



KANSAS CORPORATION COMMISSION 1066530
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 5144
Name: Mull Drilling Company, Inc.
Address 1: 1700 N WATERFRONT PKWY
Address 2: BLDG 1200
City: WICHITA State: KS Zip: 67206 +
Contact Person: Mark Shreve
Phone: (316) 264-6366
CONTRACTOR: License # 33575
Name: WW Drilling, LLC
Wellsite Geologist: Macklin Armstrong
Purchaser: Plains Marketing

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____
08/23/2011 08/29/2011 09/15/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-135-25288-00-00
Spot Description: _____
SW SW NW NW Sec. 17 Twp. 16 S. R. 22 East West
1005 Feet from North / South Line of Section
223 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: W-S Unit Well #: 1-17
Field Name: _____
Producing Formation: Cherokee Sand
Elevation: Ground: 2436 Kelly Bushing: 2441
Total Depth: 4550 Plug Back Total Depth: 4512
Amount of Surface Pipe Set and Cemented at: 215 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1785 Feet
If Alternate II completion, cement circulated from: 1785
feet depth to: 0 w/ 120 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 17300 ppm Fluid volume: 850 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 12/02/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 12/15/2011