



Confidentiality Requested:

Yes No

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Plug Back Conv. to GSW Conv. to Producer
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

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

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____

(e.g. xx.xxxxx)

(e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

(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

Confidentiality Requested
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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

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

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: 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: <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 <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Newberry Farm 1-36
Doc ID	1254738

All Electric Logs Run

CNL/CDL
DIL
MEL
SONIC

Summary of Changes

Lease Name and Number: Newberry Farm 1-36

API/Permit #: 15-077-22112-00-00

Doc ID: 1254738

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/05/2015	06/30/2015
CasingAdd_Type_PctP DF_2		2% gel + 5% salt + 4% gyp +
CasingAdd_Type_PctP DF_3		0.5% FLA-322 + 0.25% C-37
CasingNumbSacksUse dPDF_3		0
CasingPurposeOfString PDF_3		Production
CasingSettingDepthPD F_3		4570
CasingSizeCasingSetP DF_3		5.5000
CasingSizeHoleDrilledP DF_3		7.8750
CasingTypeOfCementP DF_3		As above
CasingWeightPDF_3		15

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Completion Or Recompletion Date	11/05/2014	06/02/2015
Completion Type - Other Text	Waiting on completion	
Date of First or Resumed Production or SWD or Enhr Disposition Of Gas - Sold	No	06/02/2015 Yes
Method Of Completion - Perf	No	Yes
Perf_Material_1		1000 gals 7 1/2% MCA
Perf_Record_1		4384' - 4398'
Perf_Shots_1		4
Producing Method Pumping	No	Yes
Production - Barrels Oil		2
Production - Barrels of Water		18
Production - Gas-Oil Ratio		5000
Production - MCF Gas		10

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production - Oil Gravity		32
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 41419	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 54738
Tubing Record - Set At		4467'
Tubing Size		2.8750
Well Type	OTHER	OG



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241419
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer

- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

(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

- Confidentiality Requested
- Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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

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

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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 <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Newberry Farm 1-36
Doc ID	1241419

All Electric Logs Run

CNL/CDL
DIL
MEL
SONIC

QUALITY WELL SERVICE, INC.

6311

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	10-29-14	Sec.	36	Twp.	31	Range	9	County	KINGMAN	State	K.S.	On Location	5:00 AM	Finish	8:45										
Lease	NEWBERRY FAY		Well No.	1-36		Location		ATTICA 2 W 4 N EAST																	
Contractor	PICKREL H I				Owner	MULL DRILLING CO. INC.																			
Type Job	Surface				To Quality Well Service, 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.																						
Csg.	8 5/8		Depth	229.40		Charge To	MULL DRILLING CO. INC.																		
Tbg. Size			Depth																						
Tool			Depth																						
Cement Left in Csg.			Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.																					
Meas Line			Displace	13.1/4 W		Cement Amount Ordered	170.5X Common 2% Gel																		
EQUIPMENT													2% CC 1/4 C.F. / used 150 SKS												
Pumptrk	6	No.	DB		Common	150																			
Bulktrk	17	No.	Dustin		Poz. Mix																				
Bulktrk		No.			Gel.	3																			
Pickup		No.	Rich		Calcium	5																			
JOB SERVICES & REMARKS													Hulls												
Rat Hole													Salt												
Mouse Hole													Flowseal 42.50												
Centralizers													Kol-Seal												
Baskets													Mud CLR 48												
D/V or Port Collar													CFL-117 or CD110 CAF 38												
<p>on location can drilled to 22.7' circ hole man 22.7' 8 5/8 pumpd. 150 SKS</p> <p>Displaced 13.1/4 W</p> <p>Contractor did circ to surface</p>													Sand												
													Handling 178												
													Mileage 25												
													FLOAT EQUIPMENT												
													Guide Shoe												
													Centralizer												
													Baskets												
													AFU Inserts												
													Float Shoe												
													Latch Down												
													LMV 25												
													Service Supervisor												
													Pumptrk Charge Surface												
													Mileage 25 X 2												
													Tax												
													Discount												

X *Mull*



BASIC
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET

1718 11782 A

DATE TICKET NO.

DATE OF JOB <u>11-7-14</u> DISTRICT <u>Pratt KS</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:						
CUSTOMER <u>MUBLE Drilling Co.</u>		LEASE <u>NEWBERRY Farm 1-36</u> WELL NO.						
ADDRESS		COUNTY <u>HARPER</u> STATE <u>KS</u>						
CITY STATE		SERVICE CREW <u>Sullivan, Mike, Phylis</u>						
AUTHORIZED BY		JOB TYPE: <u>CNW 5 1/2 Long String</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>11-6-14</u> DATE	AM	TIME
<u>27903</u>	<u>1 hr</u>							<u>7:10</u>
<u>17903-21000</u>	<u>1 hr</u>					ARRIVED AT JOB <u>11-6-14</u>	AM	<u>11:10</u>
<u>37900</u>						START OPERATION <u>11-6-14</u>	AM	<u>4:35</u>
						FINISH OPERATION	AM	<u>5:30</u>
						RELEASED	AM	<u>6:15</u>
						MILES FROM STATION TO WELL		<u>50</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 104	50/200 pot. cement	SK	200		2,750.00
CP 104	50/200 pot. cement	SK	50		550.00
PC 105	C 41-P	16	51		204.00
PC 111	SALT	16	1060		830.00
PC 112	C 117 Fract. - Redwood	15	76		456.00
PC 113	C 22-224	15	1260		945.00
PC 124	7H-322	16	126		945.00
PC 201	17.13 unit	16	1500		1,035.00
CP 607	2H-11 Alum. - 1/2" 5" 1/4	5H	1		420.00
CP 104	50/200 pot. cement	SK	1		360.00
CP 1051	50/200 pot. cement	SK	100		1,100.00
CP 704	50/200 pot. cement	14L	5		175.00
CP 151	110/110 Alum.	9H	500		750.00
CP 600	2H-11 Alum.	M	5		225.00
CP 101	40/40 Alum.	M	100		750.00
CP 113	110/110 Alum.	Tr	630		1,575.00
CP 305	120/120 Alum. change above 2000				2,520.00
CP 305	120/120 Alum.	SK	300		420.00
CP 301	120/120 Alum.	SK	1		300.00
CP 301	120/120 Alum.	SK	1		300.00
CP 301	120/120 Alum.	SK	1		300.00
SUB TOTAL					11,595.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		12,770.45

SERVICE REPRESENTATIVE <u>Robert [Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>MULL Winkler Co</i>	Lease No.	Date <i>11/7-14</i>	
Lease <i>N.W. R. RY 7th</i>	Well # <i>136</i>		
Field Order # <i>11152</i>	Station <i>Pratt K.</i>	Casing <i>5"</i>	Depth <i>4569</i>
Type Job <i>CNW 5" LWD</i>	Formation	County <i>HARPER</i>	State <i>KS</i>
		Legal Description <i>36-31-9</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5"</i>				Pre Pad	Max		5 Min.	
Depth <i>4569</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>10.5</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <i>2100</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <i>4520</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>JAC Smith</i>	Treater <i>Robert Williams</i>
-------------------------	-------------------------------------	-----------------------------------

Service Units	<i>27900</i>	<i>27463</i>	<i>19923</i>	<i>21000</i>					
Driver Names	<i>Sullivan</i>	<i>Camp</i>	<i>Phy</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:10</i>					<i>on loc</i>
					<i>Run 5" casing</i>
					<i>cut 1.2 @ 7.9" 1.1 1.1</i>
<i>2:45</i>					<i>Casing and bottom</i>
<i>3:00</i>					<i>hook up case</i>
<i>4:35</i>	<i>250</i>		<i>5</i>	<i>1.5</i>	<i>at spacer</i>
			<i>12</i>		<i>mix mud fluid</i>
			<i>5</i>		<i>spacer</i>
				<i>4.5</i>	<i>mix cont 21000 50/50 at 15.5 gpm</i>
			<i>67</i>		<i>cont mix is shut down with loss, no return flow</i>
				<i>5</i>	<i>at dump w/ 2% cement</i>
	<i>200</i>				<i>1.77 PSI</i>
	<i>600</i>		<i>100</i>	<i>3</i>	<i>slow rate</i>
<i>5:30</i>	<i>1700</i>		<i>108</i>		<i>Play down</i>
			<i>7</i>		<i>Play 12H w/ 30k sup. out</i>
			<i>4</i>		<i>Play 12H w/ 20k</i>
					<i>5013 complete</i>

Thompson



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	MULL DRILLING INC	Job Number	J3316
Contact	ERNIE MORRISONJERR	Representative	JOHN RIEDL
Well Name	NEWBERRY FARMS	Well Operator	MULL DRILLING INC
Unique Well ID		Report Date	2014/11/05
Surface Location	S36/31S/9W	Prepared By	JOHN RIEDL
Field		Qualified By	JERRY SMITH

Test Information

Test Type	DST #1 CONVENTIONAL
Formation	MISSISSIPPI
Well Fluid Type	
Test Purpose	

Start Test Date	2014/11/05	Start Test Time	06:00:00
Final Test Date	2014/11/05	Final Test Time	14:00:00

Test Recovery

RECOVERY: 3500' GAS IN PIPE
80' GAS +OIL CUT MUD



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313

TIME ON: 06:00 11/5/2014
 TIME OFF: 14:00 11/5/2014

DRILL-STEM TEST TICKET
 FILE: STC/Newberryfarms1-36dst1

Company MULL DRILLING INC Lease & Well No. NEWBERRY FARMS 1-36
 Contractor PICKRELL DRLG RIG 1 Charge to MULL DRILLING INC
 Elevation 1584 K.B Formation MISS Effective Pay _____ Ft. Ticket No. J3316
 Date 11/05/14 Sec. 36 Twp. 31 S Range 9 W County HARPER State KANSAS
 Test Approved By JERRY SMITH Diamond Representative JOHN RIEDL

Formation Test No. 1 Interval Tested from 4392 ft. to 4406 ft. Total Depth 4406 ft.
 Packer Depth 4387 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 4392 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4395 ft. Recorder Number 30046 Cap. 6000 P.S.I.
 Bottom Recorder Depth (Outside) 4403 ft. Recorder Number 13498 Cap. 6000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 46 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9.4 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 5500 P.P.M. Drill Pipe Length 4366 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number #1 Test Tool Length 26 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 14 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: STRONG (B.O.B 1 MIN.) NO BB
 2nd Open: STRONG (B.O.BIMMEDIATE) NO BB

Recovered 3500 ft. of GAS IN PIPE
 Recovered 80 ft. of GAS + OIL CUT WATERY MUD (25%GAS 10%OIL 5%WATER 60%MUD) CHLORIDES 8,000 Ppm
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: TOTAL FLUID REC: 80' IN DRILL PIPE)
TOOL SAMPLE GRINDOUT: 10%GAS 25%OIL 5%WATER 60%MUD

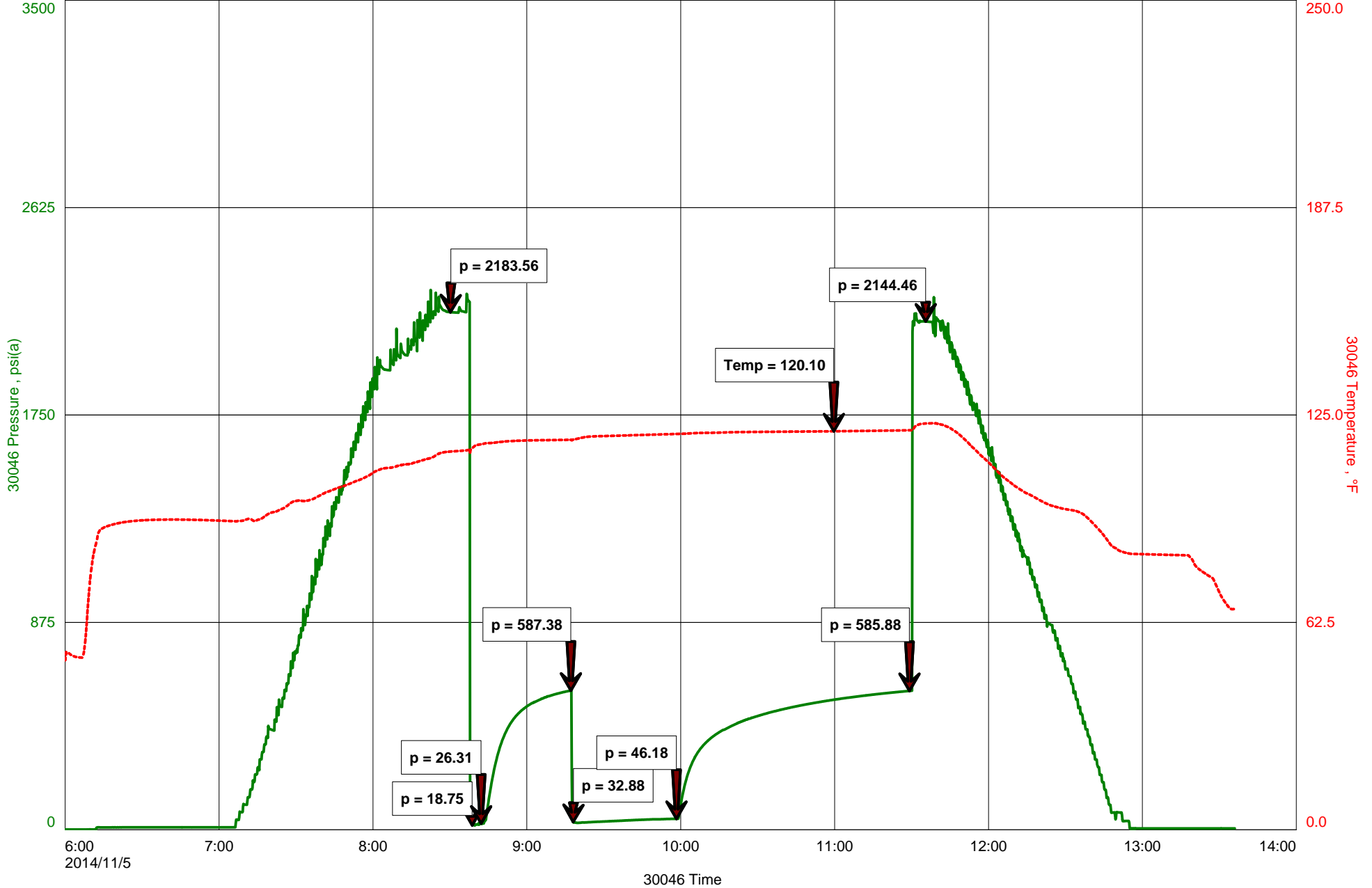
	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) 8:40 A.M. A.M. P.M. Time Started Off Bottom 11:30 A.M. A.M. P.M. Maximum Temperature 126

Initial Hydrostatic Pressure..... (A) 2183 P.S.I.
 Initial Flow Period..... Minutes 5 (B) 18 P.S.I. to (C) 26 P.S.I.
 Initial Closed In Period..... Minutes 30 (D) 587 P.S.I.
 Final Flow Period..... Minutes 45 (E) 33 P.S.I. to (F) 46 P.S.I.
 Final Closed In Period..... Minutes 90 (G) 586 P.S.I.
 Final Hydrostatic Pressure..... (H) 2144 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

NEWBERRY FARMS





JERRY A. SMITH

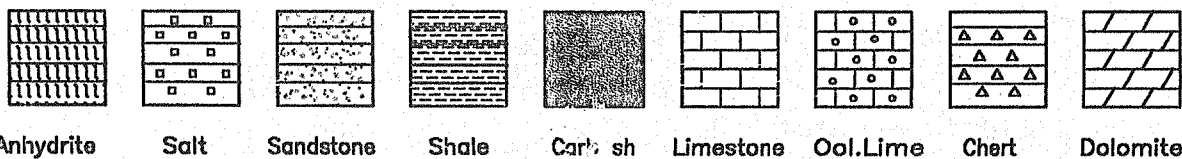
CERTIFIED PETROLEUM GEOLOGIST

GEOLOGIST'S REPORT

DRILLING TIME and SAMPLE LOG

COMPANY: MULL DRILLING COMPANY, INC.		ELEVATIONS	
LEASE: NEWBERRY FARMS #1-36		K.B. 1584	
FIELD: SPIVEY-GRABS-BASIL		D.F. 1582	
LOCATION: 575' FNL & 1675' FWL		G.L. 1574	
SEC. 36	TWSP. 31	RNG. 9 W	Measurements Are All From: KB
COUNTY: HARPER	STATE: KANSAS		
CONTRACTOR: PICKRELL DRLG, RIG #1		CASING	
SPUD: 10/29/14	COMP. 11/06/14	SURFACE: 8 5/8" @ 225'	
RTD. 4600	LTD. 4601	PRODUCTION : 5 1/2" @ TD	
MUD UP: 3214	TYPE MUD: CHEMICAL	ELECTRICAL SURVEYS NABORS: DIL, CNL-CDL, MEL, SON	
API No. 15-1077-22112		TO: RTD	
SAMPLES SAVED FROM: 3100		TO: RTD	
DRILLING TIME KEPT FROM: 3100		TO: RTD	
SAMPLES EXAMINED FROM: 3100		TO: RTD	
GEOLOGICAL SUPERVISION FROM: 3163		TO: RTD	
GEOLOGIST ON WELL: JERRY A. SMITH			
FORMATION TOPS		LOG	SAMPLES
HEEBNER	3415 (-1831)		3412 (-1828)
LANSING	3647 (-2063)		3647 (-2063)
KANSAS CITY	3928 (-2344)		3925 (-2341)
STARK	4080 (-2496)		4080 (-2496)
CHEROKEE	4313 (-2729)		4314 (-2730)
MISSISSIPPIAN	4384 (-2800)		4382 (-2798)

LEGEND



LITHOLOGY	DEPTH	DRILLING TIME IN MINUTES PER FOOT Rate of Penetration Increases	SAMPLE DESCRIPTIONS	REMARKS
				NO GAS DETECTOR DST (1): DIAMOND MUD: MUD-CO
				S.H.T.S: 227' 3/4" 2203' 3/4"

720' 1 1/4° 2678' 3/4°
1193' 3/4° 3151' 3/4°
1698' 1° 4406' 1 1/4°

VERT. LOG SCALE: 5" = 100'

3100

SH - RD, Gy, GRN, w/
SH - 1/2" GRN, 1/2" GRN, 1/2"
No VIS, D. ABD MAX.

SH - FREEDOM DK Gy
SH - 1/2" GRN, 1/2" GRN, 1/2"
ANY - MAX.

SH, LM, ANY - AA.

SH, LM, ANY - AA.

20

40

60

SH - Gy - M - DK Gy
GRN, RED, BLK, W/
SH - 1/2" GRN, 1/2" GRN, 1/2"
ANY - MAX.

SH, LM, ANY - AA.

SH, LM, ANY - AA.

SH - FREEDOM DK Gy
SH - 1/2" GRN, 1/2" GRN, 1/2"
ANY - MAX.

SH - M - DK Gy, Gy -
GRN, RED.

SH - AA.

SH - AA.

SH - AA.

LM - GRN, Gy - TA, F -
MAX. GRN, 1/2" GRN, 1/2"
GRN, D. NS.

LM - AA, NS.

LM - Gy - M Gy, Gy - TA
GRN, 1/2" GRN, 1/2" GRN, 1/2"
GRN, D. NS. CHRY, TA PR.

LM - AA, NS.

LM - AA, w/ 1/2" GRN, 1/2"
GRN, 1/2" GRN, 1/2" GRN, 1/2"
GRN, D. NS. CHRY, TA PR.

SH, LM - AA.

SH, LM - AA.

3200

BIT TRIP @ 3151'
PIPE STRAP @ 3151':
3153.68 STRAP
3151.85 BOARD
1.83 LONG

MUD @ 3155':
9.4 WT, 32 VIS, N/C FILT,
78,000 CHLOR, 0 LMC

20

40

60

80

3300

SH - M → DK Gy, Gy - GRN.

20

SH - A → DK Gy, Gy - GRN.

40

SH - M → DK Gy, Gy - GRN.

LM - GRN, Lt → M Gy.
FX, DSE → CHKY IN PT.

60

LM - AA.

80

LM - AA.

LM - AA.

SH - M → DK Gy.

SH - BLK, CARB.

3400

LM - ST → M Gy. FX.
DSE.

LM - M Gy. FX. DSE.

LM - AA.

SH - BLK, CARB.

20

LM - M Gy. FX. DSE.

40

SH - M → DK Gy, Gy - GRN.

60

LM - GRN, Lt → M Gy.
FX, DSE → JCAT
FR VGY B. NS.

LM - AA.

80

LM - AA.

SH - DK Gy, Gy - GRN.

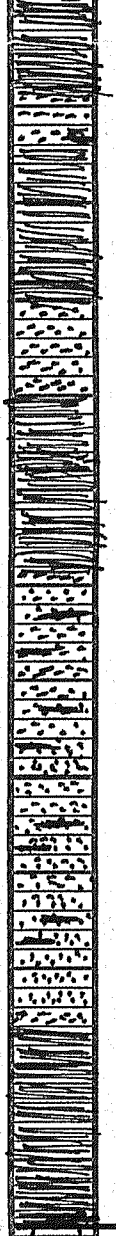
SH - AA.

3500

SH - M → DK Gy, Gy - GRN.
RED, GRN IN PT.
W/ ABD Gy, Mic Silt - STN.

SH & Silt - AA.

HIEBNER
3412 (-1828) SMPL
3415 (-1831) LOG



20
40
60
80
3600
20
40
60
80
3700
20
40
60
80
100

SH of Silt-AA.

Silt, Silt-AA w/WH NS.
V.F.G., FINE, SD. NS.

PREDOM. of Gy, Mic Silt-
SD of WH → of Gy
V.F.G., FINE, SD. NS.
ARD. Gy, GRN, RED SH.

Silt of SD-AA

Silt of SD-AA.

PREDOM. SD - WH of Gy
V.F.G., FINE, SD. NS.
GRN SH, SCATT
M Gy, Mic SH.

SD of SCATT SH-AA.

SD of SCATT SH-AA.

SD - WH, F.G., Mic, NS.
FINE, SD. NS.

SD - AA w/ SCATT Gy, Gy-
GRN SH.

SD - AA w/ SCATT SH-

SD - M Gy, F.G., Mic, FINE.

SD - AA w/ ARD DK Gy,
Gy - GRN SH.

LM - GRN → M Gy → Gy -
FX, SCATT in
BY NVP.

LM - GRN → M Gy
Gy - FX, SCATT →
GRN SH, NS.

LM - AA, NS.

SH - M → DK Gy.

LM - GRN → M Gy
FX, DSE → SH CHKY.

SH - M → DK Gy, Gy -
GRN.

LM - M Gy, FX, DSE.

LM - AA.

LM - Gy → M Gy, FX →
MX, DSE → CHKY.

LM - AA.

LANSING
3647 (-2063) SMPL & LOG

3800

3900

SH - DK GY.

LM - ~~LT~~ → M GY, FX.
DSE → CHKY.

SH - DK GY.

LM - M GY → TR. FX.
DSE.

LM - AA.

LM → AA. SUI INS IN
SH.

LM - ~~LT~~ → M GY → TR. FX.
DSE → SUR-CHKY.
SHLY.

LM - AA. BECOMING V
SHLY.

PREDOM SH - M → DK GY
GY - GRN w/ SCAT
RED & REDDISH-BRN
SH. SCAT LM - AA.

SH - DK GY, GY - GRN.
DK RED. SCAT LM -
AA.

SH - DK GY, GY - GRN,
DK RED. SCAT LM -
AA.

SH - DK GY, GY - GRN,
DK RED.

SH - DK GY, GY - GRN, DK
RED.

SH - DK GY, GY - GRN, DK RED.
PYRITE IN IT.

SH - DK GY → BLK, GY - GRN,
DK RED.

SH - AA.

SH - M → DK GY → BLK,
GY - GRN, DK RED.

SH - AA.

INS. ~~LM~~ → GRN, LT →
M GY, FX. DSE.

LM - GRN, LT → M GY, FX.
PASS. GR. V. NS. & PASS
Mud P. NS. CHKY.

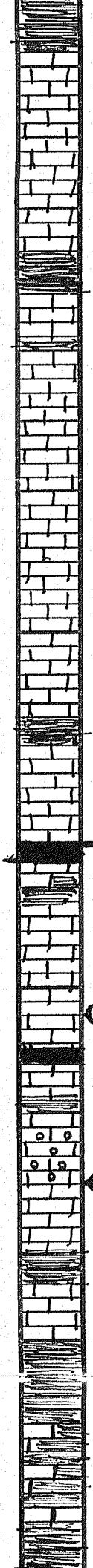
LM - AA.

LM - AA. BECOMING
LESS POROUS.

LM - ~~LT~~ → M GY.

MUD @ 3825':
9.2 WT, 48 VIS, 8.0 FILT,
6.000 CHLOR, 1# LCM

KANSAS CITY
3925 (-2341) SMPL
3928 (-2344) LOG



4000

80

20

40

60

80

4100

20

40

60

80

LM - CRM, GY - TA, FX - SPSLY
POSS. DSE. SCATT MIN
CHK. ABD DR GY SH.

ABD MGY GY - GEN SH. w/LA -
LT - MGY, GY - TA, FX, DSE.

LM - CRM, LT - MGY, FX,
SCATT VBY D. V CHRY.
NS.

LM - AA. NS.

LM - LT GY, LT GY, TA, FX.
DSE. ABD DR GY SH.

LM - AA.

LM - AA.

LM - CRM, GY - TA, FX.
SCATT FR VBY INTX LN D.
NS. No ODR.

LM - GY, TA, FX. DSE.

LM - AA.

LM - AA.

LM - GY - TA, FX. SCATT ->
FR VBY D. NS. No ODR.

LM - GY - TA, FX. DSE ->
SUB - CHRY.

LM - AA.

SH - BLK, CARB.

LM - LT - MGY, FX. DSE.
SPSLY FOSS.

LM - CRM, LT - MGY, FX.
DSE - RARE ISOLATED
VUG. No ODR. NS.

LM - CRM, LT GY, FX. DSE. SUB -
CHRY.

LM - MGY, FX. DSE.

SH - BLK, CARB.
LM - GY - TA, FX. DSE.

SH - M - DR GY.

LM - MGY, FX. ODRIT w/ FR
COMUD D. No Vis SUB. VUG,
FLERTING ODR.
60" SNPL: Gd COMUD D. NS. No ODR.

LM - GY - TA, FX. ODRIT.
M FT DSE.

LM - AA.

LM - M - DR TA, FX. SPSLY
FOSS. DSE.

SH - DR GY.

LM - DR GY - TA, FX. DSE.
SHLY.

LM - AA.

STARK

4080 (-2496) SMPL & LOG

MUD @ 4173':
9.4 WT, 46 VIS, 8.8 FILT,
5,500 CHLOR, 2# LCM

4200

20

40

60

80

4300

20

40

60

80

SH-DK Gy.

SH-DK Gy w/ DK Gy-TN, FX, DSE Lm.

SH-DK Gy.

SH-DK Gy.

SH-DK Gy w/ SCATT DK Gy-TN, FX, DSE Lm.

SH & Lm-AA.

SH & Lm-AA.

Lm-Cr, Lt TN, FX, DSE, No VIS.

Lm-Gy-TN, FX, DSE.

Lm-AA.

SH-BLK, CARB.

Lm-Lt Gy, Lt TN, FX, HD, DSE.

Lm-AA.

Lm-AA, CNKY IN Pt.

SH-BLK, CARB.

Lm-Lt - M Gy, FX, DSE.

SH-BLK, CARB.

Lm-Lt - M Gy, Gy-TN, FX, DSE - SUR - CNKY.

Lm-AA, BECOMING SHLY.

SH-DK Gy, DK Gy - GRAN.

SH-BLK, CARB.

Lm-DK Gy-TN, FX, DSE.

SH-DK Gy.

SH-DK Gy, DK Gy - GRAN w/ SCATT Lm-DK Gy-TN, FX, DSE.

SH & Lm-AA.

SH & Lm-AA.

SH & Lm-AA w/ TN, CNT-WA, Lt Gy, Lt M TN, DSE, SH, DSE - SUR - WEA - SED & GAS, NO DOOR.

CNT-WA, Lt TN, DSE, SH, DSE, FAS, No WEA, No S, NS, F-2 DOOR.

CNT-AA, No D, No DOOR, NS, CNT-WA, Lt TN, DSE, SH, DSE, WEA, SED, GAS, NO DOOR.

CHEROKEE
4314 (-2730) SMPL
4313 (-2729) LOG

MISSISSIPPIAN
4382 (-2798) SMPL
4384 (-2800) LOG

D
S
T

4400

①

#1

4500

@4600

20
40
60
80
20
40
60
80

CNT - WA, LF BY OPO, DEWIT PART
→ HAY WEA, 500 ODOOR, GO
BRN STN. GO SHO GAS #100.

DEC IN CNT-AA, MOSTAY
CNT - WA, OPO, VIT, SHP.
DSE W/ 500 BRN STN.
WA → FR ODOOR.

CNT - AA, WA → FR ODOOR.
SCAT BRN STN.

CNT - AA, WA → FR ODOOR.
SCAT BRN STN.

CNT - AA, WA → FR ODOOR.
NS.

CNT - AA, WA → FR ODOOR.
NS.

CNT - WA, OPO, VIT, SHP.
DSE, W/ SCAT CNT.
AA, WA ODOOR, NS.

CNT - AA, NS.

CNT - WA, OPO, VIT, SHP.
DSE, No VIS, No.
V WA ODOOR, NS.

CNT - AA, NS.

CNT - WA, OPO, VIT, SHP, DSE.
No VIS, No, No VIS, No, No
ODOOR.

CNT-AA.

CNT - WA, LF → M BY OPO.
SHP, DSE.

CNT - AA.

CNT - AA.

CNT - AA.

CNT - WA, OPO, SHP, DSE.
W/ SCAT WA CNT.

CNT W/ HAY AA, SCAT
LM - GR - TAY, FR, DSE, HO.

CNT & LM - AA.

MUD @ 4404':
9.4 WT, 45 VIS, 9.2 FILT,
5,000 CHLOR, 2 # LCM

DST #1: 4392-4406
5-30-45-90

IF: BOB 1 MIN.
ISI: NO RETURN
FF: BOB IMMED.
FSI: NO RETURN

RECOVERY:
3500' GIP
80' G & OCWM
(25% G, 10% O, 5% W, 60% M)

CHLORIDES 8000 PPM

SIP'S: 587-586 #
FP'S: 18-26/33-46 #
HP'S: 2183-2144 #
BHT: 126° F

TOTAL DEPTH
4600 (-3016) ROTARY
4601 (-3017) LOG

LITHOLOGY	DEPTH	<p style="text-align: center;">5" 10" 15" 20" 25" DRILLING TIME MINUTES/FOOT Rate of Penetration Increases</p>	SAMPLE DESCRIPTIONS	REMARKS

COMPANY: MULL DRILLING COMPANY, INC.		ELEVATION: 1584 KB	
LEASE: NEWBERRY FARMS #1-36			
LOCATION: 575' FNL & 1675' FWL	SEC 36	TWP 31	RGE 9 W
COUNTY: HARPER	STATE: KANSAS		