOLD @ _____
 TOTAL 875.00

PLUG & FLOAT EQUIPMENT

8 5/8 wooden Plug @ 67.00
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL 67.00

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 John J Armbruster
 SIGNATURE _____

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



CHARGE TO: **MULL DRUG Co.**
 ADDRESS:
 CITY, STATE, ZIP CODE:

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 KCC WICHITA

TICKET
 No 16934

PAGE 1 OF 1

SERVICE LOCATIONS: 1. **Ness City, KS**
 WELL/PROJECT NO.: **1-33** LEASE: **R-R UNIT** COUNTY/PARISH: **LANE** STATE: **Ks** CITY:
 TICKET TYPE: SERVICE SALES CONTRACTOR: **FREDRICK TRUCKING** RIG NAME/NO.: SHIPPED: **CT** DELIVERED TO: **LOCATION** ORDER NO.:
 WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **CEMENT PORT COLLAR** WELL PERMIT NO.: WELL LOCATION: **NE/DIGHTON, Ks**
 REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE * 112	30	MG			5.00	150.00
5760		1			PUMP CHARGE	1	STB	2174	FT	1100.00	1100.00
105		1			PORT COLLAR OPERATING TOOL	1	STB			300.00	300.00
330		1			SWIFT MULTI-DENSITY STANDARD	230	SYB			14.00	3220.00
276		1			FLOCELE	75	UBS			1.50	112.50
290		1			D-PIER	3	GA			35.00	105.00
581		1			SERVICE CHARGE CEMENT	300	SYB			1.50	450.00
583		1			DRAVAGE	29905	UBS	448	SQYTM	1.00	448.58

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 OCT 21 2009
 MDC

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **9-14-09** TIME SIGNED: **1300** A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					5886.08
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	6084.17

Lane TAX 5.3% 198.09

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: **WAVE WILSON** APPROVAL:

Thank You!

001/002
 MDC WICHITA
 MDC-CHEV_WELLS.CO
 09/22/2009 10:26 FAX 7197678994



CHARGE TO: MULL DRUG

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

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TICKET
 No 16500

PAGE 1 OF 2

1. SERVICE LOCATIONS <u>H10</u>	WELL/PROJECT NO. <u>1-33</u>	LEASE <u>R-R UNIT</u>	COUNTY/PARISH <u>LANE</u>	STATE <u>KS</u>	CITY	DATE <u>09-01-09</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>DAVE DRUG</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>3E. 4th, W. DIGHTON</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>LONGSTRINGS</u>	WELL PERMIT NO. <u>15-101-22187</u>	WELL LOCATION <u>S33, T17, R28</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

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 OCT 21 2009

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ADCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE #112	55	M	5	00	275 00
578		1			PUMP SERVICE	1	EA	1400	00	1400 00
2d1		1			LINUMCK	2	GAL	25	00	50 00
280		1			FLOCMCH 21	1000	GAL	2	50	2500 00
290		1			D-AIR	2	GAL	35	00	70 00
40a		1			CENTRALIZER	15	EA	4 1/2	00	750 00
403		1			CAT BASKET	1	EA	180	00	180 00
404		1			PORT COLLAR	1	EA	1900	00	1900 00
400		1			GUIDE SHOE	1	EA	100	00	100 00
410		1			TOPPING	1	EA	90	00	90 00
419		1			ROTOR HEAD RENTAL	1	EA	150	00	150 00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x Louy Clark
 DATE SIGNED 09-01-09 TIME SIGNED 09:25 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE		AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				P6-1 PAGE TOTAL	7465 00
WE UNDERSTOOD AND MET YOUR NEEDS?				96.2	4091 40
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				SUB TOTAL	11,556 40
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Lanc TAX 5.3%	473 29
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	12,029 69
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the unit, and services, and agrees to the terms and conditions hereof.

SWIFT OPERATOR Dave Asu APPROVAL _____

Thank You!

09/11/2009 10:18 FAX 7197678994 MDC-CHEV_WELLS.CO * MDC WICHITA 002/004



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 16500

CUSTOMER *MULL DRUG* WELL *7-33, R-R UNIT* DATE *09-01-09* PAGE *2* OF *2*

LINE NO.	DESCRIPTION	QTY	UNIT	PRICE	TOTAL	TAX	NET
327	50-50 PZ 2% GEL	2		250 SK	8.00		2000.00
276	FOXCEL	2		60 LB	1.50		90.00
223	SKT	2		1000 LB	.15		150.00
286	HALLAN	2		150 LB	6.00		900.00
581	SERVICE CHG CMT	2		250 SK	1.50		375.00
583	DRAYAGE	2		5764 TM	1.00		576.40
SERVICE CHARGE				CUBIC FEET			
TOTAL WEIGHT				LOADED MILES	TON MILES		

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 OCT 21 2009
 KCC

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JOB LOG

SWIFT Services, Inc.

DATE 09.21.09 PAGE NO. 1

CUSTOMER MULL DRUG WELL NO. 1-33 LEASE R-R UNIT JOB TYPE LONGSTRING TICKET NO. 16500

CHART NO.	TIME	RATE (BPM)	VOLUME (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							ONLOCATION
								CMT: 25000 50-60 PZ 2% SCL 10% SMT, 1/4" SCL, 1/4" SCL
								RTD 4690, SET PIPE 4669, SJ 40.0, INSERT 4629
								4 1/2 105" RT PART CUMUL ON TOP * 60, 217417
								CMT 1.2, 3.4, 6.7, 8.10, 11.12, 13.14, 15.16, 52, BASKET 60
	0935							START GSI - FLOWED IN
								TAG BOTTOM - DRIP VAL
	1140							BREAN CIR & RESTART PIPE
	1315							PENG RHEM
	1325	50	5			150		WCL SPACER
		5	24					FLOCHECK 21 1000 GALS
			5					WCL SPACER
		4.5	50					CMT
								WASH PL, DROPPLUG
	1355	6.0	0			100		START DIBP
			65			150		
			70			500		
	1400	4.0	73.6			1300		CAND PLUG - HOLD
	1405							RELEASE - FLOAT HOLDS
	1430							JOB COMPLETE
								THANK YOU!
								DAVE JOHNS, BAINE
								RECEIVED
								OCT 22 2009
								KCC WICHITA