



KANSAS CORPORATION COMMISSION 1079314
OIL & GAS CONSERVATION DIVISION

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 # 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 # 5144
Name: Mull Drilling Company, Inc.
Wellsite Geologist: n/a
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: Palomino Petroleum, Inc.

Well Name: Delaney #1

Original Comp. Date: 3/1/2010 Original Total Depth: 4607

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 #: D-31130

ENHR Permit #: _____

GSW Permit #: _____

<u>04/09/2012</u>	<u>04/13/2012</u>	<u>04/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-135-25030-00-00

Spot Description: _____

E2 NW NW NE Sec. 20 Twp. 17 S. R. 23 East West
330 Feet from North / South Line of Section
2210 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Ness

Lease Name: Delaney SWD Well #: 1

Field Name: N/A

Producing Formation: Arbuckle

Elevation: Ground: 2429 Kelly Bushing: 2434

Total Depth: 4863 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 507 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1705 Feet

If Alternate II completion, cement circulated from: 1705

feet depth to: 0 w/ 150 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Gerrisor Date: 04/25/2012



1079314

Operator Name: Mull Drilling Company, Inc. Lease Name: Delaney SWD Well #: 1
Sec. 20 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run
Electric Log Submitted Electronically
List All E. Logs Run:
Log Formation (Top), Depth and Datum
Sample
Name Top Datum
On original ACO-1

CASING RECORD Table with columns: 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. Rows include Surface and Production stages.

ADDITIONAL CEMENTING / SQUEEZE RECORD Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives. Includes entries for Plug Off Zone.

PERFORATION RECORD - Bridge Plugs Set/Type Table with columns: Shots Per Foot, Specify Footage of Each Interval Perforated, Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used), Depth. Includes Open Hole 4595' - 4863'.

TUBING RECORD: Size: 2 3/8 Set At: 4585 Packer At: 4585 Liner Run: Yes No
Date of First, Resumed Production, SWD or ENHR.
Producing Method: Flowing Pumping Gas Lift Other (Explain)
Estimated Production Per 24 Hours: Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity

DISPOSITION OF GAS: Vented Sold Used on Lease
METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify)
PRODUCTION INTERVAL:



CHARGE TO: Mullh Drilling
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET
 NO. **22048**

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Wichita KS WELL/PROJECT NO. 41 LEASE Deimay COUNTY/PARISH Neos STATE KS CITY Neos, Mo. DATE 10 APR 12 OWNER _____
 2. TICKET TYPE SERVICE SALES CONTRACTOR _____ RIG NAME/NO. _____ SHIPPED via CT DELIVERED TO location ORDER NO. _____
 3. WELL TYPE _____ WELL CATEGORY WATER JOB PURPOSE perf squeeze WELL PERMIT NO. _____ WELL LOCATION Gulf course 1 M 29
 4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575					MILEAGE TRK 114	10	hr		6.00	60.00
578					Pump Charge	1	hr		1500.00	1500.00
325					STD cement	150	sk		13.00	1950.00
300					Reg ACID	15	gal	300	1.75	525.00
235					Inhibitor			1/2	35.00	17.50
290					D-AIR	1	gal		35.00	35.00
581					SPRICE charge	150	sk		2.00	300.00
582					Drillage (min)	1	hr		250.00	250.00

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.

THIS TO BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO DEPARTURE OF WORK OR DELIVERY OF GOODS

SIGNED: _____ TIME SIGNED: _____
 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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				
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

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby certifies that the materials and services listed on this ticket are in accordance with the contract and specifications.

FI OPERATOR: _____ APPROVAL: _____

Thank You!

04/23/2012 12:35 FAX 7857982942 * MULL NESS CITY * MULL WICHITA 001/002

