



**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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- 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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1048618

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L.D. Drilling, Inc.
Well Name	#1-19 YORK 1
Doc ID	1048618

Tops

Name	Top	Datum
ANHYDRITE	1974	+589
BASE ANHYDRITE	2005	+558
STOTLER	3234	-671
HEEBNER	3605	-1042
LANSING	3641	-1078
STARK	3906	-1343
MARMATON	4004	-1441
FORT SCOTT	4157	-1594
CHEROKEE	4181	-1618
MISSISSIPPI	4251	-1688
RTD	4285	-1722

# ALLIED CEMENTING CO., LLC. 039295

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Dg Kley

DATE <u>5-8-10</u>	SEC <u>19</u>	TWP <u>15</u>	RANGE <u>29</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00pm</u>	JOB FINISH <u>3:00pm</u>
LEASE <u>York</u>	WELL # <u>1-19</u>	LOCATION <u>Healy 9N 1E 34 NE 100</u>		COUNTY <u>Gove</u>	STATE <u>Ks</u>		
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Vel Rig 4  
 TYPE OF JOB PTA T.D. 4285'  
 HOLE SIZE 2 7/8 DEPTH  
 CASING SIZE DEPTH  
 TUBING SIZE DEPTH  
 DRILL PIPE 4 1/2 DEPTH 1990'  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT

**EQUIPMENT**

PUMP TRUCK CEMENTER Andrew  
 # 423-281 HELPER Lareoe  
 BULK TRUCK  
 # 377 DRIVER Darrin  
 BULK TRUCK DRIVER

**REMARKS:**

25 sks @ 1990'  
100 sks @ 930'  
40 sks @ 390'  
10 sks @ 40'  
15 sks mouse hole  
30 sks Rat hole  
Thank you

CHARGE TO: LD Drilling  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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 \_\_\_\_\_  
 SIGNATURE Darryl D. Anderson

OWNER Same

CEMENT AMOUNT ORDERED 220 sks 6940 48 gal  
4 1/2 Flo-seal

COMMON 132 sks @ 15.45 2039.40  
 POZMIX 88 sks @ 8.00 704.00  
 GEL 8 sks @ 20.80 166.40  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
Flo-seal 55 # @ 2.50 137.50

HANDLING 230 sks @ 2.40 552.00  
 MILEAGE 10 @ 56/mile 1380.00  
 TOTAL 4979.30

**SERVICE**

DEPTH OF JOB 1990'  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE \_\_\_\_\_  
 MILEAGE 20 miles @ 2.00 400.00  
 MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL 1437.00

**PLUG & FLOAT EQUIPMENT**

888  
1 Dry hole plug @ 40.00  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 TOTAL 40.00

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 1717 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>4-29-10</u> DISTRICT <u>KANSAS</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>L. D. Drilling Inc.</u>		LEASE <u>York</u> 1-19 WELL NO.							
ADDRESS		COUNTY <u>Gove</u> 19-15-29 STATE <u>KANS.</u> <u>Robert</u>							
CITY STATE		SERVICE CREW <u>A. Werth, C. Veach, M. Wall</u>							
AUTHORIZED BY		JOB TYPE: <u>8 5/8 Surface</u> <u>cnw</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>28443 P.U.</u>	<u>1/2</u>					<u>4-28-10</u>	<u>6:00</u>	<u>PM</u>	
<u>27463 P.T.</u>	<u>1/2</u>					<u>4-28-10</u>	<u>9:00</u>	<u>AM</u>	
<u>19832-21010</u>	<u>1/2</u>					<u>4-29-10</u>		<u>AM</u>	
	<u>1/2</u>					<u>4-29-10</u>	<u>4:30</u>	<u>PM</u>	
						<u>4-29-10</u>	<u>5:00</u>	<u>AM</u>	
						<u>4-29-10</u>	<u>6:00</u>	<u>PM</u>	
						MILES FROM STATION TO WELL	<u>108</u>	<u>6:00</u>	<u>M/AM</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
CP100	Common		225 SK		\$ 3600.00
CL102	CELL FLAKE		62-1b		\$ 229.40
CC109	CALCIUM CHLORIDE		636-1b		\$ 667.80
CC200	Cement Gel		424-1b		\$ 106.00
CF153	Wooden Cement Plug 8 5/8"		1-CA		\$ 160.00
F100	Unit mileage chg. Pickup		100-mi		\$ 425.00
F101	Heavy Equip. mileage		200-mi		\$ 1400.00
F113	Bulk Del. Chg.		1060-7m		\$ 1696.00
CF200	Depth Charge 0-500'		1-4hrs		\$ 1000.00
CF240	Blending & mixing Service chg.		275-58		\$ 315.00
CF504	Plug container utilization chg.		1-50b		\$ 250.00
S003	Service Supervisor first 8hrs on Loc		1-2h		\$ 175.00
SUB TOTAL					
SERVICE & EQUIPMENT				%TAX ON \$	
MATERIALS				%TAX ON \$	
TOTAL					

CHEMICAL / ACID DATA:			

SUB TOTAL  
TOTAL  
\$ 5725.80  
BLS

SERVICE REPRESENTATIVE Allen T. Waech THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <b>L.O. Drilling Inc.</b>	Lease No.	Date <b>4-29-10</b>
Lease <b>York</b>	Well # <b>1-19</b>	
Field Order # <b>17181717A</b>	Station <b>Pratt KS</b>	County <b>Butte</b>
Type Job <b>8 5/8 SURFACE</b>	Formation <b>TO 347</b>	Legal Description <b>19-15-29</b>

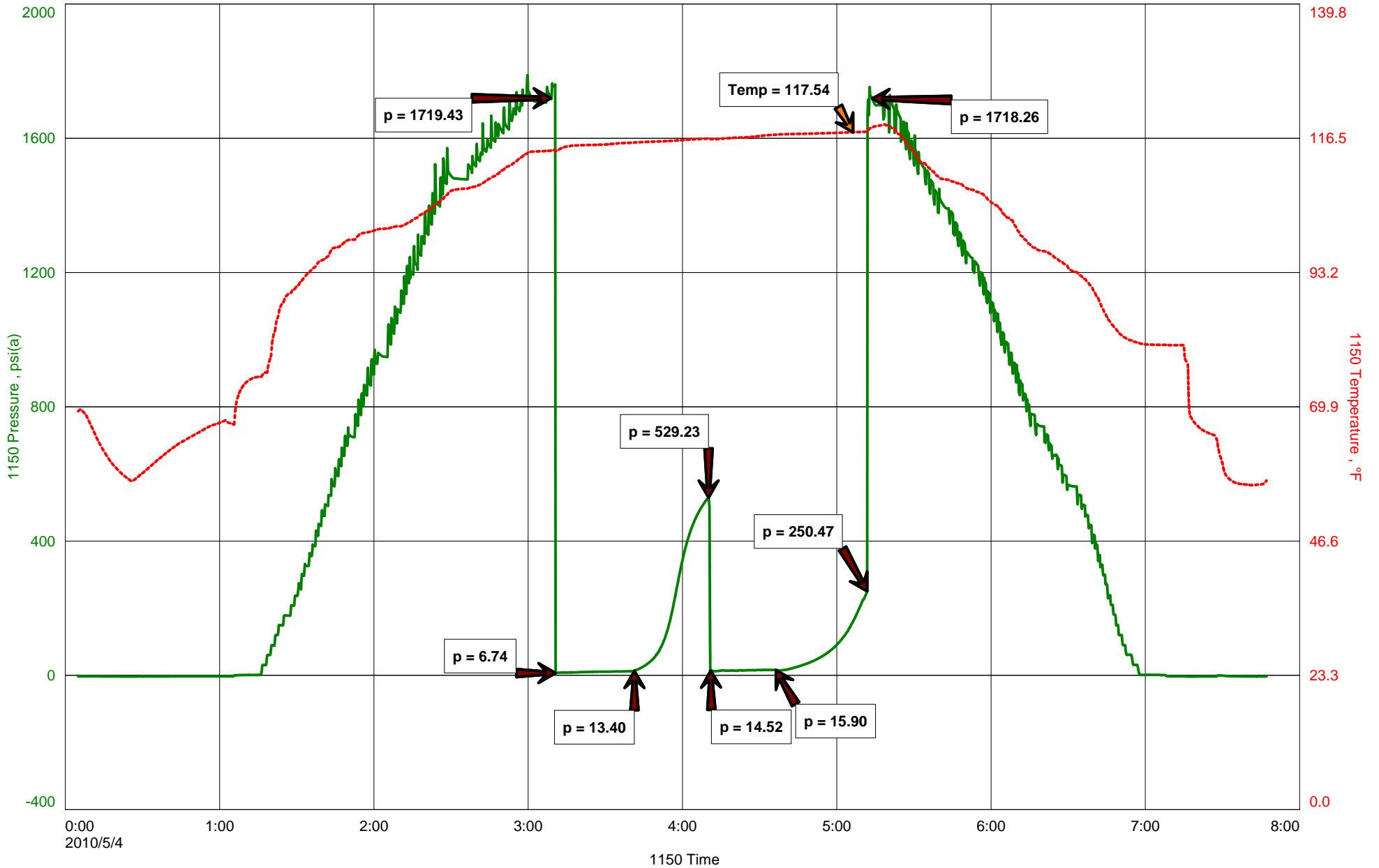
PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>8 5/8</b>	Tubing Size	Shots/Ft	<b>225 SK</b>	Acid	<b>Common 20% Gel</b>	RATE	PRESS	ISIP
Depth <b>342</b>	Depth	From	To	Pre Pad	<b>1.36 y/c</b>	Max		5 Min.
Volume <b>20.6 Bbl</b>	Volume	From	To	Pad		Min		10 Min.
Max Press <b>300</b>	Max Press	From	To	Frac		Avg		15 Min.
Well Connection <b>P.C.</b>	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <b>322</b>	Packer Depth	From	To	Flush	<b>Freshwater</b>	Gas Volume		Total Load

Customer Representative	Station Manager <b>scotty</b>	Treater <b>Allen F. Werth</b>
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Service Units	<b>28443</b>	<b>27463</b>	<b>19832</b>	<b>21010</b>	<b>19826</b>	<b>19860</b>			
Driver Names	<b>A. Werth</b>	<b>Michael</b>	<b>Mike</b>	<b>Nail</b>	<b>Robert</b>	<b>Robert</b>	<b>Pat</b>	<b>colman</b>	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<b>9:00 PM</b>	<b>4-28-10</b>				<b>VAL #4</b>
<b>9:40</b>					<b>ON Loc. Discuss Safety, Setup Plan Job</b>
<b>6:30 AM</b>	<b>4-29-10</b>				<b>Rig Drilling RAT Hole</b>
<b>7:00</b>					<b>Start on 12 1/4 surface Hole</b>
<b>7:23</b>					<b>Hole cut - CIR Hole w/ Rig @ 347'</b>
<b>7:37</b>					<b>start out of Hole w/ bit</b>
<b>9:15</b>					<b>out of Hole w/ Bit - Rig up to Run Csg</b>
<b>9:30</b>					<b>Start 8 5/8 Csg</b>
<b>10:00</b>					<b>CASING @ 347' Hookup &amp; CIR w/ Rig</b>
<b>11:30</b>					<b>Hookup to cmt well.</b>
<b>4:20 PM</b>				<b>5</b>	<b>Trouble getting cmt out of Front</b>
<b>5:00 PM</b>			<b>65</b>	<b>5</b>	<b>pot. Hook Back To mud &amp; CIR.</b>
<b>6:00</b>			<b>20 1/2</b>		<b>wait on Back Truck.</b>
					<b>st mix cmt - Release Plug.</b>
					<b>Finish mix cmt - st. Disp.</b>
					<b>Plug down shut in @ well</b>
					<b>Release PST</b>
					<b>washup &amp; Rack up Equip.</b>
					<b>Job complete</b>
					<b>cmt CIR to pit</b>
					<b>Roberto &amp; Pat m.</b>
					<b>Thanks Allen, Chris, Nail</b>

# YORK #1-19



# Diamond Testing

## General information Report

### General Information

**Company Name** L.D. DRILLING, INC.

<b>Contact</b>	L.D. DAVIS	<b>Job Number</b>	
<b>Well Name</b>	YORK #1-19	<b>Representative</b>	ROGER D. FRIEDLY
<b>Unique Well ID</b>	DST #1 LANS 'B' 3,662' - 3,690	<b>Well Operator</b>	L.D. DRILLING, INC.
<b>Surface Location</b>	SEC 19-15S-29W GOVE COUNTY	<b>Report Date</b>	2010/05/04
<b>Well License Number</b>		<b>Prepared By</b>	ROGER D. FRIEDLY
<b>Field</b>	WIULDCAT		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	CONVENTIONAL		
<b>Formation</b>	DST #1 LANS 'B' 3,662' - 3,690'		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	00:05:00
		<b>Final Test Time</b>	07:47:00
<b>Start Test Date</b>	2010/05/04		
<b>Final Test Date</b>	2010/05/04		
<b>Gauge Name</b>	1150		
<b>Gauge Serial Number</b>			

### Test Results

RECOVERED: 2' CO 35.8 GRAVITY @ 60 deg.  
18' OCM 2% OIL, 98% MUD  
20' TOTAL FLUID

TOOL SAMPLE: 12% OIL, 2% WTR, 86% MUD





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

**DRILL -STEM TEST TICKET**

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State KANSAS  
Test Approved By \_\_\_\_\_ Diamond Representative ROGER D. FRIEDLY

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Remarks: \_\_\_\_\_

	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Time Started Off Bottom \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure ..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period ..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period ..... Minutes \_\_\_\_\_ (D) \_\_\_\_\_ P.S.I.  
Final Flow Period ..... Minutes \_\_\_\_\_ (E) \_\_\_\_\_ P.S.I. to (F) \_\_\_\_\_ P.S.I.  
Final Closed In Period ..... Minutes \_\_\_\_\_ (G) \_\_\_\_\_ P.S.I.  
Final Hydrostatic Pressure ..... (H) \_\_\_\_\_ 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.

# Diamond Testing

## General information Report

### General Information

**Company Name** L.D. DRILLING, INC.

<b>Contact</b>	L.D. DAVIS	<b>Job Number</b>	
<b>Well Name</b>	YORK #1-19	<b>Representative</b>	ROGER D. FRIEDLY
<b>Unique Well ID</b>	DST #2 LKC 'H' 3,803' - 3,840'	<b>Well Operator</b>	L.D. DRILLING, INC.
<b>Surface Location</b>	SEC 19-15S-29W GOVE COUNTY KANSAS	<b>Report Date</b>	2010/05/05
<b>Well License Number</b>		<b>Prepared By</b>	ROGER D. FRIEDLY
<b>Field</b>	WILDCAT		
<b>Well Type</b>	Vertical		

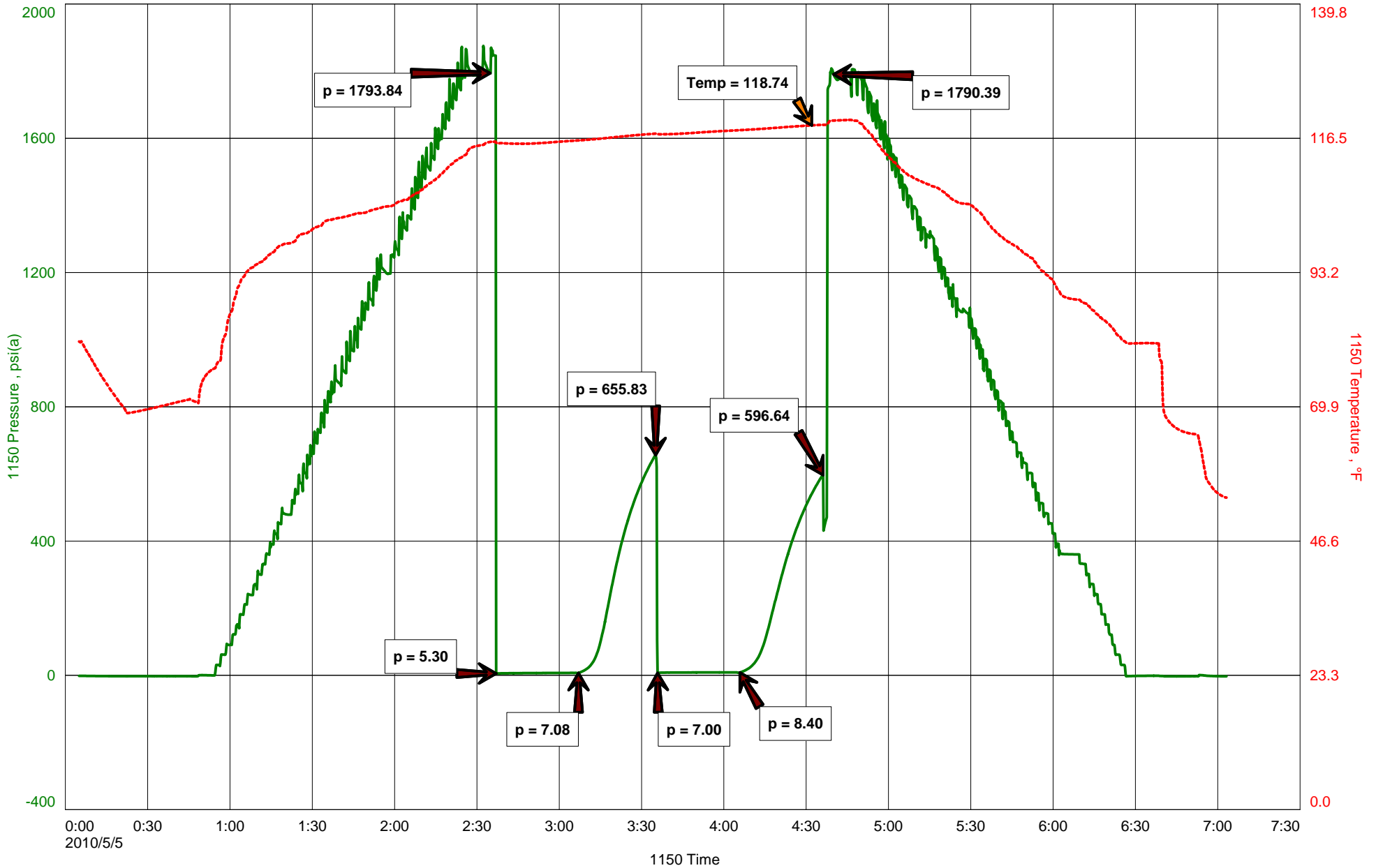
<b>Test Type</b>	CONVENTIONAL		
<b>Formation</b>	DST #2 LKC 'H' 3,803' - 3,840'		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	00:05:00
		<b>Final Test Time</b>	07:03:00
<b>Start Test Date</b>	2010/05/05		
<b>Final Test Date</b>	2020/05/05		
<b>Gauge Name</b>	1150		
<b>Gauge Serial Number</b>			

### Test Results

RECOVERED: 5' DM 100% MUD

TOOL SAMPLE: 100% DM FEW OIL SPOTS

# YORK #1-19





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

**DRILL -STEM TEST TICKET**

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State KANSAS  
Test Approved By \_\_\_\_\_ Diamond Representative ROGER D. FRIEDLY

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Remarks: \_\_\_\_\_

Price Job
Other Charges
Insurance
Total

Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure ..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period ..... Minutes (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period ..... Minutes (D) \_\_\_\_\_ P.S.I.  
Final Flow Period ..... Minutes (E) \_\_\_\_\_ P.S.I. to (F) \_\_\_\_\_ P.S.I.  
Final Closed In Period ..... Minutes (G) \_\_\_\_\_ P.S.I.  
Final Hydrostatic Pressure ..... (H) \_\_\_\_\_ 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.

# Diamond Testing

## General information Report

### General Information

**Company Name** L.D. DRILLING, INC.

<b>Contact</b>	L.D. DAVIS	<b>Job Number</b>	
<b>Well Name</b>	YORK #1-19	<b>Representative</b>	ROGER D. FRIEDLY
<b>Unique Well ID</b>	DST #3 MYRICK STATION 4,120' - 4,150'	<b>Well Operator</b>	L.D. DRILLING, INC.
<b>Surface Location</b>	SEC 19-15S-29W GOVE COUNTY, KANSAS	<b>Report Date</b>	2010/05/06
<b>Well License Number</b>		<b>Prepared By</b>	ROGER D. FRIEDLY
<b>Field</b>	WILDCAT		
<b>Well Type</b>	Vertical		

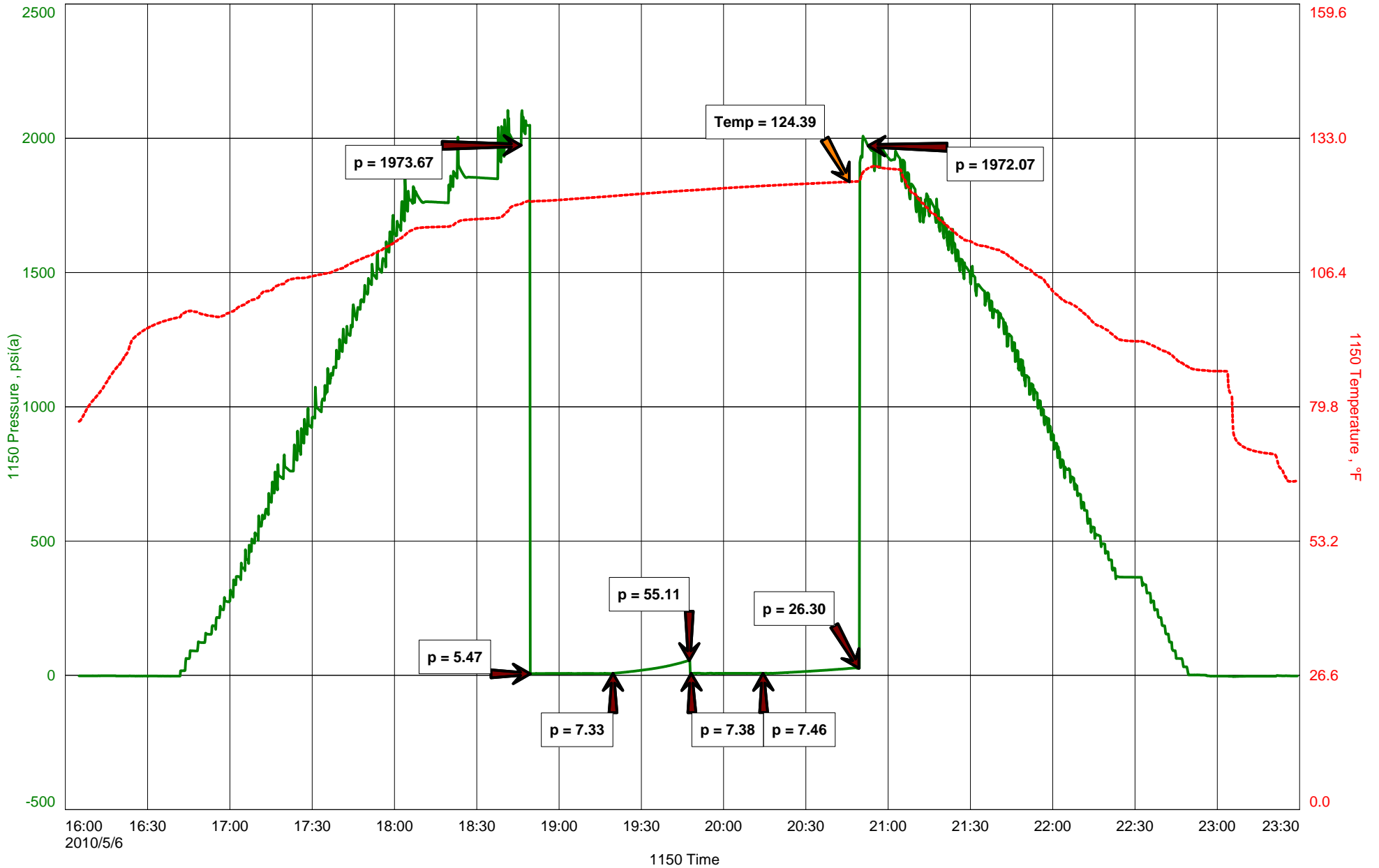
<b>Test Type</b>	CONVENTIONAL		
<b>Formation</b>	DST #3 MYRICK STATION 4,120' - 4,150'		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	16:05:00
		<b>Final Test Time</b>	23:29:00
<b>Start Test Date</b>	2010/05/06		
<b>Final Test Date</b>	2010/05/06		
<b>Gauge Name</b>	1150		
<b>Gauge Serial Number</b>			

### Test Results

RECOVERED: 5' DM 100% MUD

TOOL SAMPLE: 100% DM WITH A FEW OIL SPECKS

# YORK #1-19







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

**DRILL -STEM TEST TICKET**

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State KANSAS  
Test Approved By \_\_\_\_\_ Diamond Representative ROGER D. FRIEDLY

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Time Started Off Bottom \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure ..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period ..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period ..... Minutes \_\_\_\_\_ (D) \_\_\_\_\_ P.S.I.  
Final Flow Period ..... Minutes \_\_\_\_\_ (E) \_\_\_\_\_ P.S.I. to (F) \_\_\_\_\_ P.S.I.  
Final Closed In Period ..... Minutes \_\_\_\_\_ (G) \_\_\_\_\_ P.S.I.  
Final Hydrostatic Pressure ..... (H) \_\_\_\_\_ P.S.I.

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# Diamond Testing

## General information Report

### General Information

**Company Name** L.D. DRILLING, INC.

<b>Contact</b>	L.D. DAVIS	<b>Job Number</b>	
<b>Well Name</b>	YORK #1-19	<b>Representative</b>	ROGER D. FRIEDLY
<b>Unique Well ID</b>	DST #4 FT SCOTT / JOHNSON 4,147' - 4,245'	<b>Well Operator</b>	L.D. DRILLING, INC.
<b>Surface Location</b>	SEC 19-15S-29W GOVE COUNTY	<b>Report Date</b>	2010/05/07
<b>Well License Number</b>		<b>Prepared By</b>	RPGER D. FRIEDLY
<b>Field</b>	WILDCAT		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	CONVENTIONAL		
<b>Formation</b>	DST #4 FT SCOTT / JOHNSON 4,147' - 4,245'		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	14:30:00
		<b>Final Test Time</b>	20:59:00
<b>Start Test Date</b>	2010/05/07		
<b>Final Test Date</b>	2010/05/07		
<b>Gauge Name</b>	1150		
<b>Gauge Serial Number</b>			

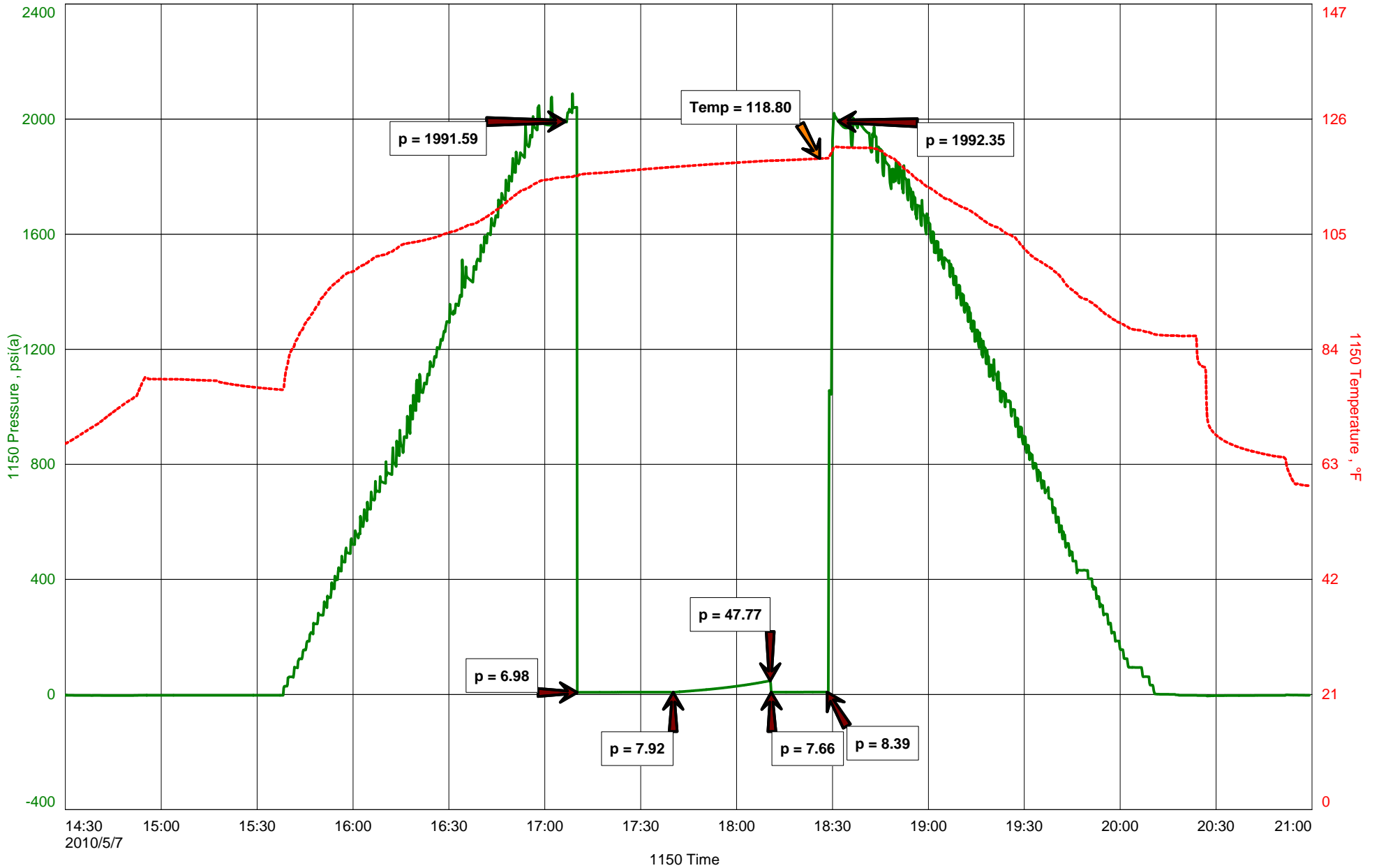
### Test Results

RECOVERED: 5' DM 100% MUD

TOOL SAMPLE: 100% DM WITH SOME FREE OIL SPOTS



# YORK #1-19





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

**DRILL -STEM TEST TICKET**

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State KANSAS  
Test Approved By \_\_\_\_\_ Diamond Representative ROGER D. FRIEDLY

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Remarks: \_\_\_\_\_

	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure ..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period ..... Minutes (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period ..... Minutes (D) \_\_\_\_\_ P.S.I.  
Final Flow Period ..... Minutes (E) \_\_\_\_\_ P.S.I. to (F) \_\_\_\_\_ P.S.I.  
Final Closed In Period ..... Minutes (G) \_\_\_\_\_ P.S.I.  
Final Hydrostatic Pressure ..... (H) \_\_\_\_\_ P.S.I.

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ANHYDRITE 1974 + 589

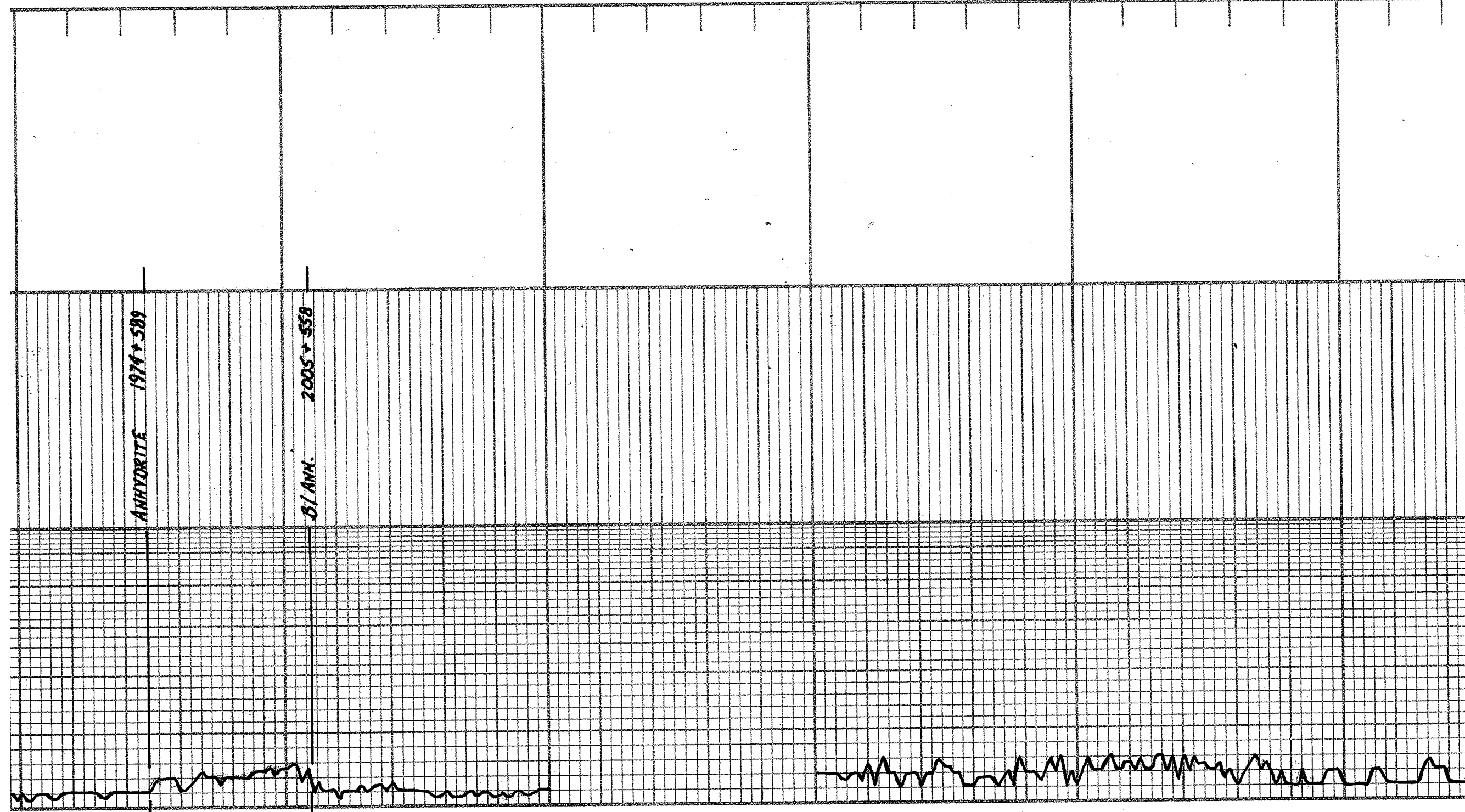
S/ANH. 2005 + 559

100

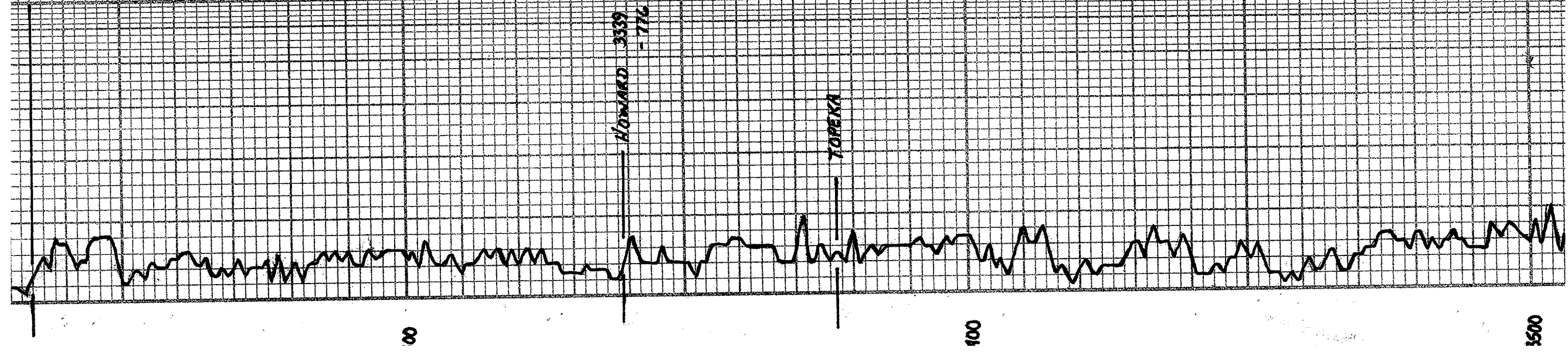
050

100

200



WAB, STOTLER 3239-671



Samples are lagged

15. w. w. silty. fine calcite.

15. To. fine.ool. calcite.

dark sh.

Sh. silty. silty.

15. To. silty. fine.

15. To. w. fine.ool.

15. Sp. var. fine.ool. Dur.

15. Fr. w. of NE. of fine.

sh. oolite.

Sh. silty. calcite.



65. Wet clay. V. Sil. Foss. Sil. Chalky.

64. Wet. V. Earthy Sil. Chalky.

Sh. Dk. G.

63. To wet. Foss. Sil. Chalky.

62. Wet clay. Foss. wet. Claystone.

61. Wet. Foss. wet. V. Sil. Chalky.

60. To V. Earthy. Silt.

59. To. Earthy. wet. Foss.

**HEEBNER 3605-1012**

Sh. Blk. Clay. Sil. Foss. V. Sil. Foss.

Sh. G. Earthy.

65. To wet. V. Sil. Foss. V. Sil. Chalky.

64. Wet. Sil. Foss.

63. G. G. V. Sil. Chalky.

Sh. R. L. G.

**LANSING 3641-1078**

65. To wet. wet. Sil. A.

64. G. G. V. Sil. A.

63. To G. Dal.

Sh. Dk. G. Sil. Foss.

62. To wet. Foss. V. Sil. A. P. V. Sil. P. Earthy. Sil. Foss. V. Sil. Foss. Dull. Brown. Mud. Col.

61. To V. Sil. Foss. Dal.

60. Wet. V. Sil. Foss. Col. White.

65. Wet. Sil. Foss. Chalky.

64. To wet. Sil. Foss. Sil. Chalky.

Sh. Blk.

63. To. Earthy. Sil. A.

62. To wet. Clay. Sil. Foss. Sil. Chalky.

61. Sh. G. G. G. Wet. Sil. Foss.

60. Wet. Clay. Wet. Sil. Chalky.

63. To V. Earthy. Sil.

62. To. Earthy. wet. Sil. Foss. g. d. wet. p.

65. Wet. Chalky.

VIS. 51 WTC. 810  
WTC. 712 CMC. 800

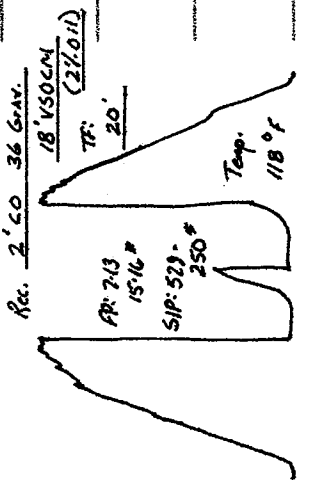
TORONTO

VIS. 51 WTC. 810  
WTC. 18.0 CMC. 1000

KANSAS CITY

**DST (1) 3662-3690**  
/ SOFT: Blow bottle 16 1/4"  
2nd APPARENT No Blow

30. 30. 30. 30



Rec. 2' 40 36 GAY.

AP: 7-13

15-16 #

SIP: 529

250 #

Temp. 118° F



600

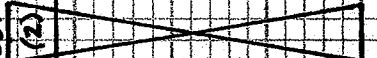
1700

3800

3900

4000

DST (2)



VIS: 55 WTS: 21  
WGT: 180 CMT: 1000

43. To g. Du. Calcutta

MUNCIE CREEK 3808-7245

44. To Br. Si. Foss. Sh. Blue  
45. To Br. V.Si. Foss. Sh. Blue

46. To Br. V.Si. Foss. Sh. Blue  
47. To Br. V.Si. Foss. Sh. Blue

48. To Br. V.Si. Foss. Sh. Blue

49. To Br. V.Si. Foss. Sh. Blue

50. To Br. V.Si. Foss. Sh. Blue

51. To Br. V.Si. Foss. Sh. Blue

52. To Br. V.Si. Foss. Sh. Blue

53. To Br. V.Si. Foss. Sh. Blue

54. To Br. V.Si. Foss. Sh. Blue

55. To Br. V.Si. Foss. Sh. Blue

56. To Br. V.Si. Foss. Sh. Blue

57. To Br. V.Si. Foss. Sh. Blue

58. To Br. V.Si. Foss. Sh. Blue

59. To Br. V.Si. Foss. Sh. Blue

60. To Br. V.Si. Foss. Sh. Blue

61. To Br. V.Si. Foss. Sh. Blue

62. To Br. V.Si. Foss. Sh. Blue

63. To Br. V.Si. Foss. Sh. Blue

64. To Br. V.Si. Foss. Sh. Blue

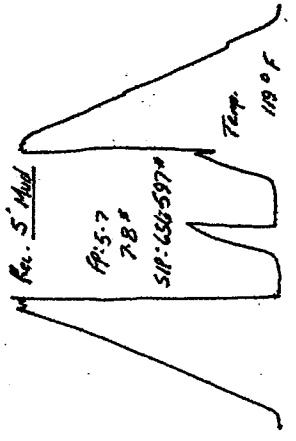
65. To Br. V.Si. Foss. Sh. Blue

66. To Br. V.Si. Foss. Sh. Blue

67. To Br. V.Si. Foss. Sh. Blue

68. To Br. V.Si. Foss. Sh. Blue

DST (2) 3803-3840  
150000: Blow built to 1/2" dec., dist 27 MIN.  
200000: No Blow



30.30.30.30

