



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: _____



1052919

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
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

Customer L.D. DRILLING, INC.	Lease No.	Date 12-31-2010
Lease MARY S.	Well # 1-9	
Field Order # 21010	Station PRATT, Ks.	Casing 2 5/8
		Depth 344.93
Type Job CNW - 2 5/8" S.P.	Formation	County BARTON
		State Ks.
		Legal Description 9-17-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 2 5/8	Tubing Size	Shots/Ft CMT-		Acid 300SK 60/40 POZ	RATE	PRESS	ISIP	
Depth 344.93	Depth	From	To	Pre. Pad (W) 1.21CUFT³	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press 200	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 317.43'	Packer Depth	From	To	Flush 20 BBL	Gas Volume		Total Load	

Customer Representative **L.D. DAVIS** Station Manager **D. SCOTT** Treater **K. LESLEY**

Service Units	19870	19903	19905	19959	21010				
Driver Names	LESLEY	MATEL	-	MITCHEL	-				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30 AM					ON LOCATION - SAFETY MEETING
4:20 AM					RUN POSTS. 2 5/8" CSG. X 24'
5:35 AM					CSG. ON BOTTOM
5:40 AM					HOOK UP TO CSG. - BREAK CIRC. W/ RIG
5:45 AM	200		5	5	H2O AHEAD
5:58 AM	150		6.5	6	MIX 300 SKS. 60/40 POZ @ 14.8#/GAL
6:00 AM					SHUT DOWN
6:05 AM					RELEASE PLUG
6:10 AM	0		0	4	START DISPLACEMENT
6:20 AM	300		20	3	PLUG DOWN - CLOSE IN AT HEAD
					CIRCULATION THRU JOB
					CIRCULATED 5 BBL TO PIT
					JOB COMPLETE,
					THANKS - KEVEN



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 03146 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-7-11 DISTRICT PRATT, KS.		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 LD DRILLING		LEASE MARY S.		WELL NO. 19					
ADDRESS		COUNTY BARTON		STATE KS					
CITY		STATE		SERVICE CREW KC, MINDIE, BRAD					
AUTHORIZED BY		JOB TYPE: CNW-LOWC STRONG							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19901		19960					1-6	PM	1700
		19918				ARRIVED AT JOB	1-6	PM	2200
19903						START OPERATION	1-7	AM	0145
19905						FINISH OPERATION		AM	0245
						RELEASED		PM	0300
						MILES FROM STATION TO WELL			60

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
CF403	60/40 P02	SK	180		2160.00
CC102	CELL FLAKE	lb.	45		166.50
CC111	SALT	lb.	1603		801.50
CC112	CFR	lb.	78		468.00
CC201	CEMENT	lb.	900		603.00
CF103	5/4" TOP RUBBER PLUG	EA	1		105.00
CF251	5/4" GUNDE SHOES	EA	1		250.00
CF143	5/4" HPH DUSERT BRD	EA	1		215.00
CF165	5/4" TURBOLIDER	EA	5		550.00
C704	CS-16 KCL	gal.	1		35.00
CC151	MUD FLUSH	gal.	500		430.00
E100	PUMP MILE	mile	60		255.00
E101	TRUCK MILE	mile	120		840.00
E113	BULK DELIVERY	TON	465		744.00
CF204	PUMP CHARGE	EA	1		2180.00
CF240	BLENDING CHARGE	SK	180		252.00
CF504	PUMP CONTRACTOR	EA	1		250.00
S003	SERVICE SUPERVISOR	EA	1		175.00
				SUB TOTAL	7322.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE K. Conley	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Jim Nichle (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

Customer <i>LD DREWING</i>	Lease No.	Date <i>1-7-11</i>
Lease <i>MARY S.</i>	Well # <i>1-9</i>	
Field Order # <i>3147</i>	Station <i>PRATT, KS.</i>	Casing <i>5 1/2</i>
Type Job <i>ONW - LOWCSTRONG</i>	Depth <i>3499</i>	County <i>BARTON</i>
	Formation <i>TD - 3500'</i>	State <i>KS</i>
		Legal Description <i>9-19-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>3499</i>	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 <i>3285</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative <i>LD</i>	Station Manager <i>SCOTT</i>	Treater <i>CONDLEY</i>
Service Units <i>19907</i>	<i>19903-19905</i>	<i>19960-19918</i>
Driver Names <i>KS</i>	<i>MAITAL</i>	<i>BRAD</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2200</i>					<i>ON LOCATION 1-6-11</i>
					<i>RUN 3492' 5 1/2 15.5" CSC-84 JTS</i>
					<i>GUIDESIDE INSERT 1ST COLLAR</i>
					<i>CEMT-1-3-5-7-9</i>
<i>0045</i>					<i>TAG BOTTOM DROP BALL-CIRC,</i>
					<i>SET 5 1/2 AT 3499' WITH</i>
					<i>COLLAR 1' ABOVE G.L.</i>
<i>0145</i>	<i>750</i>		<i>20</i>	<i>6</i>	<i>PUMP 20 bbl. 2% HCL H2O</i>
	<i>750</i>		<i>12</i>	<i>6</i>	<i>PUMP 12 bbl. MUD FLUSH</i>
	<i>750</i>		<i>3</i>	<i>6</i>	<i>PUMP 3-bbl. H2O</i>
	<i>700</i>		<i>31</i>	<i>6</i>	<i>PUMP 150 SK 60/40 P02</i>
					<i>18% SACT, 1/2% CFR, 1/4" CELLFIBRE</i>
					<i>5# SK GILSONITE AT 15.4 PPG</i>
					<i>STOP - WASH LINE - DROP PLUG</i>
	<i>200</i>		<i>0</i>	<i>6 1/2</i>	<i>START DFSP.</i>
	<i>300</i>		<i>65</i>	<i>6 1/2</i>	<i>LEFT CEMENT</i>
	<i>500</i>		<i>77</i>	<i>3</i>	<i>SLOW RATE</i>
<i>0215</i>	<i>1000</i>		<i>83</i>	<i>3</i>	<i>PLUG DOWN - HELL</i>
					<i>PLUG RAT HOLE - 30 SK 60/40 P02</i>
<i>0300</i>					<i>JOB COMPLETE - KEVIN</i>

Customer <i>L.D. DRUMMOND, INC.</i>		Lease No.		Date	
Lease <i>MARY S.</i>		Well # <i>1-9</i>		<i>1-14-11</i>	
Field Order # <i>3501</i>	Station <i>PRATT, KS</i>	Casing <i>5 1/2"</i>	Depth	County <i>BARTON</i>	State <i>KS</i>
Type Job <i>CNW - SQUEEZE</i>			Formation <i>ARB</i>	Legal Description <i>9-19-12</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2"</i>	Tubing Size <i>2 7/8"</i>	Shots/Ft <i>4/5</i>		Acid		RATE	PRESS	ISIP
Depth	Depth	From <i>3412</i>	To <i>3418</i>	Pre Pad	Max			5 Min.
Volume <i>2.2</i>	Volume <i>12.8</i>	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>PRTD</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>3319</i>	Paacker Depth <i>3317</i>	From	To	Flush	Gas Volume			Total Load

Customer Representative *LD* Station Manager *SCOTT* Treater *GORDLEY*

Service Units <i>19907</i>	<i>27463</i>	<i>19826-19860</i>		
Driver Names <i>KS</i>	<i>CITRES</i>	<i>MICHAEL</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0900</i>					<i>ON LOCATION SET PLR - 3319' PERFS - 3412-3418</i>
<i>1000</i>	<i>500</i>	<i>200</i>	<i>16</i>	<i>2</i>	<i>LOADS ANN. INJ. RATE TBC - 8 BPM - 200" MIX CEMENT</i>
<i>1015</i>		<i>50</i>	<i>6</i>	<i>2</i>	<i>2.5 SK. STD 1/2% FLA-322, 1/2% CFX 1/4% DEFAMER</i>
		<i>50</i>	<i>10</i>	<i>2</i>	<i>50 SIC STD</i>
		<i>50</i>	<i>0</i>	<i>2</i>	<i>START DISP. 50 SIC CEMENT</i>
		<i>500</i>	<i>7</i>	<i>2</i>	<i>CATCH PSI IN PERFS</i>
<i>1030</i>	<i>7000</i>		<i>8</i>	<i>1/4</i>	<i>2000# - STOP</i>
<i>1045</i>	<i>7000</i>				<i>STARTING FOR 15 MIN. HELD 2000# - RELEASE - HELD</i>
<i>1100</i>	<i>700</i>		<i>15</i>	<i>1</i>	<i>REVERSE OUT - 5 bbl CEMENT RUN 4 PS - 3475'</i>
<i>1120</i>	<i>400</i>		<i>25</i>	<i>2</i>	<i>CIRCULATE CLEAN PULL TUBING</i>
<i>1200</i>					<i>JOB COMPLETE - KEVIN</i>

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: MARY S 1-9

Operator: L D DRILING INC

Location-Downhole:

Location-Surface: S9/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D882

Test Unit:

Start Date: 2011/01/03 Start Time: 14:05:00

End Date: 2011/01/03 End Time: 20:20:00

Report Date: 2011/01/03 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

REMARKS: GAS TO SURFACE 15 MINUTES INTO FINAL FLOW
RECOVERY: 280' MUD+GAS CUT 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: _____

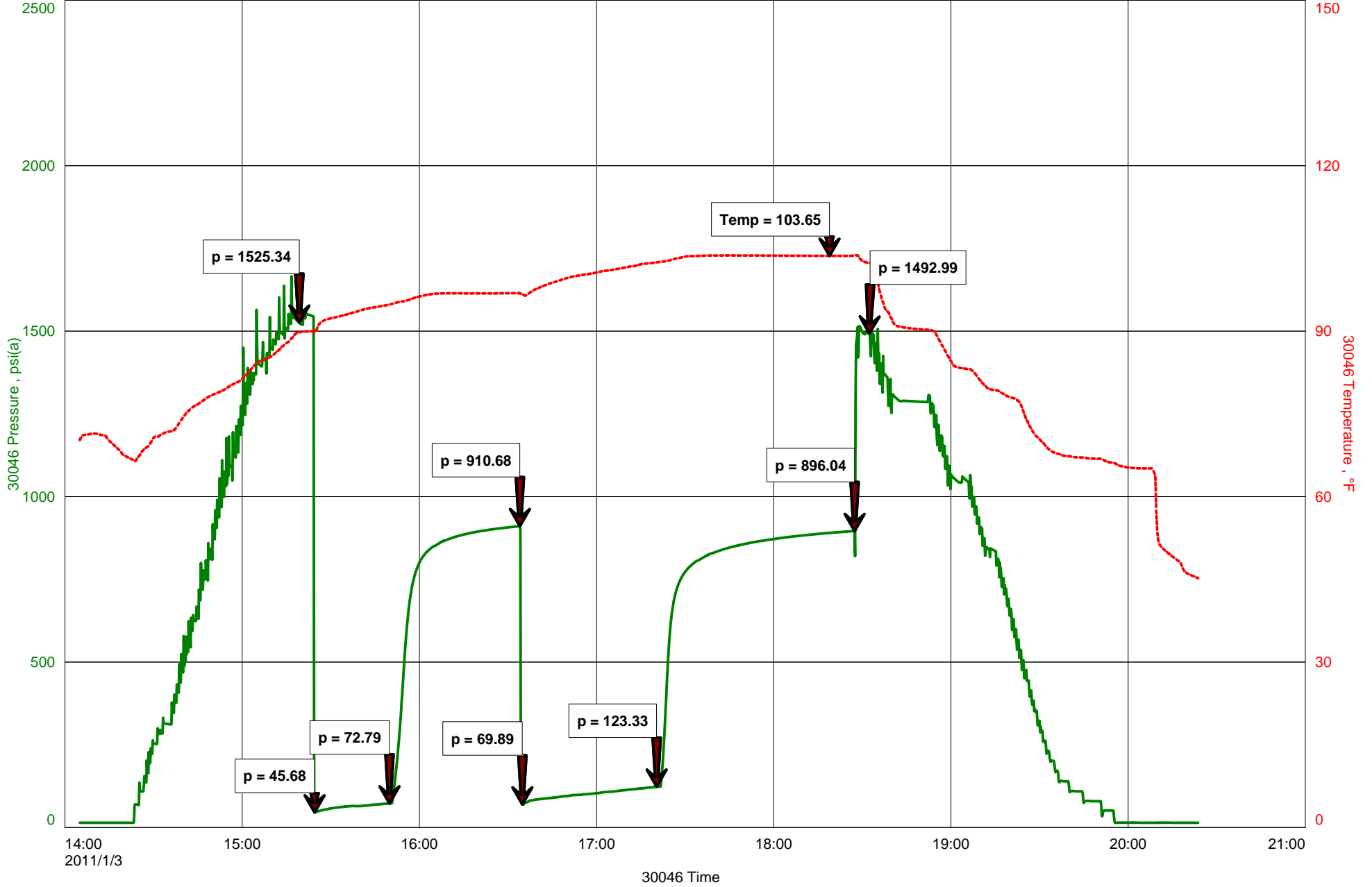
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

MARY S 1-9



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: MARY K 1-9

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S11/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D883

Test Unit:

Start Date: 2011/01/04 Start Time: 04:00:00

End Date: 2011/01/04 End Time: 10:40:00

Report Date: 2011/01/04 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

REMARKS: GAS TO SURFACE 25 MINUTES INTO 1ST FLOW: GUAGED 2 MCF/D
RECOVERY: 230" SLIGHTLY MUD CUT GASSY OIL, 120' SLIGHTLY OIL CUT 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: _____

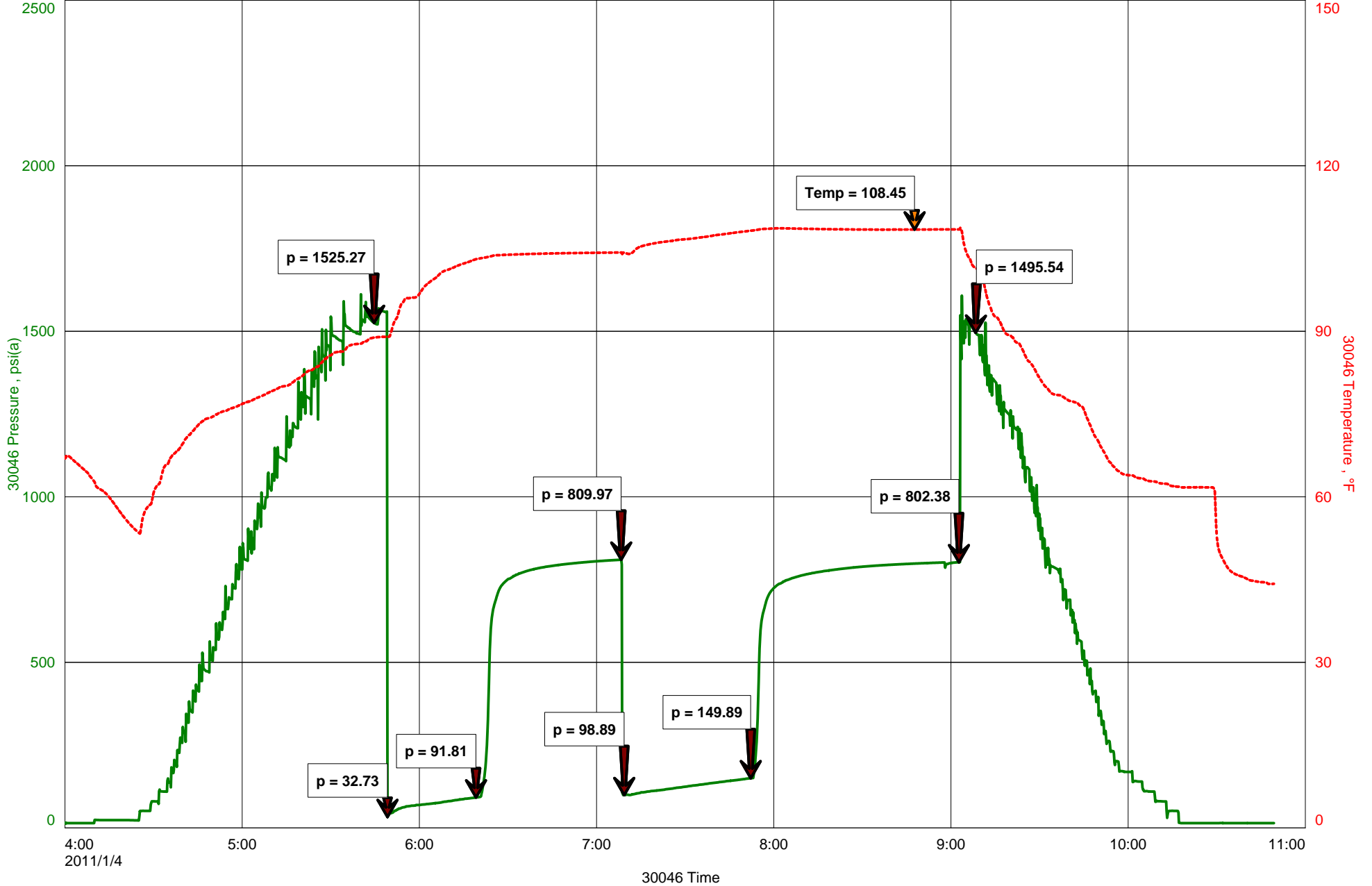
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.	

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.

MARY K 1-9





DIAMOND TESTING

P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
STC 30046.D884

Company L. D. Drilling, Inc. Lease & Well No. Mary S. No. 1-9
Elevation 1837 KB Formation Lansing "F" Effective Pay -- Ft. Ticket No. J2679
Date 1-04-11 Sec. 9 Twp. 19S Range 12W County Barton State Kansas

Test Approved By Kim B. Shoemaker Diamond Representative John C. Riedl

Formation Test No. 3 Interval Tested from 3,185 ft. to 3,207 ft. Total Depth 3,207 ft.

Packer Depth 3,180 ft. Size 6 3/4 in. Packer Depth -- ft. Size -- in.

Packer Depth 3,185 ft. Size 6 3/4 in. Packer Depth -- ft. Size -- in.

Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 3,188 ft. Recorder Number 30046 Cap. 6,000 psi

Bottom Recorder Depth (Outside) 3,204 ft. Recorder Number 11073 Cap. 4,000 psi

Below Straddle Recorder Depth ft. Recorder Number Cap. psi

Drilling Contractor Petromark Drilling, LLC - Rig 2 Drill Collar Length 120 ft. I.D. 2 1/4 in.

Mud Type Chemical Viscosity 50 Weight Pipe Length -- ft. I.D. -- in.

Weight 9.2 Water Loss 10.4 cc. Drill Pipe Length 3,043 ft. I.D. 3 1/2 in.

Chlorides 6,000 P.P.M. Test Tool Length 22 ft. Tool Size 3 1/2 - IF in.

Jars: Make Sterling Serial Number Not Run Anchor Length 22 ft. Size 4 1/2 - FH in.

Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 - XH in.

Blow: 1st Open: Strong blow. Off bottom of bucket in 3 mins. Strong blow back during shut-in.

2nd Open: Strong blow. Off bottom of bucket in 4 mins. Strong blow back during shut-in.

Recovered 300 ft. of gas in pipe

Recovered 70 ft. of gassy oil = .996100 bbls. (Grind out: 10%-gas; 90%-oil) Gravity: 40 @ 60°

Recovered 800 ft. of gassy water = 10.266800 bbls. (Grind out: 10%-gas; 90%-water) Chlorides: 80,000 Ppm

Recovered 870 ft. of TOTAL FLUID = 11.262900 bbls.

Recovered ft. of

Remarks

Time Set Packer(s) 6:00 AM. P.M. Time Started Off Bottom 9:00 AM. P.M. Maximum Temperature 115°

Initial Hydrostatic Pressure (A) 1553 P.S.I.

Initial Flow Period Minutes 30 (B) 84 P.S.I. to (C) 295 P.S.I.

Initial Closed In Period Minutes 45 (D) 708 P.S.I.

Final Flow Period Minutes 45 (E) 310 P.S.I. to (F) 468 P.S.I.

Final Closed In Period Minutes 60 (G) 716 P.S.I.

Final Hydrostatic Pressure (H) 1510 P.S.I.

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: MARY S 1-9

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S9/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL

Job Number: D884

Test Unit:

Start Date: 2011/01/04

Start Time: 16:30:00

End Date: 2011/01/04

End Time: 22:50:00

Report Date: 2011/01/04

Prepared By: JOHN RIEDL

Remarks:

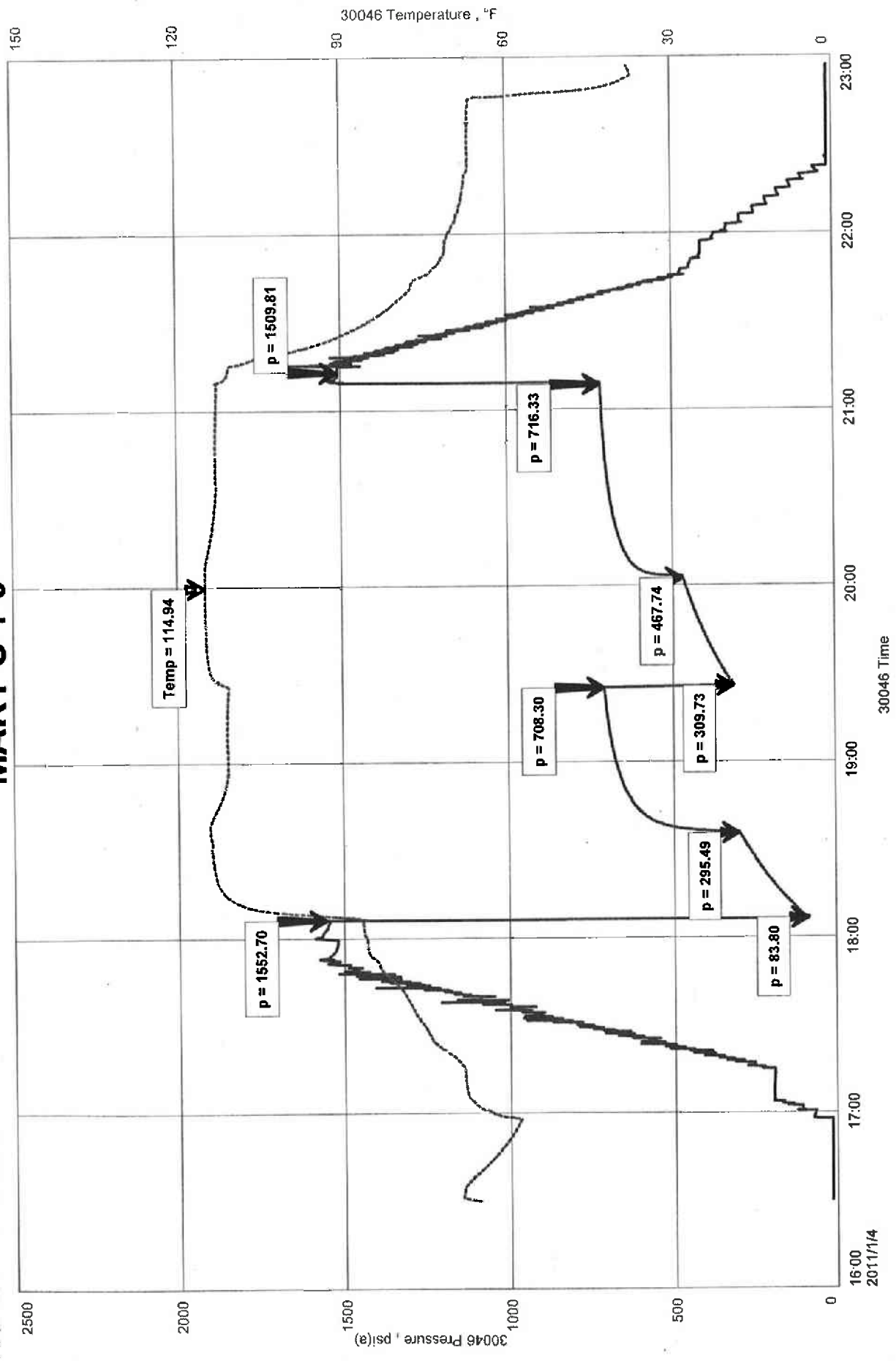
Qualified By: KIM SHOEMAKER

RECOVERY: 300' GAS IN PIPE, 70' GAS CUT OIL, 800' GASSY WATER

MARY S 1-9
Formation: LKC "F"
Job Number: D884

L D DRILLING INC
Start Test Date: 2011/01/04
Final Test Date: 2011/01/04

MARY S 1-9



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: MARY S 1-9

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S9/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D885

Test Unit:

Start Date: 2011/01/05 Start Time: 10:20:00

End Date: 2011/01/05 End Time: 16:40:00

Report Date: 2011/01/05 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 70' GAS IN PIPE, 280' MUD CUT GASSY OIL
150' MUDDY 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: _____

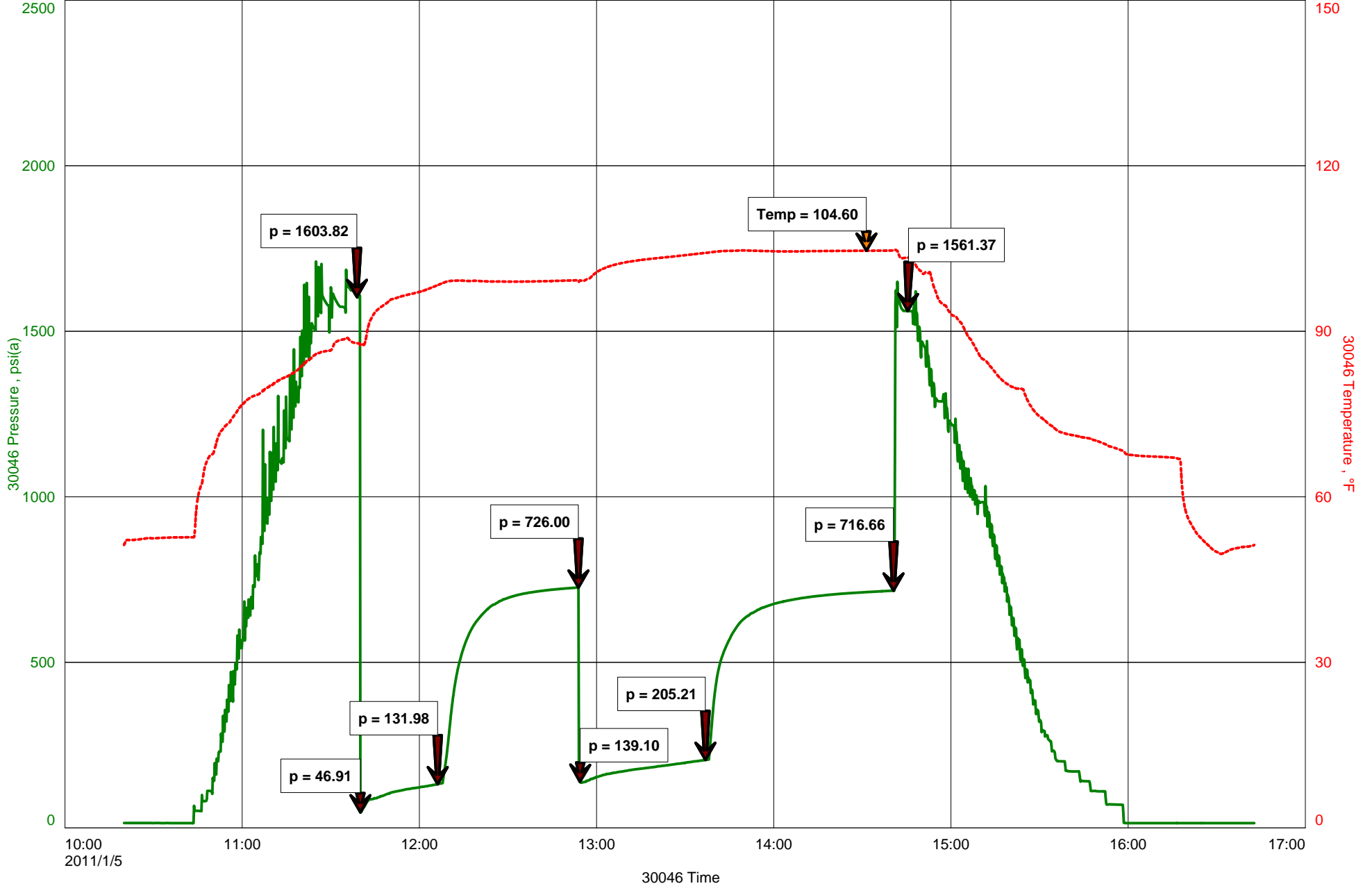
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

MARY S 1-9



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: MARY S 1-9

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S9/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D886

Test Unit:

Start Date: 2011/01/06 Start Time: 01:45:00

End Date: 2011/01/06 End Time: 07:05:00

Report Date: 2011/01/06 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 30' CLEAN OIL
60' 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: _____

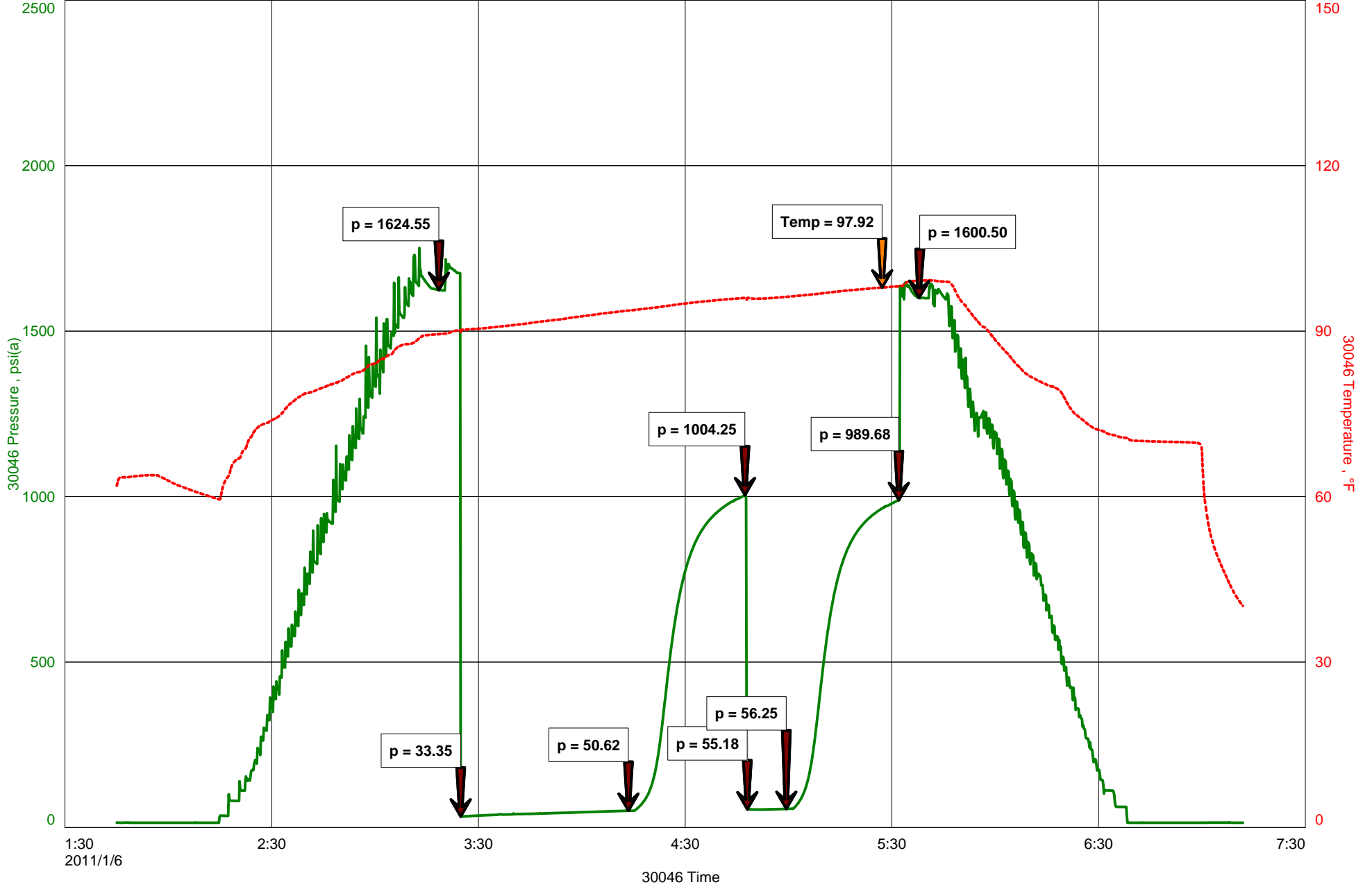
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

MARY S 1-9



KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT

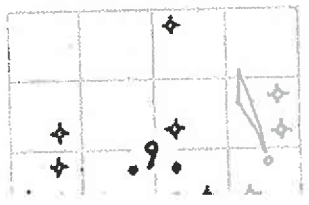
DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.
 LEASE # 1-9 MARY S.
 FIELD KNOP
 LOCATION 2310' FSL # 528' FEL
 SEC 9 TWP 19s R 12w
 COUNTY BARTON STATE KANSAS
 CONTRACTOR PETROMARK RIG 2
 SPUD 12-30-10 CORP 1-7-10
 RTD 3500 LTD 3499
 MUD UP 2600 TYPE MUD CHEMICAL

ELEVATIONS
 KB 1837
 DE
 GL 1832
 Measurements Are All
 From 1837 KB
 CASING
 SURFACE 8 5/8" @ 340'
 PRODUCTION 5 1/2" @
 ELECTRICAL SURVEYS
 DUAL IND., DENS.-N.

SAMPLES SAVED FROM 2800 TO 3500
 DRILLING TIME KEPT FROM 2600 TO 3500
 SAMPLES EXAMINED FROM 2800 TO 3500
 GEOLOGICAL SUPERVISION FROM 2800 TO 3500
 GEOLOGIST ON WELL KIM B. SHOEMAKER

FORMATION - TOPS	LOG	SAMPLES
ANHYDRITE	656+ 1181	
TOPEKA	2659- 822	2661- 821
HEEBNER	3001- 1164	3003- 1166
BROWN LIME	3111- 1274	3112- 1275
LANSING	3126- 1289	3127- 1290
B/KC	3355- 1516	3357- 1520



API: 15-009-25493

SPUD 45'
 470'
 445'
 116'
 187'
 126'
 117'
 100'

LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Carb. sh.
- Limestone
- Dolomite
- Ghert
- Dolomite

DRILLING TIME IN MINUTES
 PER FOOT
 Rate of Penetration Indicator



SAMPLE DESCRIPTIONS

REMARKS

DEPTH
 600

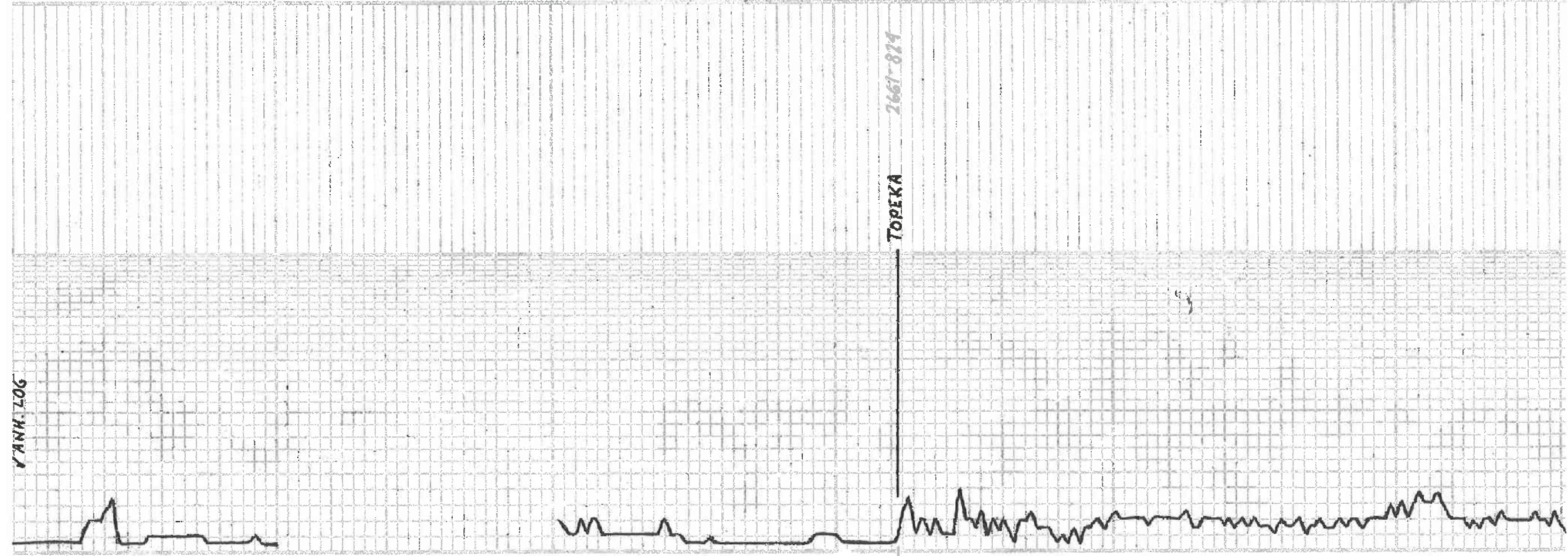
VANH LOG

700

2600

TOPEKA 2661-824

2700



2800

Samples are logged

65. G. Sil. Foss.

Sh. clay. Blk.

Sh. li. Olive. G. Sdy sh.

65. G. Dnt.

Sh. clay. G.

65. T. wt. sil. Foss. Sil. clay.

65. T. clay. Manganese. V. sil. Foss.

Sh. G.

65. T. li. Blk. Sil. Foss. Chalk.

Sh. clay. Blk.

65. wt. clay. and sil. Foss. Sil. clay.

65. clay. V. sil. Foss.

Sh. clay.

65. T. wt. and sil. Chalk. Sil. clay.

65. wt. clay.

65. li. Bl. G. Sil. Foss.

3000

HEEBNER 3003-1166
Sh. Blk. Carb. (3000, 90)

Sh. clay.

65. T. wt. Sil. Foss. Sil. clay.
T. wt. Sil. (60) T. wt.
No Foss.
No. 0000

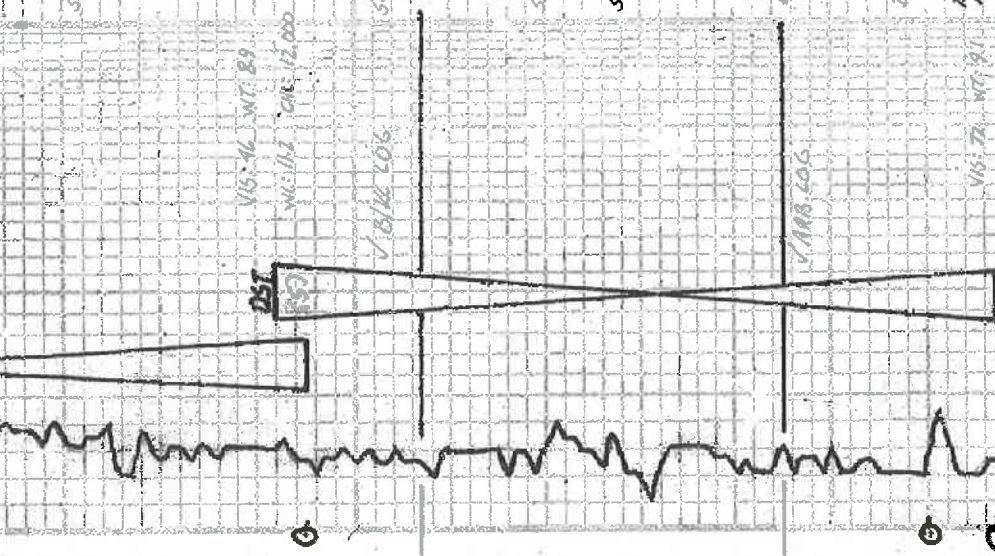
TORONTO

65. wt. clay.

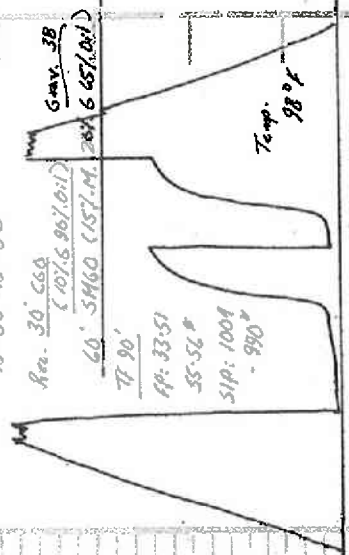
DOUGLAS

Sh. Blk.

Sh. li. G.



DST (S) 3312-3417
 1500ft: 1/2" Blow deer 1/4"
 2400ft: 1/8" Blow



3357-1520

ARBUCKLE 3395-1558

RTD 3500-1663

To 24 1/2' 58' 60'

To 24 1/2' 58' 60'

8/18C

To 24 1/2' 58' 60'

Sh. Blue ls.

Sh. Red. Grey. Purple

A. w. Yellow. Orange.

Dol. To G. F. M. H. P. Sh. G. No. add.

Dol. To G. F. M. H. P. Sh. G. No. add.

Dol. To G. F. M. H. P. Sh. G. No. add.

Dol. To G. F. M. H. P. Sh. G. No. add.

Dol. w. G. MEXIA

Algal mat

Dol. To G. F. M. H. P. Sh. G. No. add.

Dol. To G. F. M. H. P. Sh. G. No. add.

Dol. To G. F. M. H. P. Sh. G. No. add.

Dol.

Dol. w. G. MEXIA