



KANSAS CORPORATION COMMISSION 1052710
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1052710

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

Tops

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

Customer L.D. Drilling	Lease No.	Date 12-19-10	
Lease Pratt	Well # 9-10		
Field Order # 3216	Station Pratt	Casing 3 1/8	Depth 310
Type Job CNW-	Formation	County Barton	State KS
		Legal Description 10-20-11	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
2 7/8				Acid	210			
Depth 310	Depth	From	To	Pre Pad	Max		5 Min.	
					1.54			
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	Packer Depth	From	To	Flush	Gas Volume		Total Load	
350				2.6				

Customer Representative	Station Manager Drew Scott	Treater Steve Orlando
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Service Units	1702	1788	1789	1783	1786				
Driver Names	W. J. Jo	L. J. Jo	H. J. Jo						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					On location - Safety meeting - Run 2515 3 1/8 casing Casing cement Hook up to casing Break Circ w/ Reg
3:15	200		5	5	H2O ahead
3:46	200		66	5	Mix 175 gal Acid 310 gal 10# / gal
3:00	200		47	5	Mix 200 gal cement 15# / gal Shut Down Release Plug
3:10	100		0	4	Start H2O Displacement
3:12	150		10	"	Cement to surface
3:15	150		20.6	4	Plug Down Cement stayed in collar circulated 10 bbl cement to pit Job complete Thanks, Steve



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 03155 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>12-29-10</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.O. Drilling, Inc.</u>		LEASE <u>PANNING</u> WELL NO. <u>9-10</u>							
ADDRESS		COUNTY <u>Barton 10-20-11</u> STATE <u>KANSAS</u>							
CITY STATE		SERVICE CREW <u>A. Werth, C. Veach, L. Wiser</u>							
AUTHORIZED BY		JOB TYPE: <u>PTA</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>28443 P.4</u>	<u>2.45</u>						<u>12-29-10</u>		<u>500</u>
<u>27463 P+</u>	<u>2.45</u>					ARRIVED AT JOB	<u>12-29-10</u>	PM	<u>700</u>
<u>19830-19862</u>	<u>2.45</u>					START OPERATION	<u>12-29-10</u>	PM	<u>845</u>
						FINISH OPERATION	<u>12-29-10</u>	PM	<u>1130</u>
						RELEASED	<u>12-29-10</u>	PM	<u>1230</u>
						MILES FROM STATION TO WELL			<u>60 miles</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
<u>CP103</u>	<u>60/40 P.2</u>	<u>SK</u>	<u>230</u>		<u>\$ 2760.00</u>
<u>CG200</u>	<u>Cement Gel</u>	<u>lb</u>	<u>396</u>		<u>\$ 99.00</u>
<u>E100</u>	<u>Unit mileage charge Pickup</u>	<u>mi</u>	<u>60</u>		<u>\$ 255.00</u>
<u>E101</u>	<u>Heavy Equip. mileage</u>	<u>mi</u>	<u>120</u>		<u>\$ 840.00</u>
<u>E113</u>	<u>Bulk Delivery Charge</u>	<u>Tm</u>	<u>594</u>		<u>\$ 950.40</u>
<u>CE704</u>	<u>Depth Charge 300'-4000'</u>	<u>4hrs</u>	<u>1</u>		<u>\$ 2160.00</u>
<u>GE240</u>	<u>Blending & mixing service chg.</u>	<u>SK</u>	<u>230</u>		<u>\$ 322.00</u>
<u>S003</u>	<u>Service Supervisor first 8hrs and ltr</u>	<u>FA</u>	<u>11</u>		<u>\$ 175.00</u>
SUB TOTAL					

CHEMICAL / ACID DATA:			

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

Ke \$5,217.37

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

#1

Customer <i>L.O. Drilling Inc</i>	Lease No. <i>9-10</i>	Date <i>12-29-10</i>
Lease <i>Panning</i>	Well # <i>9-10</i>	
Field Order # <i>03155A</i>	Station <i>Pratt</i>	Casing
Type Job <i>PTA</i>	Formation <i>SNW</i>	Depth
		County <i>Warton</i>
		State <i>KS</i>
		Legal Description <i>10-20-11</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size <i>4 7/8 O.P.</i>	Shots/Ft <i>230</i>		Acid <i>5 SKS 60/40 Poz</i>	RATE	PRESS <i>13.8 #/sq L</i>	ISIP	
Depth	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	Packer Depth	From	To	Flush <i>Disp mud</i>	Gas Volume		Total Load	

Customer Representative <i>Jim</i>	Station Manager <i>scotty</i>	Treater <i>Allen F. Worth</i>
Service Units <i>28443</i>	<i>27463</i>	<i>Lucas wiser</i>
Driver Names <i>A. worth</i>	<i>C. wench</i>	<i>19826 1986a</i>

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log <i>Petro Mar K</i>
7:00 AM					on loc. Discuss Safety Setup Plan To Rig Running stands in Hole.
7:30					Lay down Kelly.
7:40					Rig @ 3280 w/O.P. Ready to Plug.
8:50			10	4	Pump 10 BBLs H ₂ O
			6	4	mix + Pump 25 SKS 60/40 Poz 4% gel 13.8
			3	3	Pump 3 BBLs H ₂ O
			42		Pump 42 BBLs mud To Disp.
9:07					Pull Drill Pipe To 1740'
9:45			10	4	Pump 10 BBLs H ₂ O
			25	4	mix + Pump 100 SKS 60/40 Poz 4% gel 13.8
			3	3	Pump 3 BBLs H ₂ O
			15.		Pump 15 BBLs mud To Disp
					Pull Drill Pipe To 515'
10:25			5	4	Pump 5 BBLs H ₂ O
			6	4	mix + Pump 25 SKS 60/40 Poz 4% gel 13.8
			3	3	Pump 3 BBLs H ₂ O
					Pull Drill Pipe to 385'
10:45			3	3	Pump 3 BBLs H ₂ O
			10	4	mix + Pump 20 SKS 60/40 Poz 4% gel 13.8
			3	3	Pump 3 BBLs H ₂ O

cont.

DIAMOND TESTING

Pressure Survey Report

General Information

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

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3272-3307 ARB.		
Test Purpose (AEUB)			
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

Test Results

Gauge Name	30044
Remarks	
Gauge 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

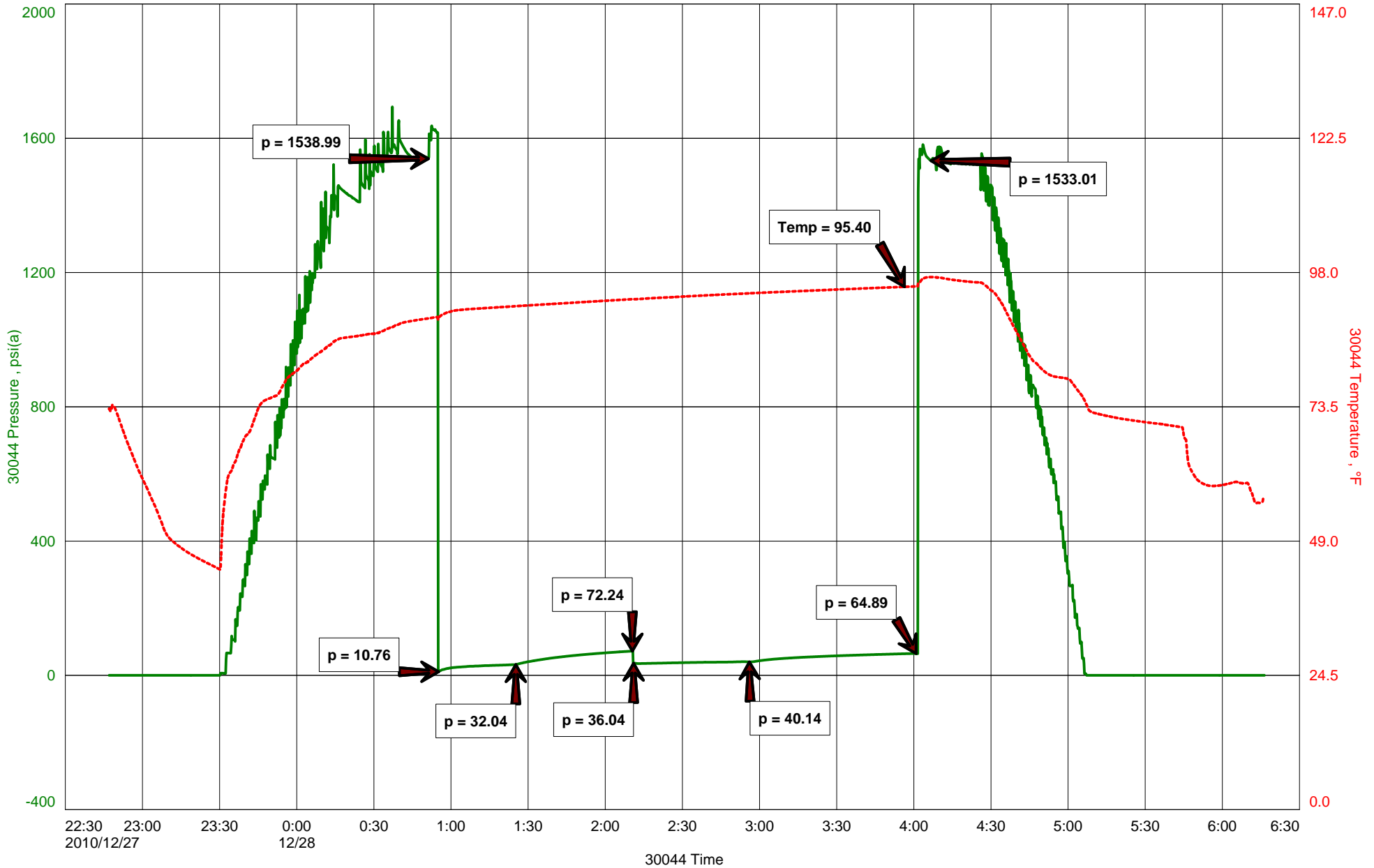
GRAVITY: 37.2@60DEG

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

PANNING #9-10
Formation: DST#1 3272-3307 ARB.
Pool: WILDCAT
Job Number: M075

PANNING #9-10





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

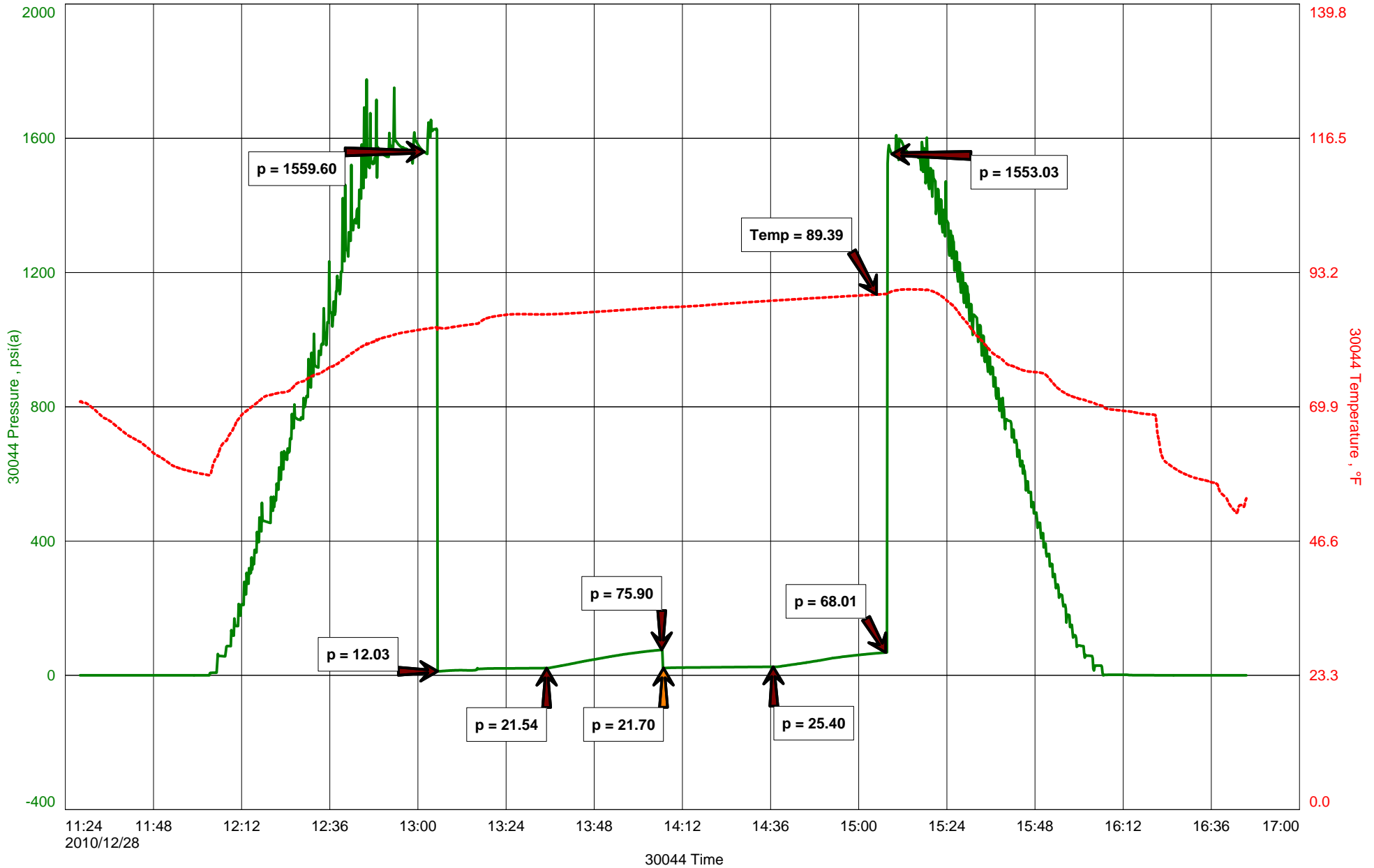
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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

PANNING #9-10
Formation: DST#2 3304-3317 ARB.
Pool: WILDCAT
Job Number: MO76

PANNING #9-10



DIAMOND TESTING

Pressure Survey Report

General Information

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

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 3304-3317 ARB.		
Test Purpose (AEUB)			
Start Test Date	2010/12/28	Start Test Time	11:28:00
Final Test Date	2010/12/28	Final Test Time	16:47:00
		Well Fluid Type	01 Oil

Test Results

Gauge Name	30044
Remarks	
Gauge 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



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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

Pressure Survey Report

General Information

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

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 3315-3335 ARB.		
Test Purpose (AEUB)	Initial Test		
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

Test Results

Gauge Name	30044
Remarks	
Gauge 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



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

ANHYDRITE 517 + 1290

550

2550

Samples are tagged

2600

Sh. Lg. G. Silty

Slt. Sh. Ch. Lg. G. F. L. Silty Bl.

TOPEKA 2630-2665

25. T. Lg. V. Sh. Foss.

25. T. Lg. V. Sh. Foss.

25. T. Lg. V. Sh. Foss.

25. T. Lg. V. Sh. Foss.

25. T. Lg. V. Sh. Foss. Silty Chalky

2700

25. T. Lg. V. Sh. Foss. Silty Chalky

Sh. Calc.

45. T. w/ SS. Calc.

Sh. Calc.

45. T. w/ SS. Chalk.

45. Sh. Calc. SS. Foss.

4. Ltg. SS. Foss.

Sh. Arg.

45. T. w/ Lg. SS. Foss. w/ Arg. Foss.

45. T. w/ SS. out. Sh. Chalk.

4. w/ SS. Foss.

45. w/ Lg. SS. Foss. Sh. Chalk.

45. w/ Lg. SS. Foss. Sh. Chalk.

Sh. w/ Lg. SS. Chalk.

45. T. w/ SS. Foss. Sh. Chalk.

HEBNER 2897-1132

Sh. Calc. SS. Foss. T. SS. Foss.

Sh. Calc.

45. w/ Lg. SS. Foss. Sh. Chalk. P. No. 10.

Sh. Ltg. Arg.

Sh. Ltg. Arg. Silty

Sh. Ltg. Arg. Silty

Sh. Ltg. Arg. Silty

TORONTO

DOUGLAS

2800

2900

3000

45. 244g. Y.S. Chlg.
Sh. Cr.

45. 7g. S. Foss. Sh. Chlg. 7. Dustk.
1/2 P.O. Duff Flow
No Odor.

45. 7g. Du.

45. 7g. Chlg. one gallon of
VSSG-VSSFO. Duff Flow
No Odor.

45. wt. chlg.
45. 7g. S.S.A

Sh. Bluey.

45. wt. Chlg. Sh. M.L. Chlg.
No Odor.

45. 7g. S.S. Foss. 1/2 P.O. Duff Flow
No Odor.

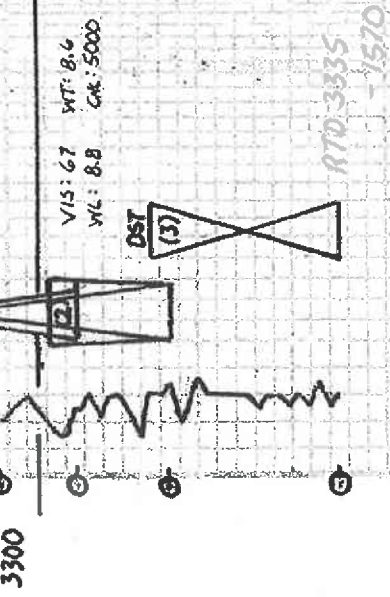
Sh. Bluey.

45. 7g. S.S. Foss. S.S.Z

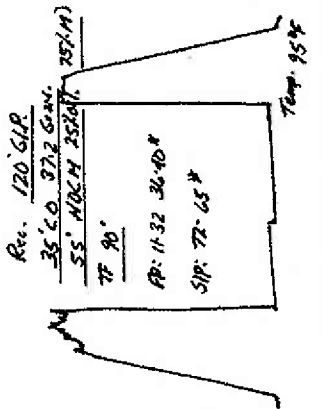
BIK
Sh. Chlg.

3283-1518

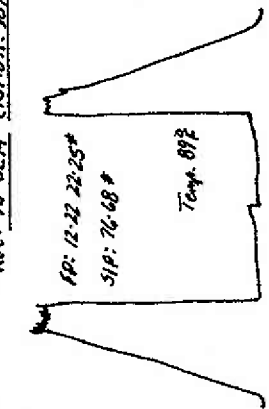
45. 7g. VSR A. VSR. Colortm.



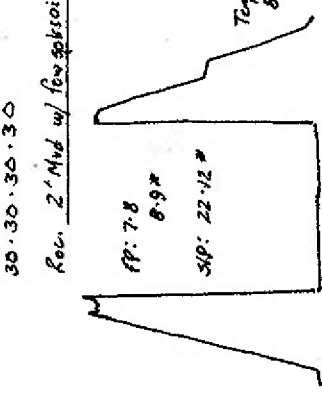
DST (1) 3272-3307
1st OPEN: Blow built to 3 1/2"
2nd OPEN: " " " 1 1/2" Down to surface Low



DST (2) 3304-3317
1st OPEN: Blow built to 1 1/2" Down. No dist 26 MIN.
2nd OPEN: No Blow



DST (3) 3315-3335
1st OPEN: Surf. Blow dist 20 MIN.
2nd OPEN: No Blow



RTD-3335 -1570