

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

3/8/12

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5144

Name: Mull Drilling Company, Inc.

Address 1: 1700 N. Waterfront Parkway, Building #1200

Address 2: _____

City: Wichita State: KS Zip: 67206 + 6637

Contact Person: Mark Shreve

Phone: (316) 264-6366

CONTRACTOR: License # 30606

Name: Murfin Drilling Company, Inc.

Wellsite Geologist: Macklin M. Armstrong

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., Call on ID, 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.: _____

11/27/2009 12/4/2009 1/1/2010

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

API No. 15 - 135-24996-00-00

Spot Description: _____

SW NW NE SE Sec. 8 Twp. 17 S. R. 23 East West

335 Feet from North / South Line of Section

1165 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Ness

Lease Name: BLT Well #: 2-8

Field Name: Harkness

Producing Formation: LKC

Elevation: Ground: 2456' Kelly Bushing: 2461'

Total Depth: 4545' Plug Back Total Depth: 4420'

Amount of Surface Pipe Set and Cemented at: 234' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1838' Feet

If Alternate II completion, cement circulated from: 1838'

feet depth to: surface w/ 135 sx cmt.

Drilling Fluid Management Plan AHINS 3-11-10
(Data must be collected from the Reserve File)

Chloride content: 32,000 ppm Fluid volume: 1,000 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: 3/8/10

Subscribed and sworn to before me this 8th day of March

20 10

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

Operator Name: Mull Drilling Company, Inc. Lease Name: BLT Well #: 2-8
 Sec. 8 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/PE; DIL; Sonic; Mel	<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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1780</td> <td>+ 681</td> </tr> <tr> <td>B/Anhydrite</td> <td>1814</td> <td>+ 647</td> </tr> <tr> <td>Heebner</td> <td>3825</td> <td>- 1364</td> </tr> <tr> <td>Lansing</td> <td>3861</td> <td>- 1400</td> </tr> <tr> <td>B/KC</td> <td>4139</td> <td>- 1678</td> </tr> <tr> <td>Cherokee</td> <td>4358</td> <td>- 1897</td> </tr> <tr> <td>Mississippi</td> <td>4436</td> <td>- 1975</td> </tr> </table>	Name	Top	Datum	Anhydrite	1780	+ 681	B/Anhydrite	1814	+ 647	Heebner	3825	- 1364	Lansing	3861	- 1400	B/KC	4139	- 1678	Cherokee	4358	- 1897	Mississippi	4436	- 1975
Name	Top	Datum																							
Anhydrite	1780	+ 681																							
B/Anhydrite	1814	+ 647																							
Heebner	3825	- 1364																							
Lansing	3861	- 1400																							
B/KC	4139	- 1678																							
Cherokee	4358	- 1897																							
Mississippi	4436	- 1975																							

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	12 1/4"	8 5/8"	20#	234'	Common	150	2% gel, 3% cc
Production	7 7/8"	5 1/2"	14#	4544'	50/50 Poz	170	

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	1838'-Surface	SMD	135	

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
4	4436' - 4450' CIBP set @ 4420'	RECEIVED	
4	4066' - 4074'	MAR 09 2010	
		KCC WICHITA	

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>4392'</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>1/1/2010</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. <u>100</u>	Gas Mcf <u>N/A</u>	Water Bbls. <u>0</u> Gas-Oil Ratio <u>N/A</u> Gravity <u>44.7</u>

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: _____ _____
---	---	--

QUALITY OILWELL CEMENTING, INC.

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

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

No. 3903

Date	11-27-09	Sec.	8	Twp.	17	Range	23	County	NESS	State	KS	On Location		Finish	7:00 PM
Lease	BLT		Well No.	2-8		Location	28S 4 Jct 3 S to 235 ed								
Contractor	Mullin Oils #24					Owner	3/4 E S into								
Type Job	SURFACE					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	12 1/4		T.D.	234		Charge To	Mull Oils Co. INC								
Csg.	8 5/8 20"		Depth	234		Street									
Tbg. Size			Depth			City	State								
Tool			Depth			The above was done to satisfaction and supervision of owner agent or contractor.									
Cement Left in Csg.			Shoe Joint	15'		CEMENT									
Meas Line			Displace	14.2 Bbls											
EQUIPMENT						Amount Ordered	150x Common 2% Gel 3% CC								
Pumptrk	5	No.	Cementor	JOE		Common	150 @ 10.00			1500.00					
Bulktrk	8	No.	Driver	Rick		Poz. Mix									
Bulktrk	PJ	No.	Driver	JOJO		Gel.	3 @ 17.00			51.00					
JOB SERVICES & REMARKS						Calcium	5 @ 42.00			210.00					
Remarks:						Hulls									
Run 5 H's 8 5/8 234"						Salt									
Mix & Pump 150x Common 2% Gel 3% CC						Flowseal	RECEIVED								
15 1/4 gal 1.36 H3							MAR 09 2010								
Disp 14.2 total Bbls						KCC WICHITA									
Close Valve on csg 200"						Handling	158 @ 2.00			316.00					
Good CIRC thru JOG						Mileage	108 REC & REC MILE			300.00					
CIRC CMC TO PIT						FLOAT EQUIPMENT									
Quality Oilwell						Guide Shoe									
Cementing						Centralizer									
8 5/8 strength Tub 15						Baskets									
Pumptrk Charge SURFACE						AFU Inserts									
Thanks							450.00								
JOJO						Mileage	11 @ 7.00			77.00					
JOE & RICK						Tax	74.68								
Signature Anthony Mullin						Discount	(581.00)								
PLEASE CALL MANN						Total Charge	2387.68								



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

TICKET No 16672

PAGE 1 OF 1

SERVICE LOCATIONS: 1. *HAYS* 2. *NESS*

WELL/PROJECT NO.: *28* LEASE: *B.L.T.* COUNTY/PARISH: *NESS* STATE: *KS* CITY: DATE: *12-16-09* OWNER:

TICKET TYPE: SERVICE SALES CONTRACTOR: RIG NAME/NO.: *WILD WEN* SHIPPED VIA: *GT* DELIVERED TO: *9th & 1/2 NESS CITY* ORDER NO.:

WELL TYPE: *DIC* WELL CATEGORY: *Develop* JOB PURPOSE: *CM7: Port Collar* WELL PERMIT NO.: WELL LOCATION:

REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>575</i>		<i>1</i>			<i>MILEAGE #11A</i>	<i>10</i>	<i>MI</i>			<i>5.00</i>	<i>50.00</i>
<i>5760</i>		<i>1</i>			<i>PUMP SERVICE</i>	<i>1</i>	<i>EA</i>			<i>1100.00</i>	<i>1100.00</i>
<i>290</i>		<i>1</i>			<i>DAIR</i>	<i>1</i>	<i>CAL</i>			<i>35.00</i>	<i>35.00</i>
<i>104</i>		<i>2</i>			<i>PORT COLLAR TOOL RENTAL</i>	<i>1</i>	<i>EA</i>	<i>5 1/2 in</i>		<i>200.00</i>	<i>200.00</i>
<i>330</i>		<i>2</i>			<i>SHD CM7</i>	<i>150</i>	<i>SH</i>			<i>14.00</i>	<i>2100.00</i>
<i>276</i>		<i>2</i>			<i>FLOOR</i>	<i>50</i>	<i>LB</i>			<i>1.50</i>	<i>75.00</i>
<i>581</i>		<i>d</i>			<i>SERVICE CHG CM7</i>	<i>200</i>	<i>SH</i>			<i>1.50</i>	<i>300.00</i>
<i>583 582</i>		<i>2</i>			<i>DAILY</i>	<i>ML</i>	<i>TA</i>			<i>250.00</i>	<i>250.00</i>

RECEIVED
 MAR 09 2010
 KCC WICHITA

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: *12-16-09* TIME SIGNED: *1:00*
 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?				<i>410.00</i>
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<i>7.55 TAX 5.3%</i>
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		<i>127.75</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL <i>4237.75</i>

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

SWIFT OPERATOR: *[Signature]* APPROVAL:

Thank You!

01/11/2010 13:01 FAX 7197678994 + MDC WICHITA * MDC-CHEY_WELLS.CO 001/002

JOB LOG

SWIFT Services, Inc.

DATE 12-16-09 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
MULL DRUG		28		B.L.T.		PORT COLLAR		16672	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/CMT)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CANNING		
	1400								ON LOCATION CMT: 200 SMD 1/4" FLOW 2 7/8 x 5 1/2 P.C. 1838
	1455			✓	✓	1000	1000		PSI TEST OPEN P.C.
	1500	35	3.0	✓		200			INJ RATE - GOOD BLOW OUT 8 5/8
		40	0	✓		300			STAY MIX CAT @ 11.2 P/SAL
			110	✓					TOURE MUD
			74.0	✓					CIRC CAT TO PIT, MIX ISSUES @ 14.0 P/SAL
			78.0	✓					END CAT
	1515		9.5	✓		600			START DISP CLOSE P.C.
	1520			✓	✓	1100	1100		PSI TEST, HOLD RUN IN 45 SECONDS
	1530	30	0	✓		300			REV OUT
			8	✓					1ST FIVE
			13	✓					2ND FIVE
	1540		20	✓		200			ALL CLEAN
									TOTAL CAT 150 SACK ISSUES TO PIT!
	1615								JOB COMPLETE THANK YOU! DRE. JASON B. ROSS

RECEIVED
MAR 09 2010
KCC WICHITA



CHARGE TO: Mull Drlg. Co.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET
17326

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>Ness City KS</u>	WELL/PROJECT NO. <u>2-8</u>	LEASE <u>BLT</u>	COUNTY/PARISH <u>Ness</u>	STATE <u>KS</u>	CITY <u>Ness City</u>	DATE <u>12-5-09</u>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> RENTALS	CONTRACTOR <u>Murfin Drlg. Co.</u>	RIG NAME/NO. <u>24</u>	SHIPPED VIA	DELIVERED TO <u>Ransom</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement Longstring</u>	WELL PERMIT NO.	WELL LOCATION <u>Ness City 9N 3/4 E Sinto</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UOM		UOM	
575		1			MILEAGE Trk #114	10	mi	5	00	50.00
578		1			Pump Charge Longstring	1	lea	1400	00	1400.00
221		1			Liquid KCL	2	gal	25	00	50.00
280		1			Flocheck 21	1000	gal	2	50	2500.00
400		1			Gwide Shoe	1	lea	5 1/2	00	15.50
403		1			Cement Basket	3	lea	5 1/2	00	54.00
404		1			Port Collar	1	lea	5 1/2	00	190.00
409		1			Turbolizer	14	lea	5 1/2	00	91.00
410		1			Tap Plug	1	lea	5 1/2	00	100.00
415		1			Insert Float Collar w/Fill up	1	lea	5 1/2	00	330.00
419		1			Rotating Head Rental	1	lea	5 1/2	00	150.00

RECEIVED
MAR 09 2010
KCC WICHITA

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.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
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			

PAGE TOTAL 1	8085	00
Page #2	3187	50
subtotal	11,272	50
TAX	491	44
TOTAL	11,763	94

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

[Signature]
DATE SIGNED: 12-5-09 TIME SIGNED: 1030
 A.M.
 P.M.

SWIFT OPERATOR: Brett Corsair
 APPROVAL: _____

Thank You!

12/18/2009 09:29 FAX 7197678994 MDC-CHEV_WELLS.CO MDC WICHITA 001/003

TICKET CONTINUATION

TICKET No. 17326



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

CUSTOMER: Mell Drlg. Co. WELL: BLT 2-8 DATE: 12-5-09 PAGE: 2 OF: 12

Item No.	Quantity	Description	Unit	Rate	Amount
327	1	50/50 P02 Mix 24 Gal	200 sks	8.00	1600.00
276	1	Flocele	50 lbs	1.50	75.00
283	1	Salt	950 lbs	0.15	142.50
286	1	Halad-1	125 lbs	6.00	750.00
290	1	D-Air	2 gal	35.00	70.00
581	1	SERVICE CHARGE	CUBIC FEET	300	300.00
582	1	TOTAL WEIGHT	LOADED MILES	250	250.00

RECEIVED
MAR 19 2010
KCC WICHITA

CONFIRMED

CONTINUATION TOTAL 3187.50

12/18/2009 09:29 FAX 7197678994 MDC-CHEV_WELLS.CO + MDC WICHITA 002/003

JOB LOG

SWIFT Services, Inc.

DATE 12-5-09 PAGE NO. 1

CUSTOMER Mull Drly. Co. WELL NO. 2-8 LEASE DLT JOB TYPE Cement Longstring TICKET NO. 17326

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							On Location 5 1/2" I.D. Cent. 1, 3, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 TD-4545' 13, 89 TP-4544' Basket 4, 6, 70 PS-4544' PC-180' #70 SF-39'
	1145							Start 5 1/2" Casing
	1425							Break Circulation
	1530	6 3/4	34	✓			200	Start Flush - 5 Water - 24 Flocheck - 5 Water 100 gal
		3	7	✓				Plug Rat Hole 30 sks @ 14.4 ppg
	1505	4		✓			200	Start Cement 170 sks @ 14.4 ppg
			39	✓				- Shut Down - Wash Pump Lines - Release Plug
	515	6 3/4		✓			200	Start Displacement
		6 3/4	83				300	Lif Cement
							700	Max Lift
	1635		109.9	✓			1500	Land Plug - Release - Hold
								Wash Track
	1800							Job Complete
								Thank you Brett, Dave & Jason

RECEIVED
MAR 09 2010
KCC WICHITA

CONFIDENTIAL