

**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 DistributionALT I II III Approved by: _____ Date: _____

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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Summary of Changes

Lease Name and Number: SHAFFER 3

API/Permit #: 15-009-25306-00-01

Doc ID: 1049083

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-009-25306-00-00	15-009-25306-00-01



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1048244

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner*

December 16, 2010

Francis Hitschmann
Schmitt, Carmen, Inc.
PO BOX 47
GREAT BEND, KS 67530-0047

Re: ACO1
API 15-009-25306-00-00
SHAFFER 3
NW/4 Sec.36-16S-15W
Barton County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Francis Hitschmann



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Carmen Schmitt, Inc
 PO Box 47
 Great Bend, KS 67530
 ATTN: Bob Schreiber

Schaffer #3
36-16s-15w Barton KS
 Job Ticket: 36094 **DST#: 1**
 Test Start: 2009.02.21 @ 18:22:43

GENERAL INFORMATION:

Formation: **Topeka**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 20:29:43
 Time Test Ended: 00:32:43
 Interval: **3094.00 ft (KB) To 3174.00 ft (KB) (TVD)**
 Total Depth: 3174.00 ft (KB) (TVD)
 Hole Diameter: 7.80 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole
 Tester: Jason McLemore
 Unit No: 32
 Reference Elevations: 1997.00 ft (KB)
 1992.00 ft (CF)
 KB to GR/CF: 5.00 ft

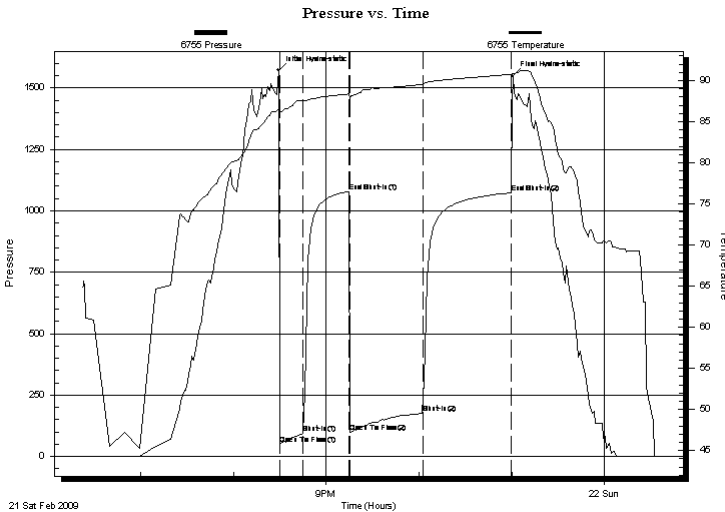
Serial #: 6755

Inside

Press @ Run Depth: 174.76 psig @ 3098.00 ft (KB) Capacity: 7000.00 psig
 Start Date: 2009.02.21 End Date: 2009.02.22 Last Calib.: 2009.02.22
 Start Time: 18:22:45 End Time: 00:32:43 Time On Btm: 2009.02.21 @ 20:29:13
 Time Off Btm: 2009.02.21 @ 23:00:43

TEST COMMENT: IFP-Fair Blow ,Built to 7"
 ISI-Dead
 FFP-Good Blow ,BOB in 34 Min.
 FSI-Dead

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1571.77	86.46	Initial Hydro-static
1	48.31	85.53	Open To Flow (1)
16	94.13	87.57	Shut-In(1)
46	1078.81	88.39	End Shut-In(1)
46	98.91	87.86	Open To Flow (2)
93	174.76	89.55	Shut-In(2)
151	1072.81	90.77	End Shut-In(2)
152	1548.92	90.88	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
275.00	Watery Mud	1.62

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt, Inc
PO Box 47
Great Bend, KS 67530
ATTN: Bob Schreiber

Schaffer #3
36-16s-15w Barton KS
Job Ticket: 36094 **DST#: 1**
Test Start: 2009.02.21 @ 18:22:43

Mud and Cushion Information

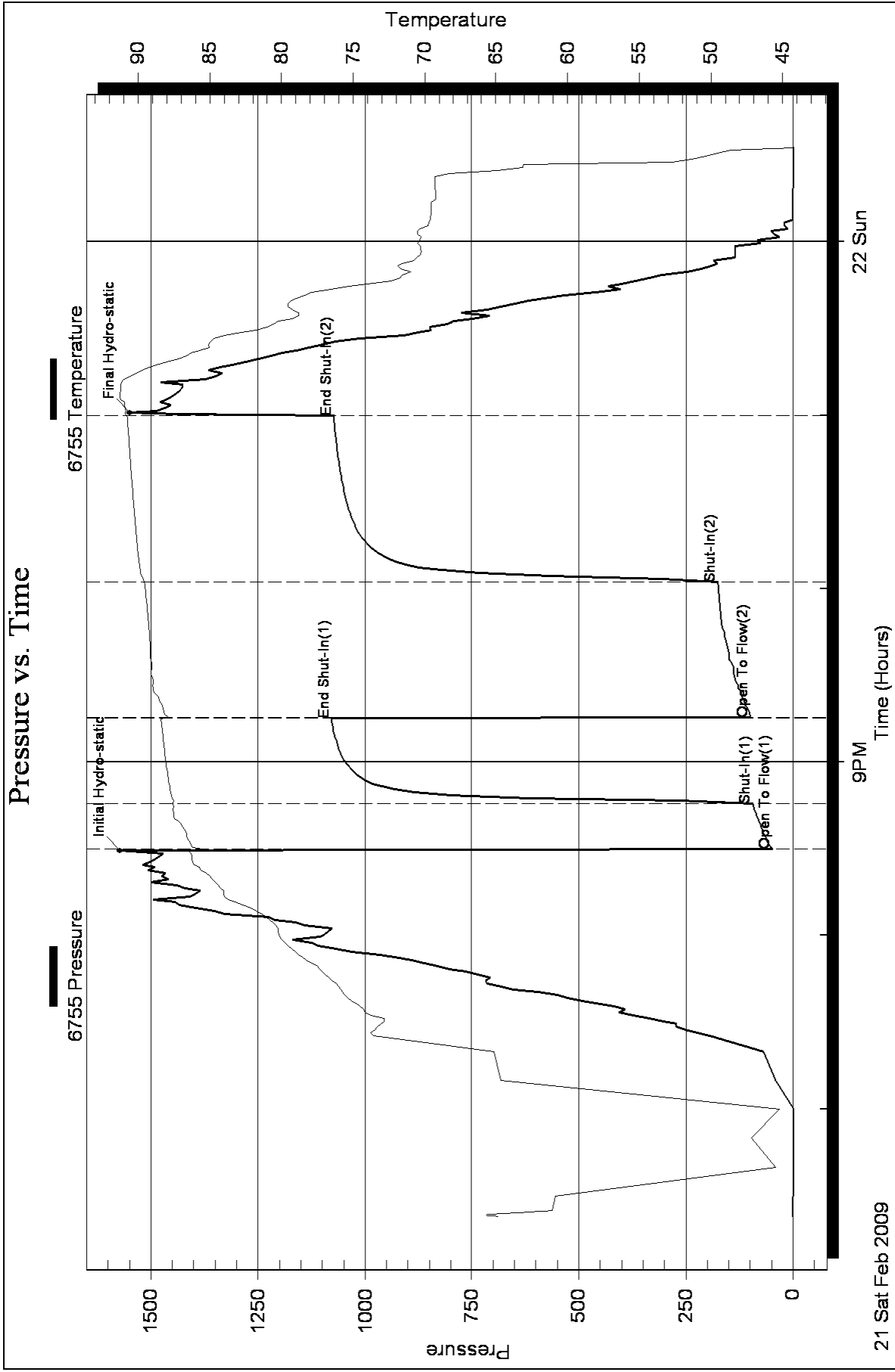
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	95000 ppm
Viscosity: 43.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.75 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3900.00 ppm			
Filter Cake: 0.06 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
275.00	Watery Mud	1.617

Total Length: 275.00 ft Total Volume: 1.617 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments: RW .253 @ 23F 95000





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Carmen Schmitt, Inc
 PO Box 47
 Great Bend, KS 67530
 ATTN: Bob Schreiber

Schaffer #3
36-16s-15w Barton KS
 Job Ticket: 36095 **DST#: 2**
 Test Start: 2009.02.22 @ 10:35:07

GENERAL INFORMATION:

Formation: **LKC**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 12:00:37
 Time Test Ended: 16:34:37
 Interval: **3186.00 ft (KB) To 3270.00 ft (KB) (TVD)**
 Total Depth: 3270.00 ft (KB) (TVD)
 Hole Diameter: 7.80 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole
 Tester: Jason McLemore
 Unit No: 32
 Reference Elevations: 1997.00 ft (KB)
 1992.00 ft (CF)
 KB to GR/CF: 5.00 ft

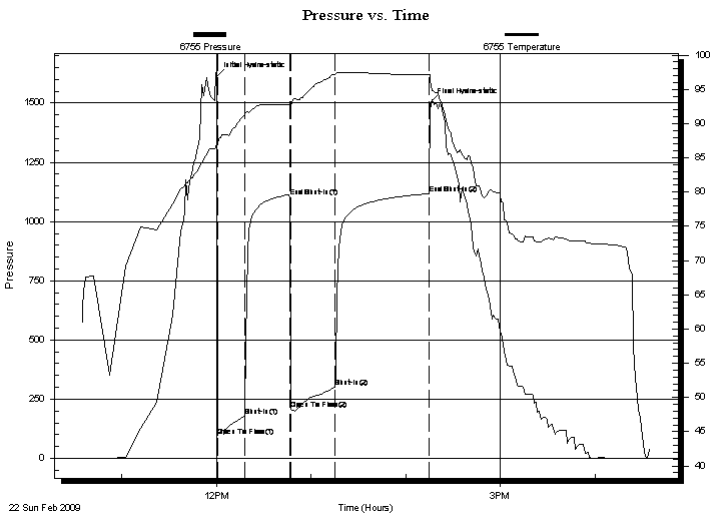
Serial #: 6755

Inside

Press @ Run Depth: 300.52 psig @ 3189.00 ft (KB) Capacity: 7000.00 psig
 Start Date: 2009.02.22 End Date: 2009.02.22 Last Calib.: 2009.02.22
 Start Time: 10:35:09 End Time: 16:34:37 Time On Btm: 2009.02.22 @ 12:00:07
 Time Off Btm: 2009.02.22 @ 14:15:07

TEST COMMENT: IFP-Strong, BOB in 1 Min.
 ISI-Blow back Built to 5-1/2"
 FFP-Strong, BOB in 1-1/2 Min, Gas To Surface in 20 Min.
 FSI-Blow back BOB in 10 Min.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1610.30	87.03	Initial Hydro-static
1	95.21	86.95	Open To Flow (1)
18	177.73	91.30	Shut-In (1)
47	1105.93	92.77	End Shut-In (1)
47	207.60	92.56	Open To Flow (2)
75	300.52	97.19	Shut-In (2)
135	1117.48	97.10	End Shut-In (2)
135	1499.98	97.22	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
480.00	Gassy MWCO-25%G-60%O-10%W-5%M	4.49
155.00	Gassy HOCM-25%G-50%O-25%M	2.17

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt, Inc
PO Box 47
Great Bend, KS 67530
ATTN: Bob Schreiber

Schaffer #3
36-16s-15w Barton KS
Job Ticket: 36095 **DST#: 2**
Test Start: 2009.02.22 @ 10:35:07

Mud and Cushion Information

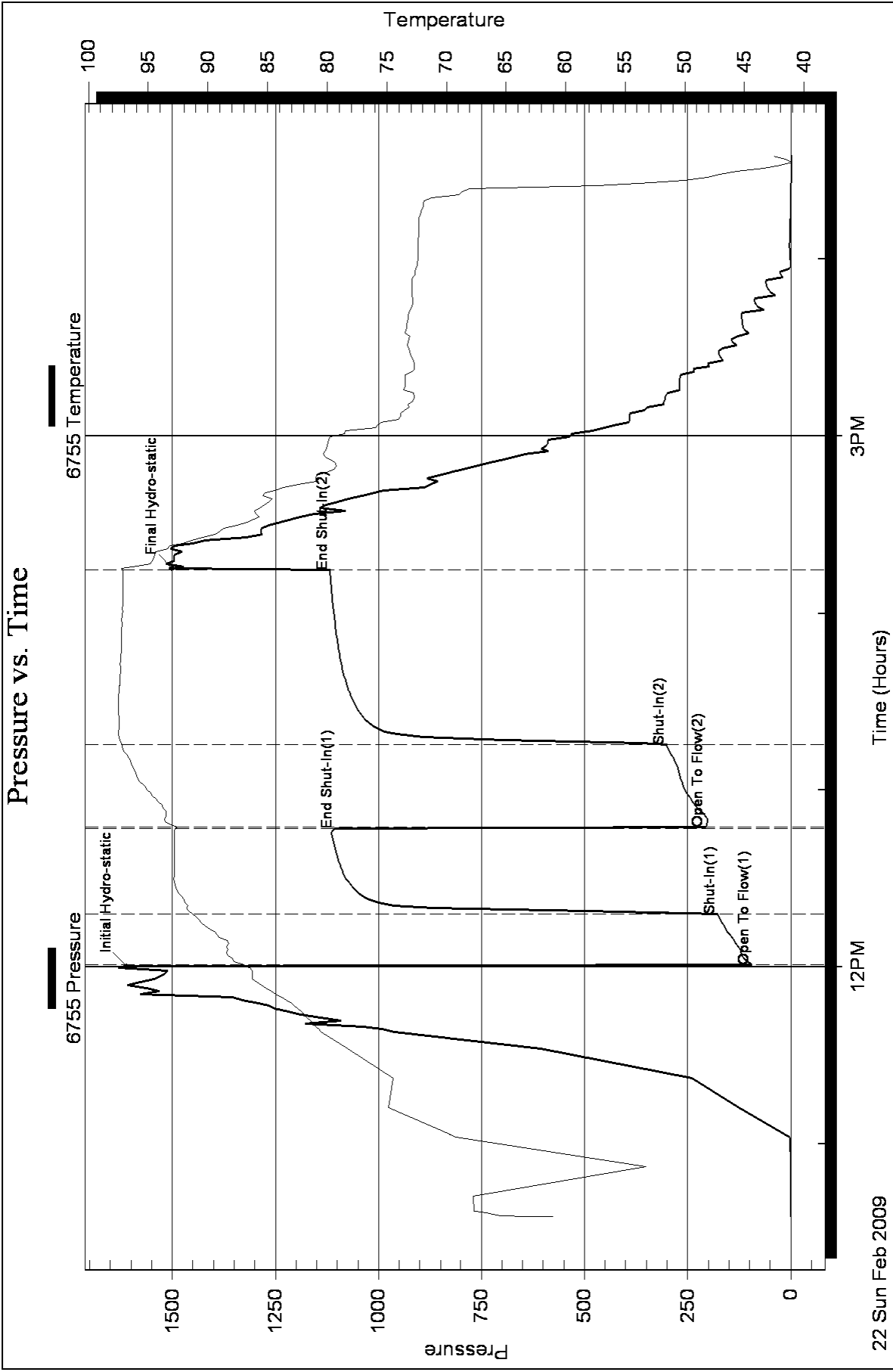
Mud Type: Gel Chem	Cushion Type:	Oil API: 48 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 35000 ppm
Viscosity: 48.00 sec/qt	Cushion Volume: bbl	
Water Loss: 9.96 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 6800.00 ppm		
Filter Cake: 0.06 inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
480.00	GassyMWCO-25%G-60%O-10%W-5%M	4.492
155.00	GassyHOCM-25%G-50%O-25%M	2.174

Total Length: 635.00 ft Total Volume: 6.666 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: RW .329 @ 50F 35000





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Carmen Schmitt, Inc
 PO Box 47
 Great Bend, KS 67530
 ATTN: Bob Schreiber

Schaffer #3
36-16s-15w Barton KS
 Job Ticket: 36096 **DST#: 3**
 Test Start: 2009.02.23 @ 10:14:17

GENERAL INFORMATION:

Formation: **Conglomerate**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 11:53:47
 Time Test Ended: 14:39:47
 Interval: **3472.00 ft (KB) To 3504.00 ft (KB) (TVD)**
 Total Depth: 3504.00 ft (KB) (TVD)
 Hole Diameter: 7.80 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole
 Tester: Jason McLemore
 Unit No: 32
 Reference Elevations: 1997.00 ft (KB)
 1992.00 ft (CF)
 KB to GR/CF: 5.00 ft

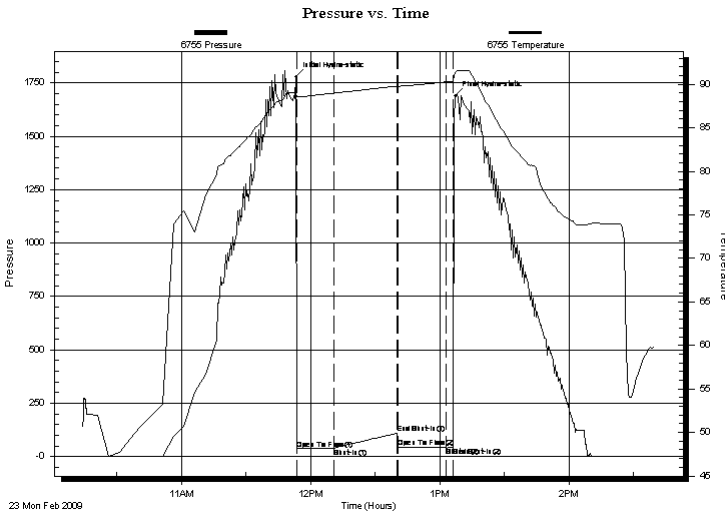
Serial #: 6755

Inside

Press @ Run Depth: 44.31 psig @ 3476.00 ft (KB) Capacity: 7000.00 psig
 Start Date: 2009.02.23 End Date: 2009.02.23 Last Calib.: 2009.02.23
 Start Time: 10:14:19 End Time: 14:39:47 Time On Btm: 2009.02.23 @ 11:53:17
 Time Off Btm: 2009.02.23 @ 13:07:17

TEST COMMENT: IFP-Weak Surface Blow
 ISI-Dead
 FFP-Weak Surface Blow ,Shut in and Pulled Tool

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1778.09	89.04	Initial Hydro-static
1	35.73	88.52	Open To Flow (1)
18	40.59	88.99	Shut-In(1)
47	109.37	89.79	End Shut-In(1)
48	41.77	89.77	Open To Flow (2)
70	42.30	90.28	Shut-In(2)
73	44.31	90.37	End Shut-In(2)
74	1689.15	91.25	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
8.00	Drilling Mud	0.04

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt, Inc
 PO Box 47
 Great Bend, KS 67530
 ATTN: Bob Schreiber

Schaffer #3
36-16s-15w Barton KS
 Job Ticket: 36096 **DST#: 3**
 Test Start: 2009.02.23 @ 10:14:17

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.18 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 7400.00 ppm			
Filter Cake: 0.06 inches			

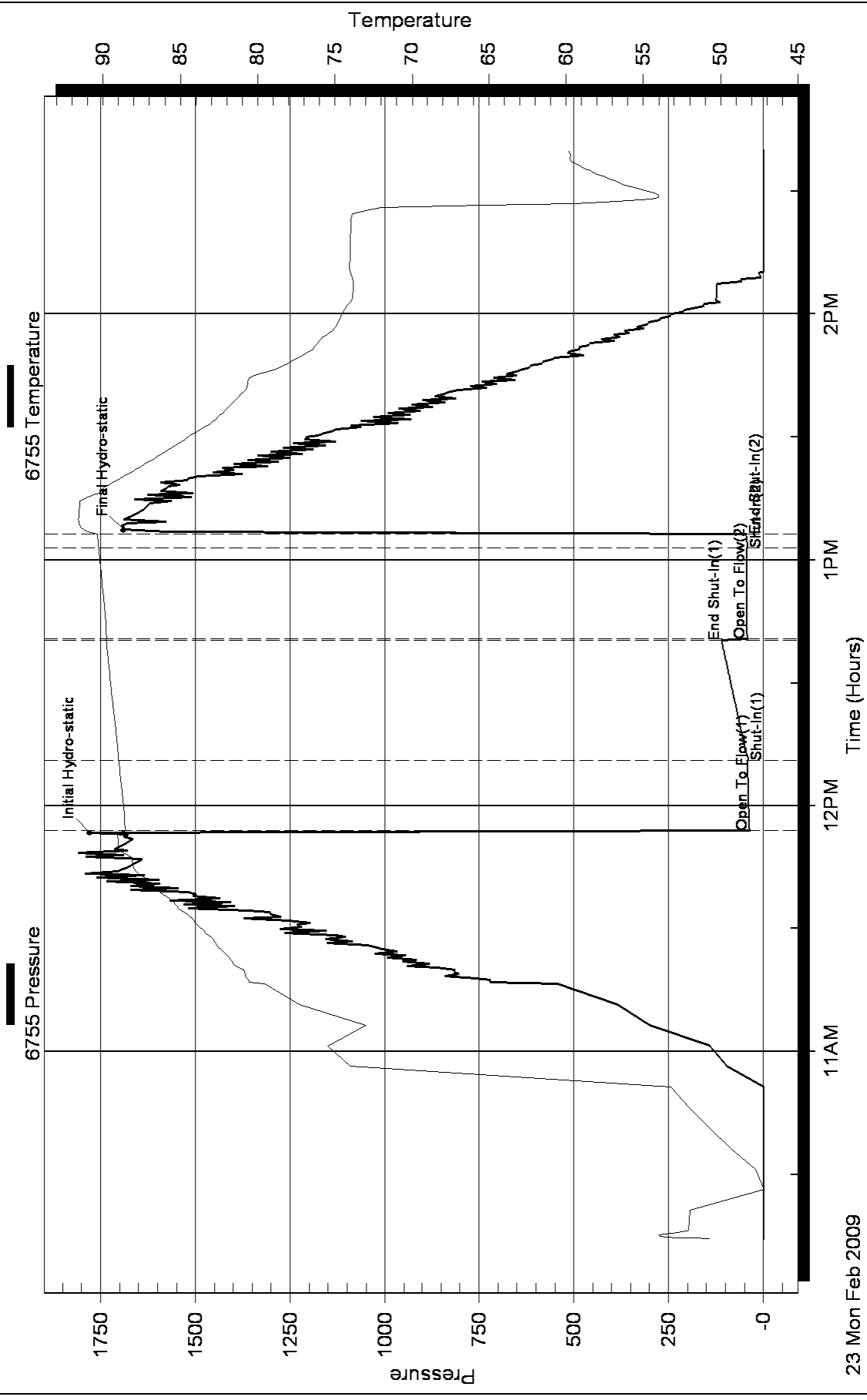
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
8.00	Drilling Mud	0.039

Total Length: 8.00 ft Total Volume: 0.039 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

Pressure vs. Time





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Carmen Schmitt, Inc
 PO Box 47
 Great Bend, KS 67530
 ATTN: Bob Schreiber

Schaffer #3
36-16s-15w Barton KS
 Job Ticket: 36097 **DST#: 4**
 Test Start: 2009.02.23 @ 20:10:50

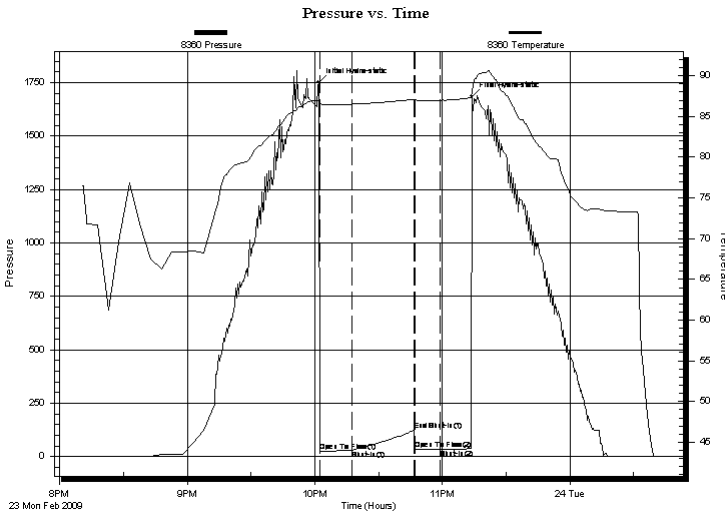
GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 22:02:20
 Time Test Ended: 00:39:50
 Interval: **3472.00 ft (KB) To 3512.00 ft (KB) (TVD)**
 Total Depth: 3512.00 ft (KB) (TVD)
 Hole Diameter: 7.80 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole
 Tester: Jason McLemore
 Unit No: 32
 Reference Elevations: 1997.00 ft (KB)
 1992.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 8360 Inside
 Press @ Run Depth: 29.33 psig @ 3476.00 ft (KB) Capacity: 7000.00 psig
 Start Date: 2009.02.23 End Date: 2009.02.24 Last Calib.: 2009.02.24
 Start Time: 20:10:52 End Time: 00:39:50 Time On Btm: 2009.02.23 @ 22:01:50
 Time Off Btm: 2009.02.23 @ 23:13:50

TEST COMMENT: IFP-Weak Surface Blow ,Dead in 10 Min.
 ISI-Dead
 FFP-Weak Surface Blow ,Building to 1/2"
 FSI-Shut in And Pulled Tool

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1751.83	87.00	Initial Hydro-static
1	24.47	86.58	Open To Flow (1)
16	29.33	86.52	Shut-In(1)
45	125.38	87.11	End Shut-In(1)
46	33.31	87.07	Open To Flow (2)
57	35.01	86.99	Shut-In(2)
72	1685.30	88.14	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	Mud W/Oil Specs in top Of Tool	0.05

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt, Inc
PO Box 47
Great Bend, KS 67530
ATTN: Bob Schreiber

Schaffer #3
36-16s-15w Barton KS
Job Ticket: 36097 **DST#: 4**
Test Start: 2009.02.23 @ 20:10:50

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.18 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 7400.00 ppm			
Filter Cake: 0.06 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	Mud W/Oil Specs in top Of Tool	0.049

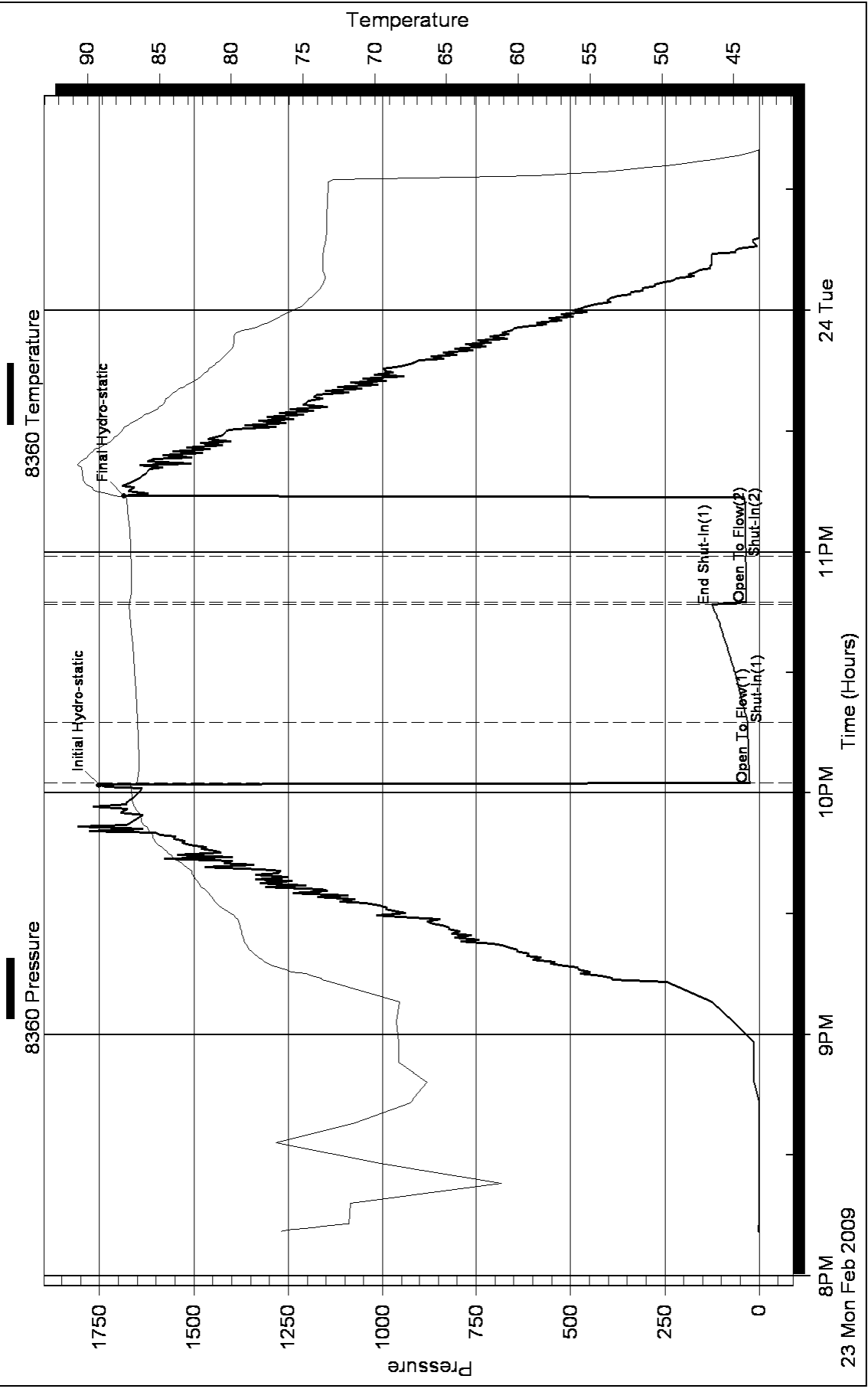
Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

Pressure vs. Time





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Carmen Schmitt, Inc
 PO Box 47
 Great Bend, KS 67530
 ATTN: Bob Schreiber

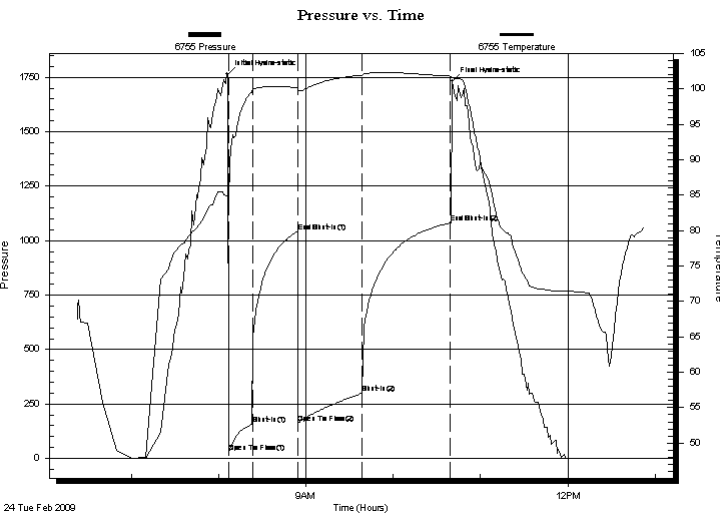
Schaffer #3
36-16s-15w Barton KS
 Job Ticket: 36098 **DST#: 5**
 Test Start: 2009.02.24 @ 06:23:09

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 08:06:39
 Time Test Ended: 12:52:39
 Interval: **3507.00 ft (KB) To 3517.00 ft (KB) (TVD)**
 Total Depth: 3517.00 ft (KB) (TVD)
 Hole Diameter: 7.80 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole
 Tester: Jason McLemore
 Unit No: 32
 Reference Elevations: 1997.00 ft (KB)
 1992.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 6755 Inside
 Press @ Run Depth: 299.52 psig @ 3509.00 ft (KB) Capacity: 7000.00 psig
 Start Date: 2009.02.24 End Date: 2009.02.24 Last Calib.: 2009.02.24
 Start Time: 06:23:11 End Time: 12:52:39 Time On Btm: 2009.02.24 @ 08:06:09
 Time Off Btm: 2009.02.24 @ 10:40:39

TEST COMMENT: IFP-Strong, BOB in 5 Min.
 ISI-Blow back Built to 1/4"
 FFP-Strong, BOB in 5 Min.
 FSI-Intermittant Surface Blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1764.06	84.80	Initial Hydro-static
1	27.02	84.26	Open To Flow (1)
17	156.91	99.56	Shut-In(1)
48	1041.16	100.15	End Shut-In(1)
49	162.63	99.78	Open To Flow (2)
93	299.52	101.94	Shut-In(2)
153	1081.72	101.79	End Shut-In(2)
155	1731.84	101.63	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
600.00	Gassy Muddy Water	6.18
20.00	Muddy Water W/Oil Specks	0.28

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt, Inc
 PO Box 47
 Great Bend, KS 67530
 ATTN: Bob Schreiber

Schaffer #3
36-16s-15w Barton KS
 Job Ticket: 36098 **DST#: 5**
 Test Start: 2009.02.24 @ 06:23:09

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	28000 ppm
Viscosity: 43.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.76 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3900.00 ppm			
Filter Cake: 0.06 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
600.00	Gassy Muddy Water	6.175
20.00	Muddy Water W/Oil Specks	0.281

Total Length: 620.00 ft Total Volume: 6.456 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

