



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



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
<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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Harkness 1-3
Doc ID	1051531

Tops

Name	Top	Datum
Anhydrite	1578	+ 742
B/Anhydrite	1614	+ 706
Heebner Shale	3706	- 1386
Stark Shale	3984	- 1664
B/KC	4045	- 1725
Marmaton	4068	- 1748
Pawnee	4161	- 1841
Ft. Scott	4240	- 1928
Cherokee Shale	4268	- 1948
Mississippi	4346	- 2026

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 01, 2011

Mark SHreve
Mull Drilling Company, Inc.
1700 N WATERFRONT PKWY
BLDG 1200
WICHITA, KS 67206

Re: ACO1
API 15-135-25186-00-00
Harkness 1-3
NE/4 Sec.03-19S-24W
Ness 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,
Mark SHreve



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 29999

LOCATION OKLEY

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 68720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-1-10	5659	HARKNESS 1-3	3	19S	24W	NESS
CUSTOMER			KS			
MULL DRIG. COMPANY INC			SAFETY Meeting			
MAILING ADDRESS			Kim MS			
1700 N. WATERFRONT PKWY Bldg 1200			ID			
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Wichita	Ks	67206	463	Miles Shaw		
			558	Kim Boone		

JOB TYPE SURFACE 0 HOLE SIZE 12 1/4 HOLE DEPTH 231' CASING SIZE & WEIGHT 8 5/8 20" NEW
 CASING DEPTH 231' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2* SLURRY VOL. 36 BBL WATER gal/ak 6.5 CEMENT LEFT IN CASING 15'
 DISPLACEMENT 14 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. BREAK Circulation: Mixed 150 SKS
CLASS "A" Cement w/ 3% CGL, 2% GCL @ 15.2*/gal yield 1.35. Shut down. Release
Plug. Displace w/ 14 BBL fresh water. Shut casing in. Good Cement Returns to
SURFACE = 6 BBL slurry to Pit. Job Complete - Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	985.00	985.00
5406	20	MILEAGE	4.50	90.00
1104 S	150 SKS	CLASS "A" Cement	16.00	2400.00
1102	425 "	CGL 3%	.88	374.00
1118 B	300 "	GCL 2%	.20	60.00
5407	7.05 Tons	Ton Mikege Buck Delv.	MIC	370.00
4432	1	8 5/8 wooden Plug	92.00	92.00
238471				
			Sub Total	4391.00
			-20% DISC.	878.20
			SALES TAX	184.84
			ESTIMATED TOTAL	3697.14

Revlin 3737

THANK YOU

AUTHORIZATION [Signature] TITLE _____ DATE _____

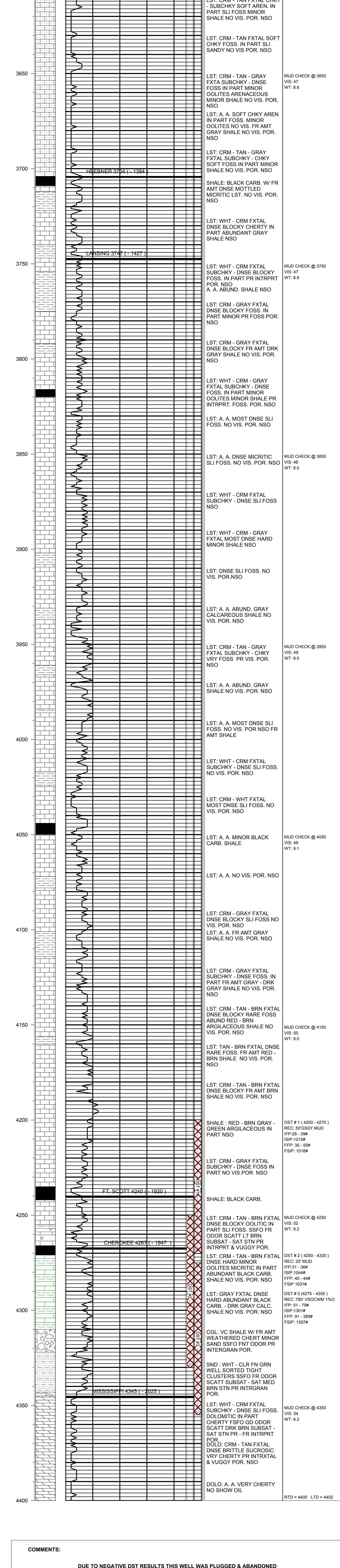
I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

KEVIN L. KESSLER

CONSULTING PETROLEUM GEOLOGIST

(316) 522-7338

OPERATOR : MULL DRILLING CO. INC. LEASE : HARKNESS WELL # : 1 - 3 LOCATION : 2250' FNL & 530' FEL SEC: 03 TWP : 19 S RGE : 24 W COUNTY : NESS STATE : KANSAS		ELEVATION KB : 2320 GL : 2311 <small>MEASUREMENTS FROM</small> KB																																																											
CONTRACTOR : DUKE DRILLING RIG # 2 <small>COMM: 12 / 01 / 2010</small> <small>COMP : 12 / 09 / 2010</small> <small>RTD : 4400</small> <small>LOG TD : 4402</small> <small>SAMPLES SAVED FROM : 3600</small> <small>TO : RTD</small> <small>GEOLOGICAL SUPERVISION FROM : 3600</small> <small>TO : RTD</small> <small>MUD UP : 3600</small> <small>TYPE MUD : CHEMICAL</small>		CASING RECORD <small>SURFACE :</small> 8 5/8 @ 231' <small>PRODUCTION :</small> NONE <small>ELECTRICAL SURVEYS:</small> <small>DIL</small> <small>CNL / CDL</small> <small>MICRO</small> <small>SONIC</small>																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">FORMATION</th> <th style="width: 15%;">LOG</th> <th style="width: 15%;">DATUM</th> <th style="width: 15%;">TOP</th> <th style="width: 15%;">SAMPLE</th> <th style="width: 15%;">DATUM</th> <th style="width: 15%;">STRUCT. COMP.</th> </tr> </thead> <tbody> <tr> <td>HEEBNER</td> <td>3704</td> <td>- 1384</td> <td>3704</td> <td></td> <td>- 1384</td> <td>- 02</td> </tr> <tr> <td>LANSING</td> <td>3747</td> <td>- 1427</td> <td>3747</td> <td></td> <td>- 1427</td> <td>- 03</td> </tr> <tr> <td>STARK</td> <td>.</td> <td>.</td> <td>.</td> <td></td> <td>.</td> <td>.</td> </tr> <tr> <td>BASE / KC</td> <td>.</td> <td>.</td> <td>.</td> <td></td> <td>.</td> <td>.</td> </tr> <tr> <td>FT SCOTT</td> <td>4240</td> <td>- 1920</td> <td>4240</td> <td></td> <td>- 1920</td> <td>- 01</td> </tr> <tr> <td>CHEROKEE</td> <td>4267</td> <td>- 1947</td> <td>4267</td> <td></td> <td>- 1947</td> <td>- 07</td> </tr> <tr> <td>MISSISSIPPI</td> <td>4345</td> <td>- 2025</td> <td>4345</td> <td></td> <td>- 2025</td> <td>- 11</td> </tr> </tbody> </table>		FORMATION	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.	HEEBNER	3704	- 1384	3704		- 1384	- 02	LANSING	3747	- 1427	3747		- 1427	- 03	STARK	BASE / KC	FT SCOTT	4240	- 1920	4240		- 1920	- 01	CHEROKEE	4267	- 1947	4267		- 1947	- 07	MISSISSIPPI	4345	- 2025	4345		- 2025	- 11	REFERENCE WELL FOR STRUCTURAL COMPARISON : <table style="width: 100%;"> <tr> <td style="width: 33%;">KAISER FRANCIS</td> <td style="width: 33%; text-align: center;">SEC. 02 - T 19 S - R 24 W</td> <td style="width: 33%; text-align: right;">NESS COUNTY KANSAS</td> </tr> </table>	KAISER FRANCIS	SEC. 02 - T 19 S - R 24 W	NESS COUNTY KANSAS
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COMMENTS:

DUE TO NEGATIVE DST RESULTS THIS WELL WAS PLUGGED & ABANDONED

KEVIN L. KESSLER

GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

Well Information:

Name: HARKNESS 1-3

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S3/19S/24W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D866

Test Unit:

Start Date: 2010/12/06 Start Time: 18:00:00

End Date: 2010/12/07 End Time: 01:20:00

Report Date: 2010/12/07 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

Remarks:

RECOVERY: 70' GAS IN PIPE
50' DRILLING MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

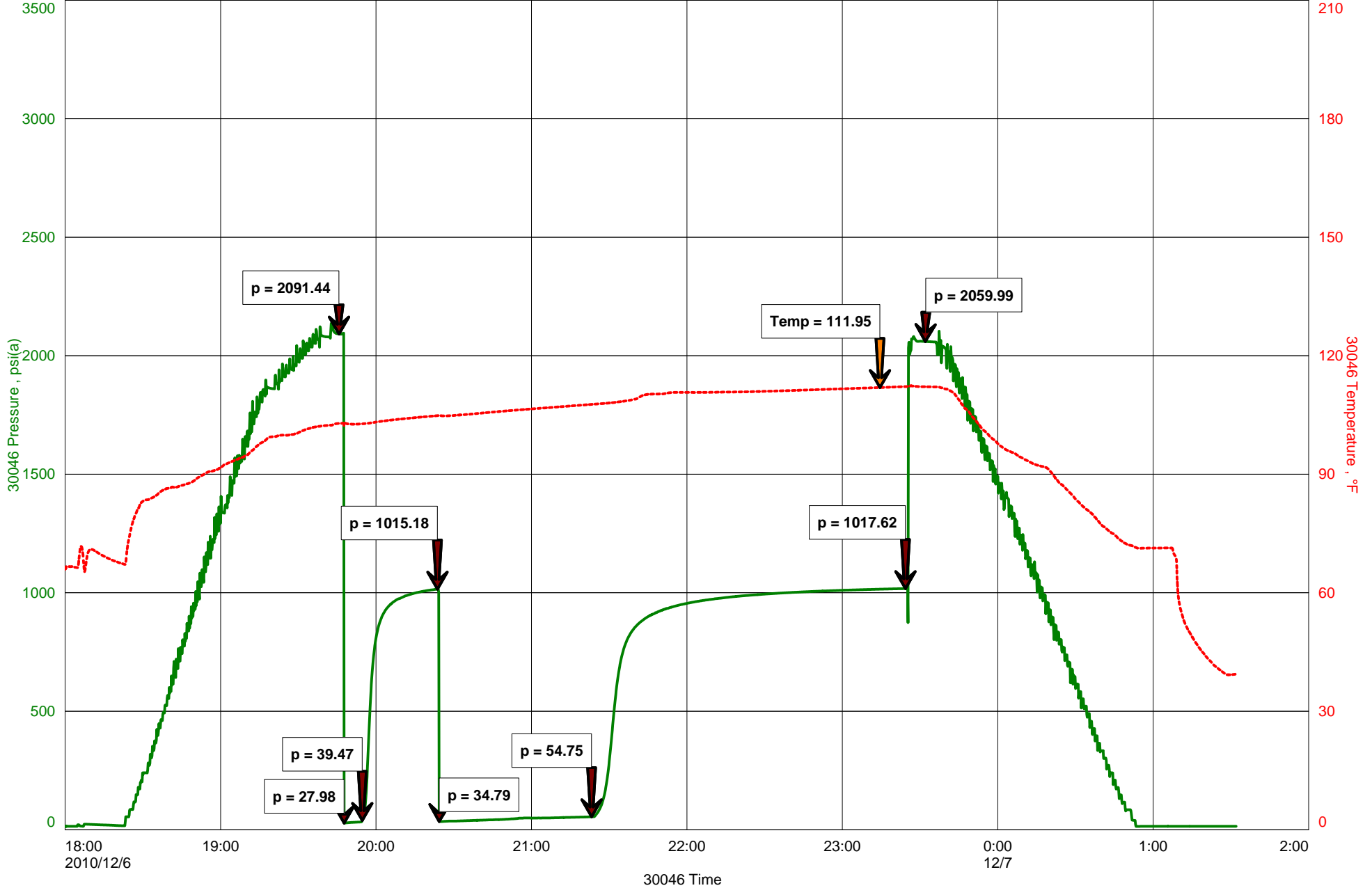
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

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

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

HARKNESS 1-3



GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

Well Information:

Name: HARKNESS 1-3

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S3/19S/24W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D867

Test Unit:

Start Date: 2010/12/07 Start Time: 12:40:00

End Date: 2010/12/07 End Time: 18:10:00

Report Date: 2010/12/07 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

Remarks:

RECOVERY: 25' DRILLING MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

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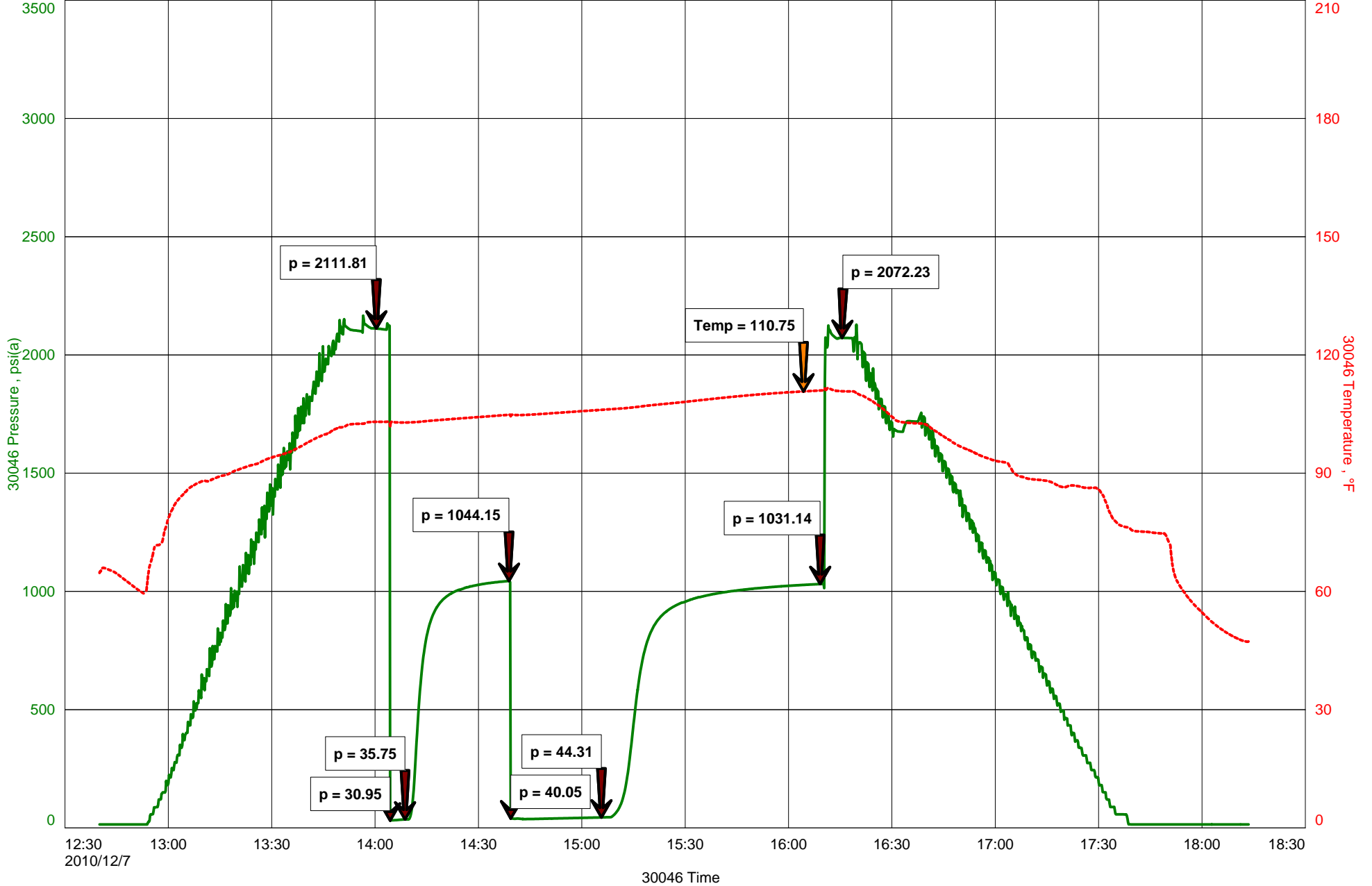
Recovered _____ ft. of _____
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 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

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

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HARKNESS 1-3



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Name: HARKNESS 1-3

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S3/19S/24W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D868

Test Unit:

Start Date: 2010/12/08 Start Time: 02:30:00

End Date: 2010/12/08 End Time: 10:30:00

Report Date: 2010/12/08 Prepared By: JOHN RIEDL

Remarks: Qualified By: KEVIN KESSLER

RECOVERY: 100' DRILLING MUD, 430' VERY SLIGHTLY OIL CUT WATERY MUD
250' WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

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 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
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 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

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 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
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 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.
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Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
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 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

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

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

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

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HARKNESS 1-3

