



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
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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: _____



1049970

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> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L.D. Drilling, Inc.
Well Name	VOTH 1-19
Doc ID	1049970

All Electric Logs Run

DUAL COMPENSATED POROSITY LOG
DUAL INDUCTION LOG
MICRORESISTIVITY LOG
SONIC CEMENT BOND LOG

Form	ACO1 - Well Completion
Operator	L.D. Drilling, Inc.
Well Name	VOTH 1-19
Doc ID	1049970

Tops

Name	Top	Datum
ANHYDRITE	692	+1143
TOPEKA	2750	-915
HEEBNER	3017	-1182
BROWN LIME	3129	-1294
LANSING	3144	-1309
BASE KANSAS CITY	3376	-1541
ARBUCKLE	3412	-1577
LTD	3519	-1684



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 02376 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>7/26/10</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>LD DRILLING</u>		LEASE: <u>VOTH</u>		WELL NO.: <u>1-19</u>			
ADDRESS:		COUNTY: <u>BARTON</u>		STATE: <u>KS</u>			
CITY:		STATE:		SERVICE CREW: <u>KC, KAEVON, BRIAN</u>			
AUTHORIZED BY:		JOB TYPE: <u>CNW - LONG STRING</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED: <u>7-26</u> DATE AM PM TIME	
<u>19907</u>	<u>1</u>					ARRIVED AT JOB: AM PM <u>0330</u>	
<u>27463</u>	<u>1</u>					START OPERATION: AM PM <u>0630</u>	
<u>19831</u>	<u>1</u>					FINISH OPERATION: AM PM <u>0730</u>	
<u>19862</u>	<u>1</u>					RELEASED: AM PM <u>0800</u>	
						MILES FROM STATION TO WELL: <u>55</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
CF103	60/40 Poz	140 SK			1680.00
CF103	60/40 Poz	30 SK			360.00
CC111	SALT	1253 lb			626.50
CC112	CFR	61 lb			366.00
CC201	GILSONITE	700 lb			469.00
CF103	5 1/2" TOP RUBBER PLUG	1 EACH			105.00
CF251	5 1/2" GUIDE SHOE	1 EACH			250.00
CF1451	5 1/2" API INSECT FLOAT	1 EACH			215.00
CF1651	5 1/2" TURBOLIZER	6 EACH			660.00
CF04	15-12 HCL	1 gal			35.00
CC151	MUD FLUSH	500 gal			430.00
E100	YELUP MILE	55 mile			233.75
E101	TRUCK MILE	110 mile			770.00
E113	BULK DELIVERY	404 TM			646.80
CE204	PUMP CHARGE	1 EACH			2160.00
CE240	BLENDING CHARGE	170 SK			238.00
CE504	PLUG CONTRACTOR	1 EACH			250.00
S003	SERVICE SUPERVISOR	1 EACH			175.00
SUB TOTAL					6092.13

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	DLS
TOTAL		

SERVICE REPRESENTATIVE: K. GONDUCY

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer LD DRILLING	Lease No.	Date 7-26-10
Lease UOTH	Well # 1-19	
Field Order # 02376A	Station PRATT, KS	Casing 5 1/2
Type Job ONW - LONGSTRONG	Depth 3519'	County BARTON
	Formation TD-3520'	State KS
		Legal Description 19-19-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth 3519	Depth	From	To	Pre Pad	Max			5 Min.
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 3506	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative LD	Station Manager SCOTT	Treater CHRIS
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Service Units 19907	27463	19831 - 19862		
Driver Names MG	KEVEN	WHELFIELD		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0200					ON LOCATION
					RUN 3523' 5 1/2" 14# CSG - 835#
					GUIDE SHOE INSERTION RECORD
					CENT-1-3-5-7-9-11
0545					TO THE BOTTOM - DROP BALL - CIRC.
0630	250		20	6	PUMP 20 bbl. 2% HCL H2O
	250		12	6	PUMP 12 bbl. MUD FLUSH
	250		3	6	PUMP 3 bbl. H2O
	200		30	6	MIX 140 SK. 60/40 P02
					18% SACL, 1/2% CFL, 5# SK GILSONITE
					STOP - WASH LINE - DROP PLUG
	0		0	6	START DESP.
	200			6	LEFT CEMENT
	500		80	3	SLOW RATE
0730	1000		85.6	3	PLUG DOWN - HOLD
					PLUG RFT HOLE - 30 SK 60/40 P02
0800					JOB COMPLETE



BASIC
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PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 1998 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-19-10 DISTRICT KANSAS		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 L.D. Drilling INC.		LEASE 10th # 1-19 WELL NO.							
ADDRESS		COUNTY Barton 19-19-12 STATE KANS.							
CITY STATE		SERVICE CREW A. Werth, C. Vench, Edmundo							
AUTHORIZED BY		JOB TYPE: 8 5/8" Surface CRW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
28443 P.H.	1						7-19-10	AM	100
27463 P.T.	1					ARRIVED AT JOB	7-19-10	AM	300
19832-19860	1					START OPERATION	7-19-10	AM	930
						FINISH OPERATION	7-19-10	AM	1030
						RELEASED	7-19-10	AM	1100
						MILES FROM STATION TO WELL 55-miles			

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
CP103	60/40 Por		215-SK		\$ 2582.00
CC102	cell FLAKE		54-1b		\$ 199.80
CC109	Calcium Chloride		5951b		\$ 582.25
CF153	wooden Cement Plug. 8 5/8"		1-CA		\$ 160.00
E100	unit-milage Charge Pickup.		55-mi		\$ 233.75
E101	Heavy Equip. Milage		110-mi		\$ 720.00
E113	Bulk Delivery Charge		509-TM		\$ 814.00
CE200	Depth Charge - 0-500'		1-4hrs		\$ 1000.00
CE240	Blending & mixing Service chg.		215-SK		\$ 301.00
CE504	Plug container Utilization chg		1-Job		\$ 200.00
S003	Service Supervisor first 8hrs on loc.		1-en		\$ 175.00
SUB TOTAL					
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT %TAX ON \$					
MATERIALS %TAX ON \$					
TOTAL					\$ 4451.71

SERVICE REPRESENTATIVE: Allen Freund THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>L.N. Drilling, Inc.</i>		Lease No.		Date <i>7-19-10</i>	
Lease <i>10th</i>		Well # <i>1-19</i>			
Field Order # <i>17181998A</i>	Station <i>Pratt Ks.</i>	Casing " <i>8 5/8</i>	Depth <i>338'</i>	County <i>Barton</i>	State <i>Ks</i>
Type Job <i>8 5/8 Surface</i>	Formation			Legal Description <i>19-19-12</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size <i>8 5/8"</i>	Tubing Size	Shots/Ft		Acid <i>215 SK 60/40 Poz</i>	RATE <i>2 1/2 gal</i>	PRESS <i>3 1/2 CC</i>	ISIP <i>@ 14.7 #</i>
Depth <i>338'</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>20 BB1</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>300 #</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <i>P.B.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>318'</i>	Packer Depth	From	To	Flush <i>Disp W 20</i>	Gas Volume		Total Load

Customer Representative	Station Manager <i>scotty</i>	Treater <i>Allen F. Werth</i>
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Service Units	<i>28443</i>	<i>27463</i>	<i>19831</i>	<i>19812</i>				
Driver Names	<i>A. Werth</i>	<i>C. Weach</i>	<i>Edmunds</i>	<i>O</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	Petromark #
<i>300 pm</i>					<i>on loc. Discuss Safety, Setup Plan</i>	
<i>723 pm</i>					<i>Rig Drilling Surface Hole 12/4</i>	
<i>738</i>					<i>Hole cut 343' cir.w/Rig pump</i>	
<i>800</i>					<i>start out of Hole w/ Bit.</i>	
<i>807</i>					<i>out of Hole, start back in Hole</i>	
<i>820</i>					<i>w/ Bit - Short Trip. Pipe-</i>	
<i>830</i>					<i>Back to 343' TD. cir.w/Rig.</i>	
<i>845</i>					<i>start back out of Hole w/ bit</i>	
<i>924</i>					<i>out hole w/ bit</i>	
	<i>260 #</i>	<i>200 #</i>		<i>5 1/2</i>	<i>start 8 5/8" casing 24'</i>	
			<i>48</i>		<i>cir.w/Rig @ 338' - Good cir.</i>	
					<i>start mix 215 SKs 60/40 Poz</i>	
					<i>w/2% gel, 3% CC @ 14.7 #/gal</i>	
					<i>Finish mix</i>	
<i>955</i>				<i>5</i>	<i>Release wooden cmt Plug 8 7/8"</i>	
<i>1000</i>	<i>300 #</i>		<i>20</i>	<i>2</i>	<i>start Disp.</i>	
	<i>0</i>				<i>Plug down + Shut in @ well</i>	
					<i>Release PSI</i>	
					<i>Washup Equip. & Rack up.</i>	
					<i>Job complete.</i>	
					<i>cement cir. To Pit</i>	
					<i>THANKS ALLEN, CHRIS, EDMUNDS</i>	

KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.

ELEVATIONS

LEASE # 1-19 VOITH

KB 1835

FIELD FORT ZARAH NORTH

DF

LOCATION 1520' ENL # 1020' FEL

GL 1830

SEC 19 TWSP 19s RGE 12w

Measurements Are All

COUNTY BARTON STATE KANSAS

From 1835 KB

CONTRACTOR PETROMARK RIG 2

CASING SURFACE 858' @ 338'

SPUD 7-19-10 COMP 7-26-10

PRODUCTION 5 1/2 @

RTD 3520 LTD 3519

ELECTRICAL SURVEYS

MUD UP 2800 TYPE MUD CHEMICAL

DUAL IND., DENS., MICRO

SAMPLES SAVED FROM 2800 TO 3520

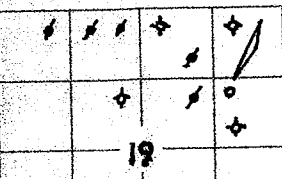
DRILLING TIME KEPT FROM 2600 TO 3520

SAMPLES EXAMINED FROM 2800 TO 3520

GEOLOGICAL SUPERVISION FROM 3000 TO 3520

GEOLOGIST ON WELL KIM B. SHOEMAKER

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	692+1143	674+1161
TOPEKA	2750-915	2752-917
HEEBNER	3017-1182	3019-1184
BROWN LIME	3129-1294	3131-1296
LANSING	3144-1309	3145-1310
B/vr	3376-1541	3379-1544



API: 15-009-25150

20'
25'
30'
35'
40'
45'
50'

LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Carb sh
- Limestone
- Ool. Lime
- Chert
- Dolomite

DRILLING TIME IN MINUTES
PER FOOT

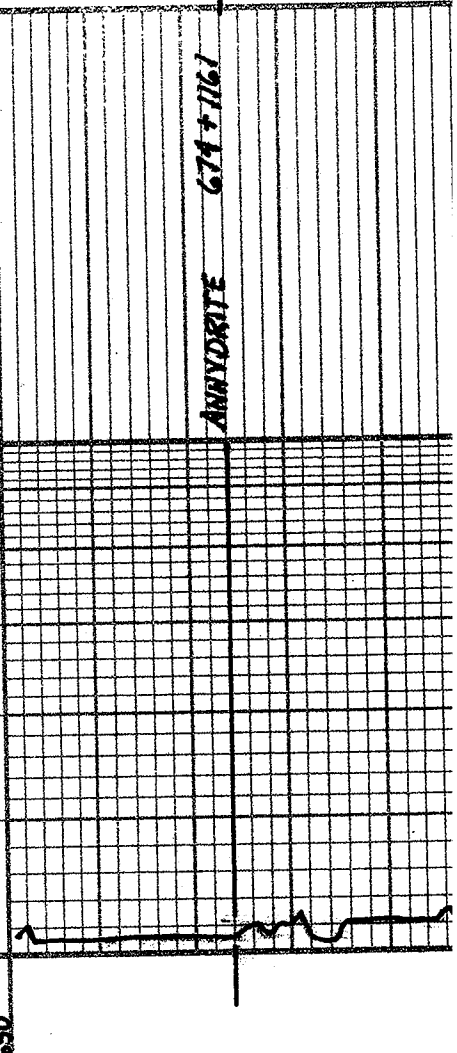
Rate of Penetration Increases

5" 10" 15" 20" 25"

DEPTH
650

SAMPLE DESCRIPTIONS

REMARKS



AMYDRITE 674+1261

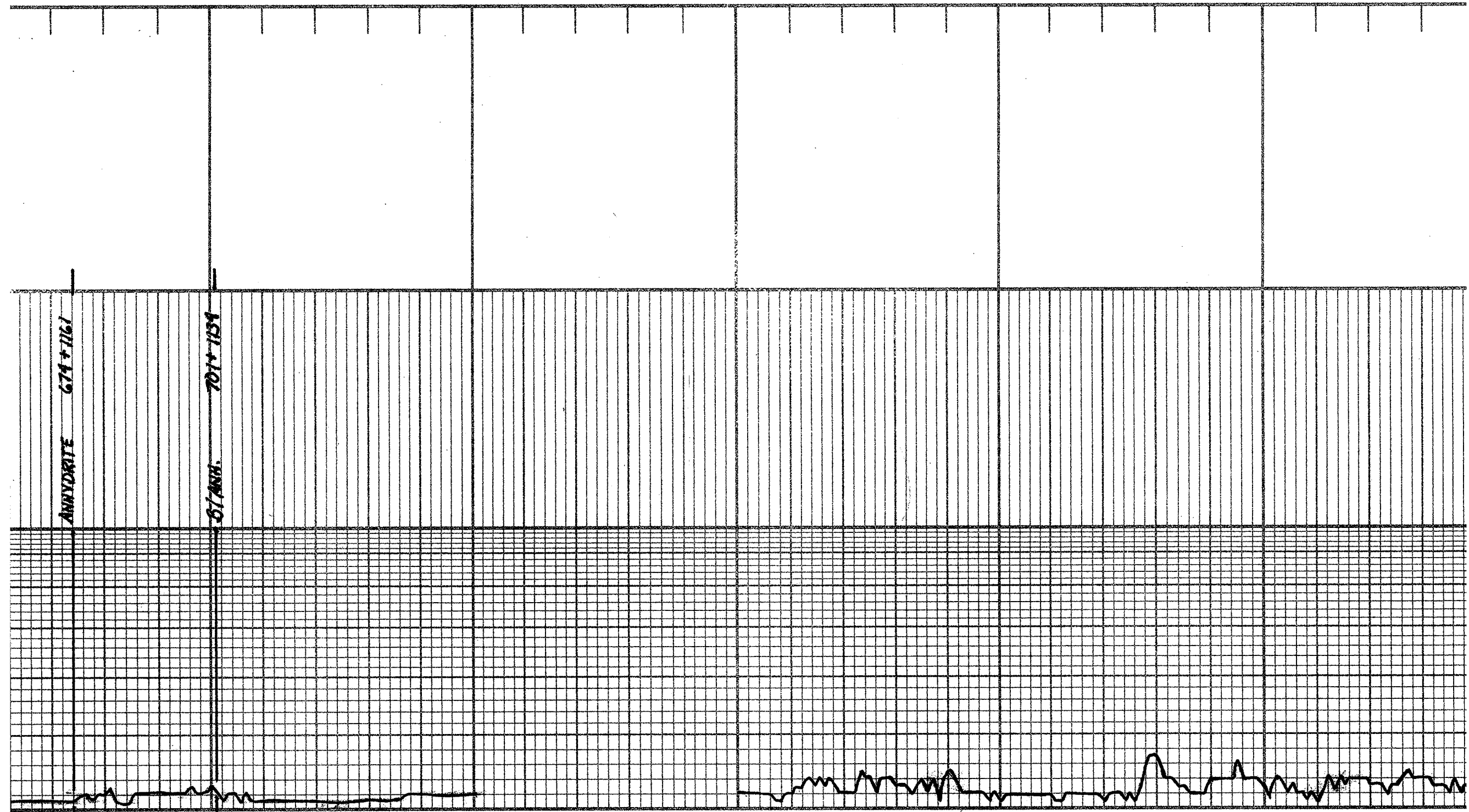
61 ANG. 701+134

20

40

60

100



TOPEKA 2752-917

ls. T. H. G. Sl. Foss. Si. Chilly

ls. T. H. G. Foss. Galactic.

ls. T. H. G. Sl. Foss. V.S.I. Chilly

ls. T. H. G. Sl. Foss. Si. Chilly

Sh. D. G.

ls. and Sl. and Foss. Si. Chilly

Sh. D. G.

ls. and Sl. Foss. Si. Δ

ls. T. H. G. V.S.I. Foss. Si. Δ

Sh. D. G.

Sl. Foss.

ls. and V.S.I. Foss. vs. Galactic.

Sh. D. G.

ls. T. H. G. and Foss. Galactic

ls. T. H. G. Sl. Foss. Si. Δ

ls. T. H. G. Sl. Foss. Si. Chilly

ls. T. H. G. and Sl. and Foss. V.S.I. Chilly, NS

ls. and Sl. Chilly

ls. T. H. G. Si. Δ

ls. T. H. G. V.S.I. Δ

VIS: 55

XVI: 187

XVII: 180

CAL: 11000

STRENGTH MULTIPLIER
Sh. 0.25

TORONTO

DOUGLAS

3100

3200

65. 41.8. VSI. Pass

Sh. 6.

65. 41.8. VSI. Pass. Silty. Chlg.

65. 41.8. VSI. Pass. Silty. Chlg.

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BROWN LIME 3131-1296

65. 41.8. VSI. Pass. Silty. Ch.

Sh. 6. Silty. Ch.

LANSING 3145-1370

65. 41.8. VSI. Pass. Silty. Ch. Fr. P. High
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65. 41.8. VSI. Pass. Silty. Ch.

65. 41.8. VSI. Pass. Silty. Ch.

65. 41.8. VSI. Pass. Silty. Ch.

65. 41.8. VSI. Pass. Silty. Ch.

65. 41.8. VSI. Pass. Silty. Ch.

Sh. 6.

65. 41.8. VSI. Pass. Silty. Ch.

65. 41.8. VSI. Pass. Silty. Ch.

DST (1)

(1)

DST (2)

(2)

DST (3)

(3)

DST (1) 3131-3204

1st OPEN: 608 2 MIN. GTS 20 MIN. 7.5 MCF 88: 3"
2nd OPEN: " GTS 9 MCF 88: 2"

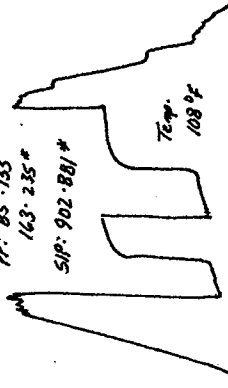
30 · 45 · 45 · 60

Rec. 700' SH60 (10% M. 25% M. 65% OI)

PP: 85 · 133

163 · 235 *

SIP: 902 · 881 *



DST (2) 3200-3371

1st OPEN: Bottom Bucket 11 MIN. 88: Surf. B

2nd OPEN: " " 88: 1/2"

30 · 45 · 45 · 60

Rec. 100' G.I.P.

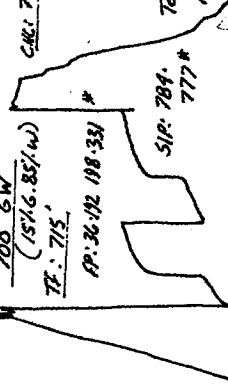
15' CO

700' 6W

(15% G. 85% W)

77: 715'

PP: 36 · 192 · 198 · 331 *



DST (3) 3272-3350

1st OPEN: Bottom bucket 15 MIN. 88: None

2nd OPEN: " " 88: "

30 · 45 · 45 · 60

Rec. 100' SWEM (10% W. 90% M)

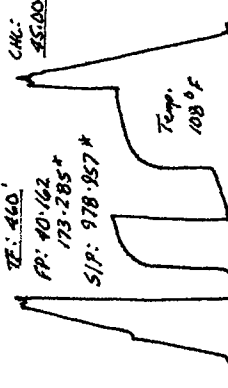
360' 56W (5% G. 95% W)

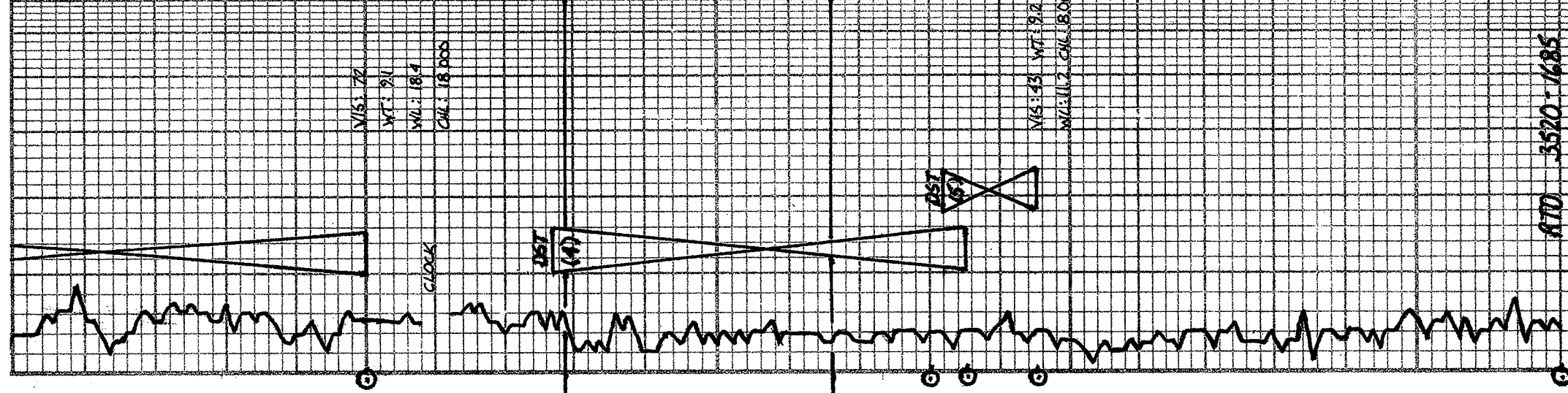
77: 460'

PP: 40 · 162

173 · 285 *

SIP: 978 · 957 *





ls. Ltg. Dn.
 ls. wt. Ltg. 50 doz. VSI. 006. P. 000. p.
 DR. B. B. 10. 50. 550. Dull Floor. No. 000

ls. To VSI. Pass. Cobaltic.
 ls. To SI. A

Sh. Ltg.
 ls. To wt. Sl. Chg. VSI. Chg. B. V. p.
 A. S. 10. 50. 550. Dull Floor. No. 000

ls. To wt. Sl. Chg.
 ls. To Ltg. VSI. Pass. VSI. Chg.

B/KC 3379-1511
 Sh. Ltg. by Silty
 ls.
 Sh. Rd. G.

A Change. Yellow
 A wt. Ltg. Silty
 Sh. Blue. Ltg.

ARBuckle 3416-1581
 ls. B. in. 100. Silty

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000
 A. Cl. wt. - Mixed
 Dn. Ltg. 10. 50. 550. Dull Floor. No. 000
 Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

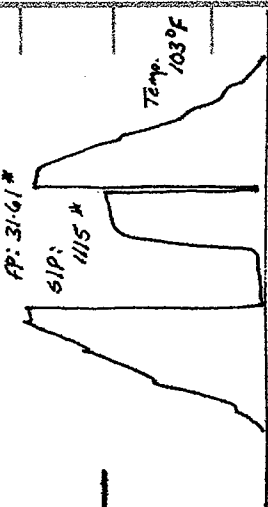
ATD 3520-1685

ls. Ltg. Dn.
 ls. wt. Ltg. 50 doz. VSI. 006. P. 000. p.
 DR. B. B. 10. 50. 550. Dull Floor. No. 000

ls. To VSI. Pass. Cobaltic.
 ls. To SI. A

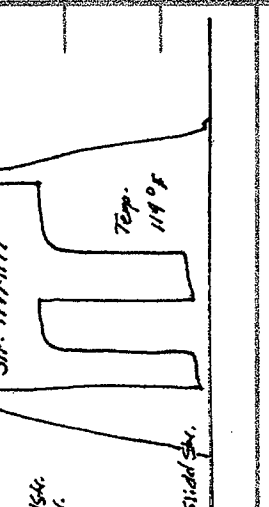
Sh. Ltg.
 ls. To wt. Sl. Chg. VSI. Chg. B. V. p.
 A. S. 10. 50. 550. Dull Floor. No. 000

ls. To wt. Sl. Chg.
 ls. To Ltg. VSI. Pass. VSI. Chg.



DST (5) 3412-3445
 150000: Blow built to 10"
 200000: " " " 11"
 300000: " " " 12"
 30.45.95.60

Rec. 300' SMW (15' x 14.85' x 14.85')
 PP: 32103 106-100"
 CM: 22000
 SIP: 1178-1177 *



Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

Dn. To Ltg. P. 000. S. Dn. P. P. P. P.
 B. Spill. S. To. No. Floor. No. 000

GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: VOTH 1-19

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S19/19S/12W BARTON CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D786

Test Unit:

Start Date: 2010/07/23 Start Time: 01:40:00

End Date: 2010/07/23 End Time: 09:10:00

Report Date: 2010/07/23 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: GAS TO SURFACE DURING TEST
700' SLIGHTLY MUD CUT GASSY OIL



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (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 _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

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: _____

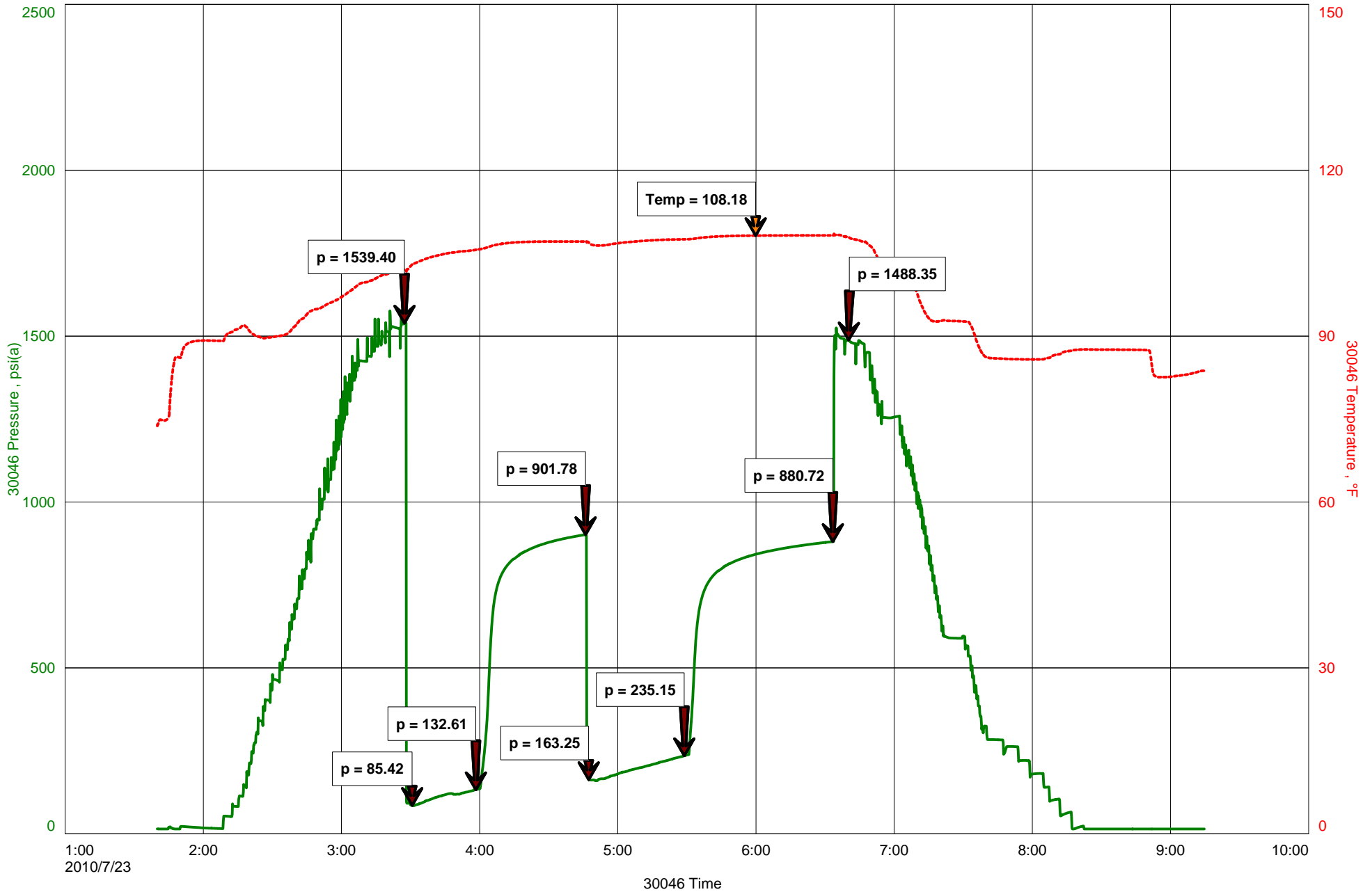
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

VOTH 1-19



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: VOTH 1-19

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S19/19S/12W BARTON CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D787

Test Unit:

Start Date: 2010/07/23 Start Time: 13:40:00

End Date: 2010/07/23 End Time: 21:00:00

Report Date: 2010/07/23 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 100' GAS IN PIPE, 10' FREE OIL, 700' GASSY WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (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 _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

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: _____

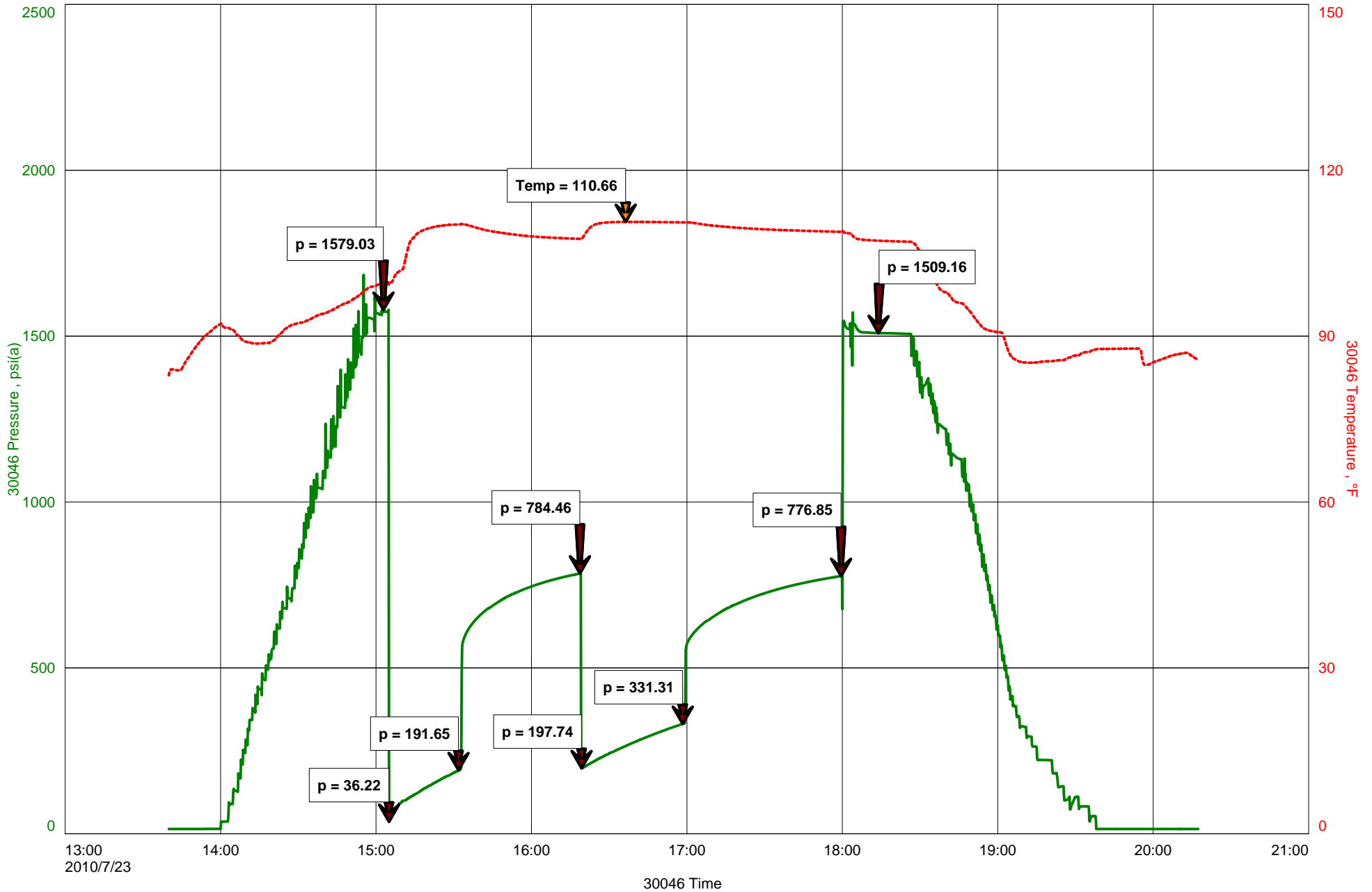
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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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VOTH 1-19



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DACIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: VOTH 1-19

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S19/19S/12W BARTON CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D788

Test Unit:

Start Date: 2010/07/24 Start Time: 07:40:00

End Date: 2010/07/24 End Time: 13:40:00

Report Date: 2010/07/24 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKE

RECOVERY: 100' WATERY MUD, 360, SLIGHTLY GAS CUT WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (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 _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

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: _____

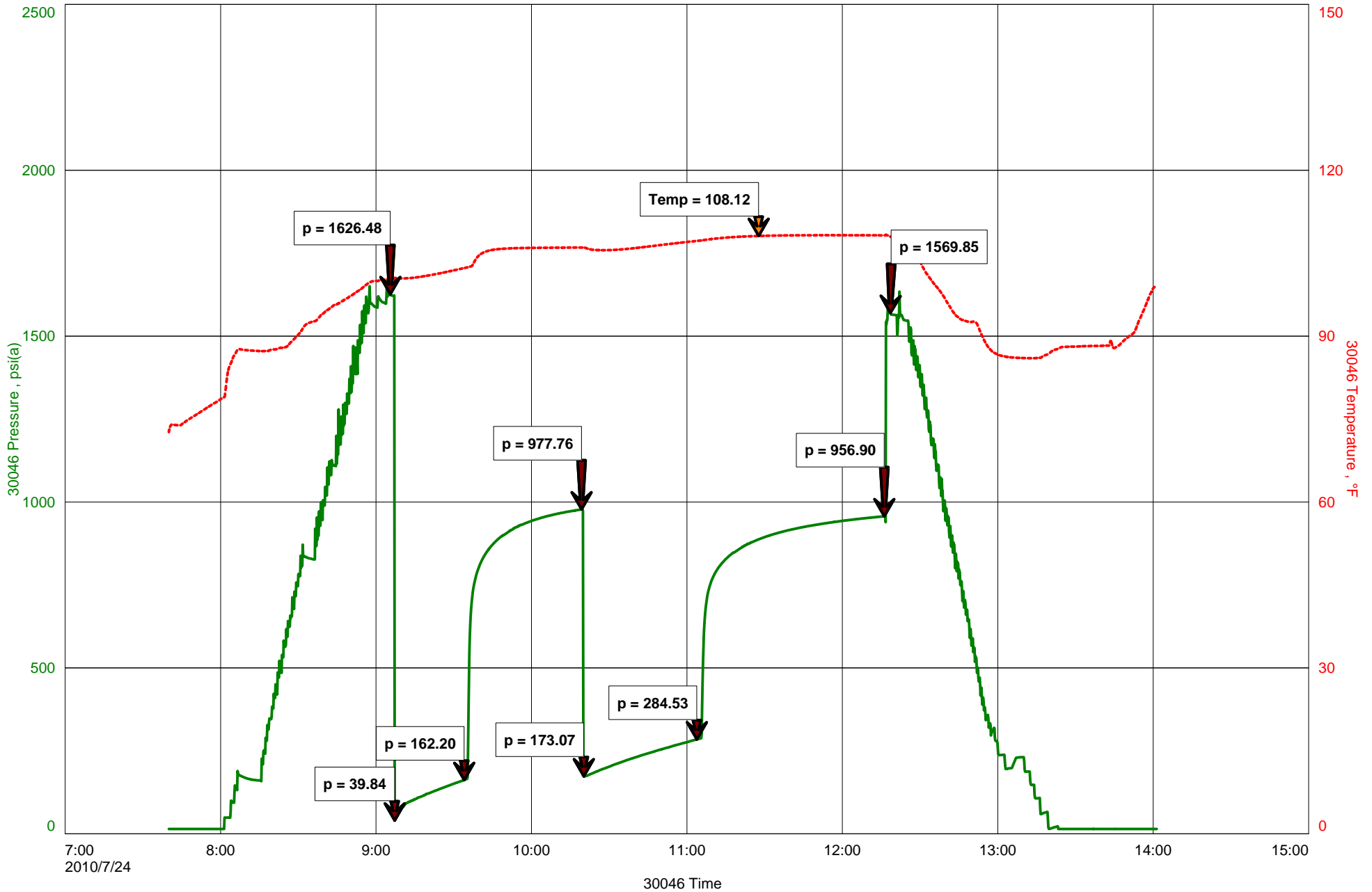
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

VOTH 1-19



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: VOTH 1-19

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S19/19S/12W BARTON CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOH RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D789

Test Unit:

Start Date: 2010/07/24 Start Time: 21:40:00

End Date: 2010/07/25 End Time: 01:55:00

Report Date: 2010/07/25 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 60' SLIGHTLY OIL CUT MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (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 _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

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: _____

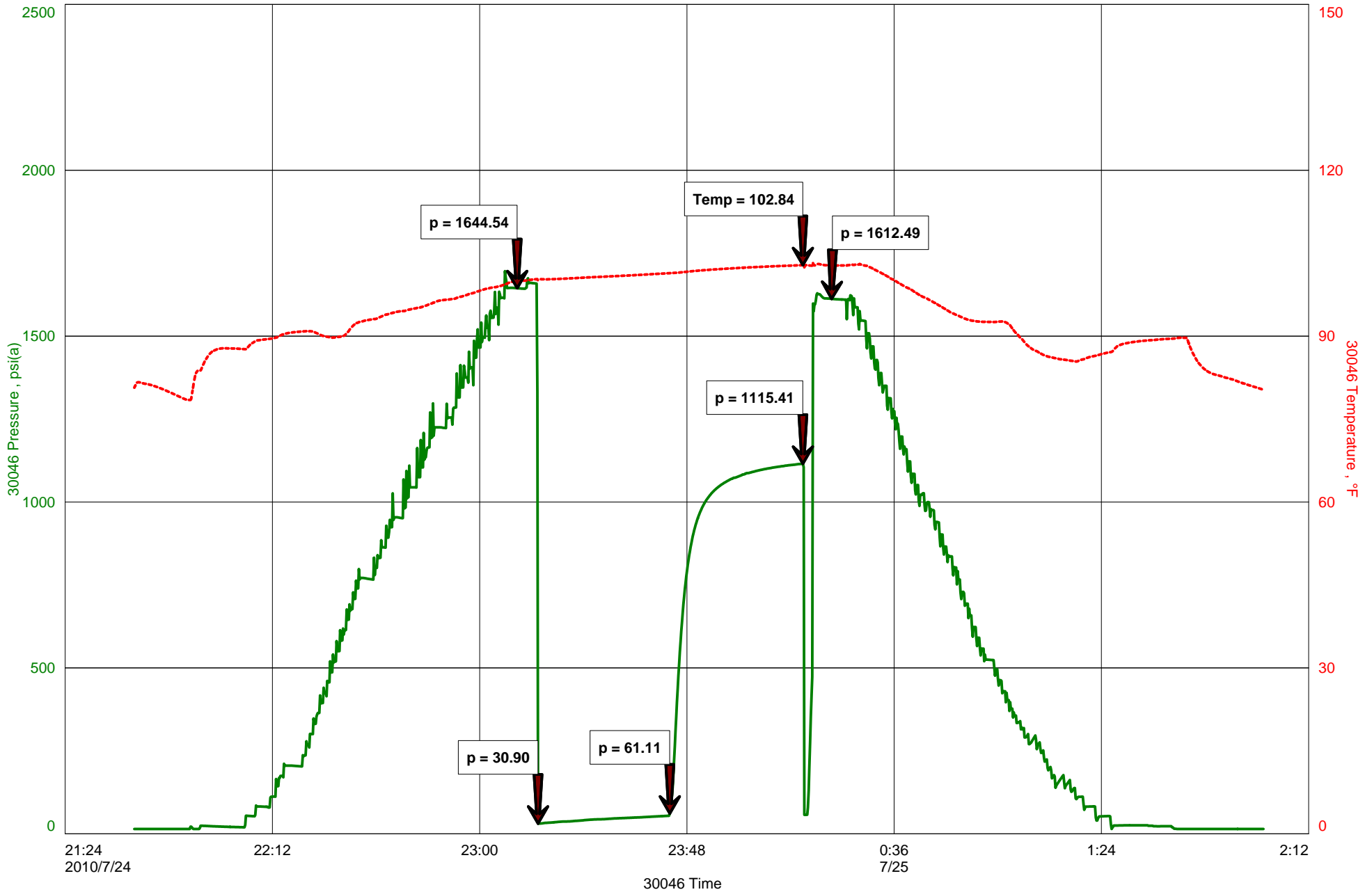
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

VOTH 1-19



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: VOTH 1-19

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S19/19S/12W BARTON CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D790

Test Unit:

Start Date: 2010/07/25 Start Time: 07:40:00

End Date: 2010/07/25 End Time:

Report Date: 2010/07/25 Prepared By: JOHN REIDLKIM

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 300' SLIGHTLY MUD CUT SULFUR WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (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 _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

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.

VOTH 1-19

