

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1052710

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENHR Conv. to SWD	
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	

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:								

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes I	10		-	n (Top), Depth and		Sample
Samples Sent to Geolog	jical Survey	Yes I	10	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	Yes I	10 10 10					
List All E. Logs Run:								
			SING RECOR					
		Report all string	s set-conductor	r, surface, inte	ermediate, producti	on, etc.		1
				Veight bs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated								ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	ECORD: Size: Set At: Packer At:					At:	Liner R	un:	No	
Date of First, Resumed Pr	oduct	on, SWD or ENH	<i>₹</i> .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mcf Wate		ər	Bbls.	Gas-Oil Ratio	Gravity	
									1	
DISPOSITION	SITION OF GAS: METHOD OF COMPLE						TION:		PRODUCTION INTE	RVAL:
Vented Sold	(Submit A							Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.) Other (Specify)										

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	PANNING 9-10
Doc ID	1052710

Tops

Name	Тор	Datum				
ANHYDRITE	517	+1248				
ТОРЕКА	2630	-865				
HEEBNER	2897	-1132				
BROWN LIME	3022	-1257				
LANSING	3044	-1279				
BASE KANSAS CITY	3283	-1518				
ARBUCKLE	3303	-1538				
RTD	3335	-1570				



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

FIELD SERVICE TICKET

PREDO		PING & WIHELINE					DATE TICKET NO			
DATE OF JOB 12-19-0	2010 0	DISTRICT PRATT,	Ks.	NEW WELL		PROD INJ WDW CUSTOMER ORDER NO.:				
	LING. INC.		LEASE P	ANIN	11/G WELL NO.9-10					
ADDRESS			2		COUNTY [BAR	TON STATE KS.			
CITY		STATE		*	SERVICE CREW ORLANDO, LESLEY, HUNTER					
AUTHORIZED BY				1	JOB TYPE: (CNIL				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED 12-18-10 PATE			
27283			-				ARRIVED AT JOB 12.19-16 AM 12:00			
19889/19842							START OPERATION AM 2:30			
19832 19862							FINISH OPERATION AM 3:15			
							RELEASED AM 4:00			
to the first state of the	1						MILES FROM STATION TO WELL			

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

SIGNED:_

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.

				(WELL OWNE	ER, OPERATOR, CON	TRACTOR OR AG	ENI)
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	S USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	т
CPIUL	A-CON BLEND	SK	175		3,150	x	
PP-100	COMMON		SK	200		3,200	20
CC 102	CELL-FLAKE		1b	94	1	347	80
CC109	CALCIUM CHLORIDE		6	1059		1.11	75
CC 200	CEMENT GEL		Ib.	376		94	20
CF 153	WODEN CEMENT PLUG.	85/8" 0	EA			160	Se
E 100	PICKUP MILEAGE		MI	60		255	Y.
EIDI	HEAN EQUIPMENT MILER	AGE I	MI	120		840	00
E 113	BULK DELIVERV CHARGE		m	10.59	1.1.1	1,694	40
CE 200	DEPTH CHARGE: 0-500'		1RS	1-4		1,000	20
CE 240	BLENDING SERVICE CHARE	IE S	SK	375		525	00
CE 504	PUK, CONTAINER CHURGE		bB			250	00
5 003	SERVICE SUPERVISOR	1	FA			175	00
1			_				
	1. A		-				с. П
Statement of Statements							
1				L		X/	<u></u>
					SUB TOTAL	Para	21
ĊH	EMICAL / ACID DATA:	SERVICE & EQUIPME			Dis	py reds	21
		ENT		X ON \$			
		MATERIALS		%1A)	X ON \$	· · · · · · · · · · · · · · · · · · ·	-
					TOTAL		
							2

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

REPRESENTATIVE

SERVICE



TREATMENT REPORT

Customer	1.10	1	1.1.5		L	ease No.						Date							
Lease C	P.N.Y	5)	V	/ell #	1 1	0			12-19-10								
Field Order #	Station	Ŷ	1.07	++				Casing,		Depth	340	County Barton State						-	
Type Job CDW-									nation				Legal De	escription / (5.0	0-11			
PIPE DATA PERFORATING DATA							FLUID U	JSED				TRE	ATMENT						
Casing Size	Tubing Size	е	Shots/F	t		175	Acid	Aco	B	4.19	211	RATE	PR	ESS ISIP					
Depthy LI	Depth		From		То	200	Pre	Pad	Ne o		Max	54			5 Min.			_	
Volume	Volume		From		То		Pad				Min	_			10 Min.			-	
Max Press	Max Press		From		То		Frac				Avg				15 Min.			_	
Well-Connection	Annulus Vo	ol.	From		То						HHP Use	d			Annulus I	Press	ure		
Plug Depth	Packer Dep	pth	From		То		Flus	h 20.	6		Gas Volur	me			Total Load				
Customer Repre	esentative	~				Station	Mana	ger \\		560	44	Trea	ater	-ster?	Θ_{I}	6. g = 1.	10		
Service Units	1702) -	881	128	11	118	$\omega/1$	9860	~										
Driver Names	Str. la		La	100		H.	A.	E											
Time	Casing Pressure		ubing essure	Bbls	. Pum	ped	F	Rate					Sei	rvice Log			_		
2:00[N									D	1	Geal	110.	- 6	, Set y	mart	1.6	ç (m. 1		
- 30									Ra	1	3513	35	18	Carga	3				
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<u> </u>									5	mq.	1 Ca	ne within							
3:45	200				5			5	1-1	10	AA	22		,					
Jul	100				te (J		5	10	. *	x 175 Str Acon Blood & DEloot								
3:00	200			1	17			4	Dr.	+	DUDGES CONFINE 0 15# /101								
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		_		_					R.	- 1-		PI					_	_	
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3-15n-1	50	_		1	20	6	-	9	Plug Down							_			
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							_												

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

FIELD SERVICE TICKET

1718 03155 A

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

(WELL OWNER OPE ATOR CONTRACTOR OR AGENT)

(B)	BA	sic*
	ENERGY	SERVICES
	PRESSURE PUMP	ING & WIRELINE

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

PRESSURE PL						DATE LICKET NO		
DATE OF JOB 12 - 29-10	DISTRICT KANS	2 5		WELL X				
					NN,1	WELL NO. 9-10		
ADDRESS					LEASE PANNING WELL NO. 9-10 COUNTY BACTON 10-20-11 STATE KANSAS			
CITY	STATE			SERVICE CR	EW A	weith C. Vench, L. W.ser		
AUTHORIZED BY		-		JOB TYPE:	OTA	CNN		
EQUIPMENT# HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED 12 29.10 PM 500		
28443 P.U. 2.4	4.2	8				ARRIVED AT JOB 12-25-10 AM 700		
27463 Ft 29		1		• 10		START OPERATION 12 - 25-10 M 845		
19880-19862 2.						FINISH OPERATION 13-29-10 PM 1130		
0(3)						RELEASED 12-29-10 AMD 1230		
						MILES FROM STATION TO WELL 60-m. 103		

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:

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 Poz	sk	2301		1 2760.00
			·		
C. Landing M.			-	/	1 99. ac
CC 200	Cement Gel	15	396-		1 99. ac
			1 10		81 255.00
E 100	Unit milense Charge Pickup	121	60		\$ 840.00
FIOI	Heavy Equip mileage	1111	120		\$ 950.40
EII3	But K Alliver Charge	4 his	,	1	\$ 2160 00
CE 204 CE 240	Blending & mixing Service chy.	SK	230		\$ 322.00
6-5-270	presievery reacting service any				
R .					
5003	Servise Superviser first Sha adlar	EM	11		¥ 175.00
				SUB TOTAL	

CHEMICAL / ACID DATA;				
	SERVICE & EQUIPMENT	%TAX ON \$		
	MATERIALS	%TAX ON \$		
			TOTAL	
			10 \$5.21	

Went

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

SERVICE

REPRESENTATIVE

0.05



TREATMENT REPORT

Curet = == = :	gy se			oore Ne	#1			ato		
Customer	D. Dr.	ling	INC	Lease No.				ate		
easezh	Ning	_		Well #	10 Casine	a Depti			29-10	
13 7 1.00	- AL /~	r A H			Casin	Formation		SAL to		State S
Type Job	+A	1			CNU		·		Legal De	2 - 2 0 - 11
PIPI	E DATA	PERF	ORATING	DATA	FLUII	D USED		TRE	ATMENT	RESUME
asing Size	Tubing Siz	e Shots/F	t	230	Acid	60/40	Por RA	TE PR		ISIP
epth	Depth	From	То		Pre Pad		Max			5 Min.
olume	Volume	From	То		Pad		Min			10 Min.
ax Press	Max Press	From	То		Frac		Avg			15 Min.
ell Connectio	on Annulus Vo	ol. From	То				HHP Used	Ċ.		Annulus Pressure
lug Depth	Packer De	pth From	То		Flush	myd.	Gas Volume			Total Load
ustomer Rep	presentative	im		Station	Manager	otty		Treater	Hen	F. Werth
ervice Units	28443	27463	Lucins	wise	~	P				
river 📯 ames	weith	Vench	19836	1986	a					
Time	Casing Pressure	Tubing Pressure	Bbls. Pur	mped	Rate			Se	rvice Log 🌈	Petro Marks
700 A						onto	e. Disr	VSS.	Safet	Setur Plan
- 10		• 12				Rig R	UNNING	Stra	rids in	· Hole.
730						LAGO	Jown K	e1/4		
740						Rise	3280	010	.C. Re	ady to Plus.
850			10		4	Pump	10 BBLS	Hac	>	
	8 - E	1.0	6		4	mixt	Pump	255/0	5 60/0	10 Poz 4% osel 13.
ř			3		3	Pump	3BOLS	110		
			4	2		Rump	42 B	Bls	Mud	To Dicp.
907						Pull	Drill	Pipe	To I	740'
			10)	4	Pump	10 BBL	N	20	
945			2-	5	4	Mix.	+ Qump	1005	Ks 60,	140Pozylogele
945				7		0 0	- 001	- 1	1201	
945				4	2	Eumil!	3BBI.	S /7		
945				5.	3	Pump	IS BA	<u>s /</u> 3/s	mud	TU Disp
945			1-	5.	2	Pump	IS BA	5/5 0, pe	mud To s	TU Disp
1025				5.	3	Pump Pump Pull Pump	IS BA Drill 1 SBBI	s 15 BIS D. pe	Mid To C	TU Disp 515
1025				5.	2 4 4	Pump Pump Pump Rump Mix 4	IS BALL Drill 4 SBBI Cump	s H	20	515
945				5	447	Pump Pump Pump Rump Mix +	IS BA Drill J SBBI	s H	Mid To 4 20 Ks (20) 20	515
945				5	2 4 4 2	Pump Pump Pump Mix + Pump Pump	IS BA Drill J SBBI	s H 255 15 H	20 Ks (201 20	40 loz 4 Jogde
				5.	4 4	Pump Pump Pump Pump Mix + Pump Pull Pump	IS BA Drill J SBBI	s H 255 15 H 10 e t	20	40 loz 4 Jogde
945				5	4 4 2 3 4	Pump Pump Pump Mix + Pump Pull Pump	IS BA Drill J SBBI	3 H 255 15 H 10 pet No	20 Ks (20) 20 U <u>385</u> 20	40 loz 4 Jogde

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TREATMENT REPORT

Lease	VINS	ane, E. ASTA	Well #	9-1			Devit	12.19	12	- 79 -	10	Chesta
Field Order #	Station	n#	4		Casing	14 L	Depth	2.1	County SATT	N	1	State
Type Job					CNI		mation		- 184 - 184 - 1977	Legal	Description	1
PIPE	DATA	PERF	ORATING DA	TA	FLUID	USED			TRE	ATMEN	T RESUME	
Casing Size	Tubing Size	' Shots/Ft	2	30	Acid s 60	140	Por	40	RATE PI	RESS	ISIP	le al
Depth	Depti	From	То		Pre Pad 7	,		Max	0		5 Min.	
/olume	Volume	From	To		Pad -	1. 1. 1.	*	-Min	14-	a start	10⁼Min.	45 8 2 F - 1
lax Press	Max Press	From	То		Frac			Avg			15 Min,	
Vell Connectior	Annulus Vol.	From	То					HHP Use	ed 🛛		Annulus	Pressure
lug Depth	Packer Depth	LErom	То		Flush			Gas Volu	ime		Total Loa	d
Customer Repr	esentative	M	SI	ation 1	Manager	4			Treater	Ilen	FWR	-+6
Service Units	10 million (1997)		19826 1	986		17	6 L	2001				
Driver 🐜 Names 💡	Werth 1	Sah	(UCAS U			a e e	$\sim 10^{\circ}$	lend.	1000		Sia - mit	
Time	Casing	Tubing Pressure	Bbls. Pumped	1	Rate		1		Se	ervice Log	Petro	MACKI
1115	den slætt ser o Nud	の時間で	3	1		Py	11	Dril	Pier	40	Tosu	C.
A. Car	-594 -5				2	10.	sKs	60/9	10 802	4%	sel e	13:8.3
1120						PI	45	Rot	Hole	wl	3051	5 601
		1	7/2		2	P	02	P	13.85	Ig/ C	1.11	
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1230						\leq	10	6' C	ompli	fet	e.	
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		a little	<u></u>	-	he going and		10	21/2 Sala Ma	11 15 Mail 100	in the second se		
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-				-								

4-7

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name Well Name Unique Well ID Surface Location Field Well Type	PANNING #9-10 DST#1 3272-3307 ARB. SEC.10-20s-11w BARTON CO. KS. WILDCAT	Well Operator Report Date Prepared By Qualified By	M075 MIKE COCHRAN L.D. DRLG 2010/12/28 MIKE COCHRAN KIM SHOEMAKER
		Test Unit	NO.1

Test Information

Test Type	
Formation	
Test Purpose (AEUB)	

CONVENTIONAL DST#1 3272-3307 ARB.

Start Test Date	2010/12/27 Start Test Time	22:47:00
Final Test Date	2010/12/28 Final Test Time	06:17:00
	Well Fluid Type	01 Oil

30044

Test Results

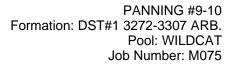
Gauge Name Remadauge Serial Number Run Depth (TVD KB) Pressure at Run Depth Pressure at MPP Temperature at Run Depth

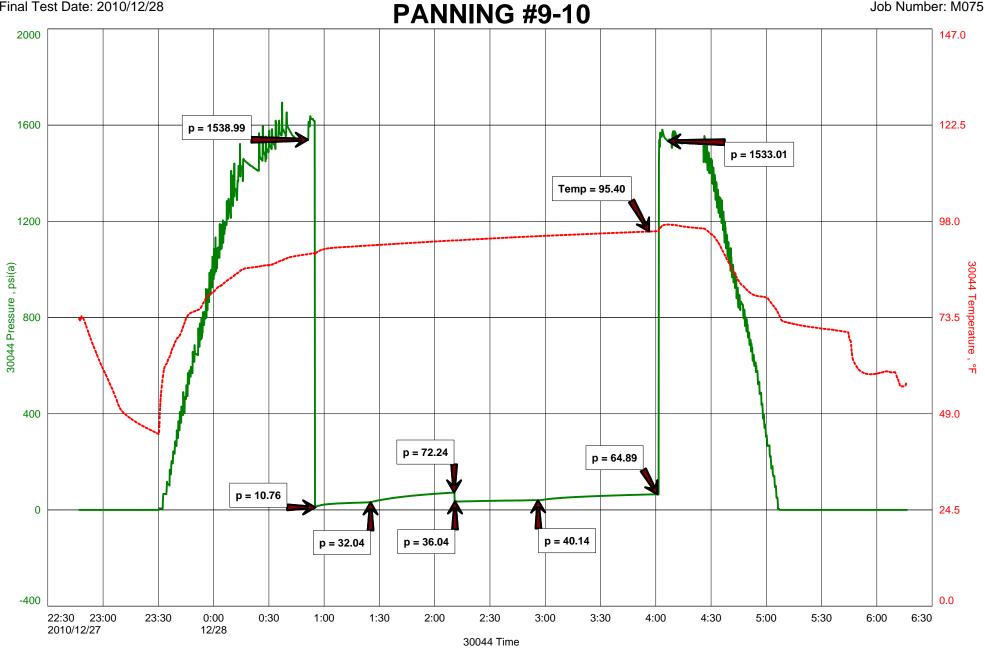
> RECOVERED: 120' G.I.P. 35' CO 55' OCM

GRAVITY: 37.2@60DEG

TOOL SAMPLE: 60% OIL, 40% MUD

L.D. DRLG DST#1 3272-3307 ARB. Start Test Date: 2010/12/27 Final Test Date: 2010/12/28



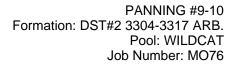


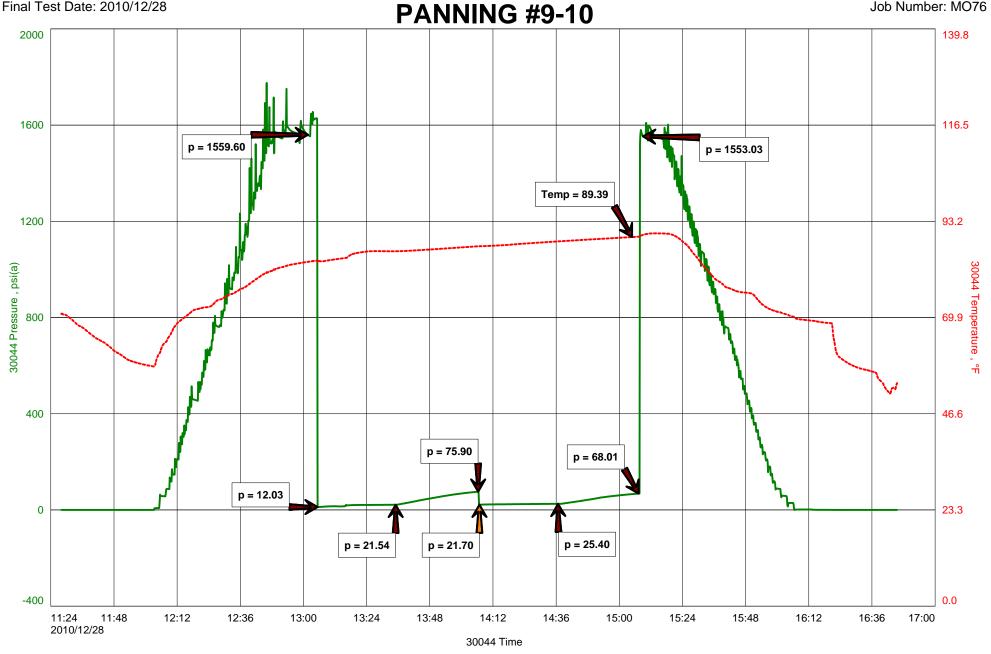
	P.O. E HOISINGTON, (800) 5 DRILL-STEM	D TESTING Box 157 KANSAS 67544 542-7313 TEST TICKET				
Company		Lease & Well No				
Contractor						
Elevation Formation						
DateSecTwp						
Test Approved By						
Formation Test No Interval Tested f	from	ft to	ft To	tal Denth		ft
Packer Depth ft. Size6 3/		Packer depth				
Packer Depthft. Size6 3/	22	Packer depth				
Depth of Selective Zone Set						
Top Recorder Depth (Inside)	ft.	Recorder Number		Cap.		P.S.I.
Bottom Recorder Depth (Outside)		Recorder Number				
Below Straddle Recorder Depth		Recorder Number				
Mud Type Viscosity		Drill Collar Length				1/4 in.
Weight Water Loss						7/8 in
Chlorides	P.P.M.	Drill Pipe Length		terre and the		1/2 in
Jars: Make STERLING Serial Number		Test Tool Length				1/2-IF in
Did Well Flow? Reversed Out		Anchor Length				1/2-FH in
Main Hole Size 7 7/8 Tool Joint Size	4 1/2in.	Surface Choke Size_				
Blow: 1st Open:						
2nd Open:						50
Recoveredft. of						
Recoveredft. of						
Recoveredft. of						
Recoveredft. of						
Recoveredft. of				Price Job	0	
Recoveredft. of				Other Ch	narges	
Remarks:				Insuranc	e	
A.M.			A.M.	Total		
	ne Started Off Bo	ottom		aximum Te	mperature _	
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. t	o (F)		P.S.I.
Final Closed In PeriodMinutes_		(G)	P.S.I.			
Final Hydrostatic Pressure		(H)	P.S.I.			

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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.

L.D. DRLG DST#2 3304-3317 ARB. Start Test Date: 2010/12/28 Final Test Date: 2010/12/28





DIAMOND TESTING

Pressure Survey Report

General Information

Company Name Well Name Unique Well ID Surface Location Field Well Type	PANNING #9-10 DST#2 3304-3317 ARB. SEC.10-20s-11w BARTON CO. KS. WILDCAT	Report Date Prepared By Qualified By	MO76 MIKE COCHRAN L.D. DRLG 2010/12/28 MIKE COCHRAN KIM SHOEMAKER
		Test Unit	NO. 1

Test Information

Test Type	
Formation	
Test Purpose (AEUB)	

CONVENTIONAL DST#2 3304-3317 ARB.

30044

Start	Test	Date	
Final	Test	Date	

 2010/12/28
 Start Test Time
 11:28:00

 2010/12/28
 Final Test Time
 16:47:00

 Well Fluid Type
 01 Oil

Test Results

Gauge Name Remadauge Serial Number Run Depth (TVD KB) Pressure at Run Depth Pressure at MPP Temperature at Run Depth

> RECOVERED: 10' SOCM 10% OIL, 90% MUD 10' TOTAL FLUID

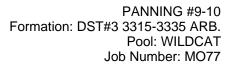
TOOL SAMPLE: DM W/ GOOD OIL SPOTS

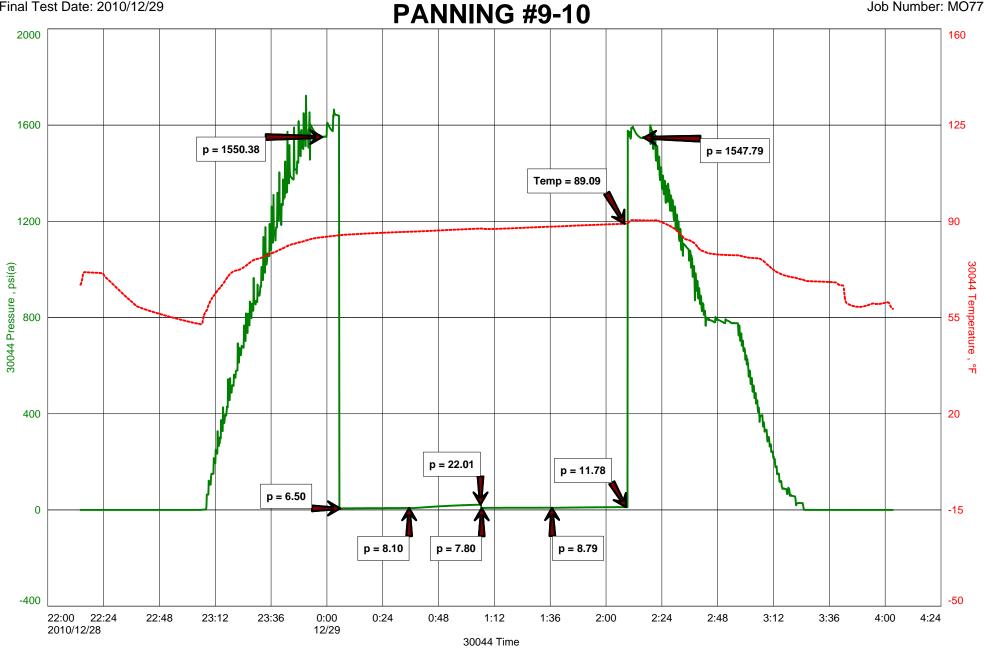
	P.O. B HOISINGTON, (800) 5 DRILL-STEM	D TESTING Box 157 KANSAS 67544 542-7313 TEST TICKET				
Company		Lease & Well No				
Contractor						
Elevation Formation						
DateSecTwp						
Test Approved By						
Formation Test No Interval Tested f	from	ft to	ft To	tal Denth		ft
Packer Depth ft. Size6 3/		Packer depth				
Packer Depthft. Size6 3/		Packer depth				
Depth of Selective Zone Set						
Top Recorder Depth (Inside)	ft.	Recorder Number		Cap.		P.S.I.
Bottom Recorder Depth (Outside)		Recorder Number				
Below Straddle Recorder Depth		Recorder Number				
Mud Type Viscosity		Drill Collar Length				? 1/4 in.
Weight Water Loss						. 7/8 in
Chlorides	P.P.M.	Drill Pipe Length		The second se		3 1/2 in
Jars: Make STERLING Serial Number		Test Tool Length				1/2-IF in
Did Well Flow? Reversed Out		Anchor Length				1/2-FH in
Main Hole Size 7 7/8 Tool Joint Size	4 1/2in.	Surface Choke Size_				
Blow: 1st Open:						
2nd Open:						÷.
Recoveredft. of						
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Recoveredft. of				Price Jo	b	
Recoveredft. of				Other Cl	narges	
Remarks:				Insuranc	е	
A.M.			A.M.	Total		
	ne Started Off Bo	ottom		aximum Te	mperature	
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. t	o (F)		P.S.I.
Final Closed In PeriodMinutes_		(G)	P.S.I.			
Final Hydrostatic Pressure		(H)	P.S.I.			

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L.D. DRLG DST#3 3315-3335 ARB. Start Test Date: 2010/12/28 Final Test Date: 2010/12/29





DIAMOND TESTING

Pressure Survey Report

General Information

Company Name Well Name Unique Well ID Surface Location Field Well Type	PANNING #9-10 DST#3 3315-3335 ARB. SEC.10-20s-11w BARTON CO. KS. WILDCAT	Well Operator Report Date Prepared By	MO77 MIKE COCHRAN L.D. DRLG 2010/12/29 MIKE COCHRAN
Well Type	Vertical	Qualified By Test Unit	KIM SHOEMAKER NO. 1

Test Information

Start Test Date	2010/12/28 Start Test Time	22:14:00
Final Test Date	2010/12/29 Final Test Time	04:04:00
	Well Fluid Type	01 Oil

30044

Test Results

Gauge Name Remadauge Serial Number Run Depth (TVD KB) Pressure at Run Depth Pressure at MPP Temperature at Run Depth

> RECOVERED: 2' OSDM 2' TOTAL FLUID

TOOL SAMPLE: DM W/ GOOD OIL SPOTS

	P.O. B HOISINGTON, (800) 5 DRILL-STEM	D TESTING Box 157 KANSAS 67544 542-7313 TEST TICKET				
Company		Lease & Well No				
Contractor						
Elevation Formation						
DateSecTwp						
Test Approved By						
Formation Test No Interval Tested f	from	ft to	ft To	tal Denth		ft
Packer Depth ft. Size6 3/		Packer depth				
Packer Depthft. Size6 3/		Packer depth				
Depth of Selective Zone Set						
Top Recorder Depth (Inside)	ft.	Recorder Number		Cap.		P.S.I.
Bottom Recorder Depth (Outside)		Recorder Number				
Below Straddle Recorder Depth		Recorder Number				
Mud Type Viscosity		Drill Collar Length				? 1/4 in.
Weight Water Loss						. 7/8 in
Chlorides	P.P.M.	Drill Pipe Length		The second se		3 1/2 in
Jars: Make STERLING Serial Number		Test Tool Length				1/2-IF in
Did Well Flow? Reversed Out		Anchor Length				1/2-FH in
Main Hole Size 7 7/8 Tool Joint Size	4 1/2in.	Surface Choke Size_				
Blow: 1st Open:						
2nd Open:						÷.
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Recoveredft. of				Other Cl	narges	
Remarks:				Insuranc	е	
A.M.			A.M.	Total		
	ne Started Off Bo	ottom		aximum Te	mperature	
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. t	o (F)		P.S.I.
Final Closed In PeriodMinutes_		(G)	P.S.I.			
Final Hydrostatic Pressure		(H)	P.S.I.			

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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.

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