



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

DNOC Oil CO. Inc.

Crossland 1-16

PO Box 372
Hays Ks 67601

16-13-22, Trego, Ks

ATTN:

Job Ticket: 41915

DST#: 1

Test Start: 2011.02.07 @ 21:30:50

GENERAL INFORMATION:

Formation: **KC**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:44:20
 Time Test Ended: 05:49:50
 Interval: **3760.00 ft (KB) To 3781.00 ft (KB) (TVD)**
 Total Depth: 3781.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole
 Tester: Brett Dickinson
 Unit No: 47
 Reference Elevations: 2318.00 ft (KB)
 2308.00 ft (CF)
 KB to GR/CF: 10.00 ft

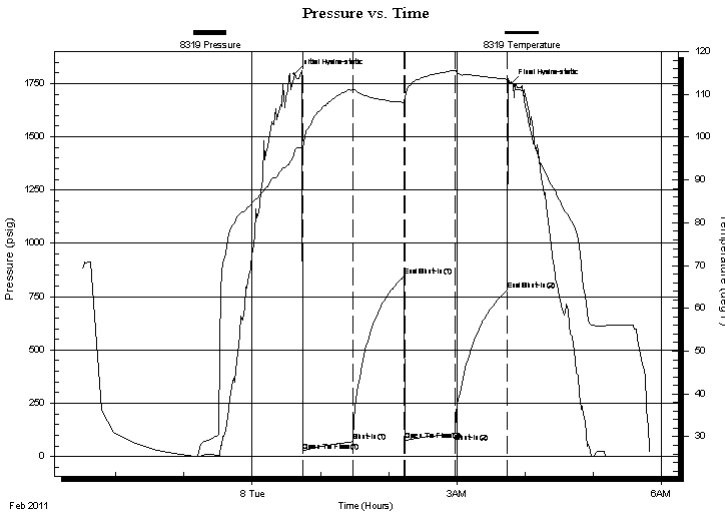
Serial #: 8319

Inside

Press @ Run Depth: 108.57 psig @ 3764.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2011.02.07 End Date: 2011.02.08 Last Calib.: 2011.02.08
 Start Time: 21:30:55 End Time: 05:49:49 Time On Btm: 2011.02.08 @ 00:37:20
 Time Off Btm: 2011.02.08 @ 03:47:50

TEST COMMENT: IF-BOB in 32min
 ISI-No blow
 FF-5.5in blow
 FSI-No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1794.71	96.80	Initial Hydro-static
7	23.21	97.40	Open To Flow (1)
51	69.89	111.16	Shut-In(1)
96	845.06	108.14	End Shut-In(1)
97	74.24	108.96	Open To Flow (2)
141	108.57	115.61	Shut-In(2)
187	780.69	113.53	End Shut-In(2)
191	1750.90	112.60	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
189.00	MCW 20%M 80%W	2.38
1.00	Free Oil	0.01

Gas Rates

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



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FLUID SUMMARY

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Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

120000 ppm

Viscosity: 69.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
189.00	MCW 20%M 80%W	2.378
1.00	Free Oil	0.014

Total Length: 190.00 ft

Total Volume: 2.392 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

