



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: _____



1053409

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
_____ 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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	DENNIS 8-26
Doc ID	1053409

All Electric Logs Run

BOREHOLE COMPENSATED SONIC LOG
DUAL COMPENSATED POROSITY LOG
DUAL INDUCTION LOG
MICRORESISTIVITY LOG
SONIC CEMENT BOND LOG

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	DENNIS 8-26
Doc ID	1053409

Tops

Name	Top	Datum
ANHYDRITE	623	+1219
TOPEKA	2821	-979
HEEBNER	3112	-1270
TORONTO	3131	-1289
DOUGLAS	3144	-1302
BROWN LIME	3242	-1400
LANSING	3263	-1421
BASE KANSAS CITY	3490	-1648
VIOLA	3524	-1682
SIMPSON SHALE	3542	-1700
ARBUCKLE	3584	-1742



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 03456 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>1-15-11</u> DISTRICT: <u>Pratt</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.D. Drilling</u>	LEASE: <u>Dennis</u> WELL NO.: <u>8-20</u>								
ADDRESS:	COUNTY: <u>Stoddard</u> STATE: <u>KS</u>								
CITY: STATE:	SERVICE CREW: <u>Culiano, Veatch, Wise</u>								
AUTHORIZED BY:	JOB TYPE: <u>CNW-Surface</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>27283</u>	<u>1</u>						<u>01-14-11</u>	<u>(PM)</u>	<u>10:30</u>
<u>27463</u>	<u>1</u>					ARRIVED AT JOB	<u>1-15-11</u>	<u>AM</u>	<u>1:00</u>
<u>19833-19860</u>	<u>1</u>					START OPERATION		<u>PM</u>	<u>1:45</u>
						FINISH OPERATION		<u>PM</u>	<u>2:45</u>
						RELEASED		<u>PM</u>	<u>3:15</u>
						MILES FROM STATION TO WELL			<u>45</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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP104	Acem Blend	SK	175	-	3150 00
CP100	Pommon	SK	200	-	3700 00
CC102	Cellulose	Lb	94	-	347 80
CC109	Calcium Chloride	Lb	1059	-	1111 75
CC200	Cement bag	Lb	376	-	94 00
CE153	Wooden Cement Plug	ea	1	-	160 00
E100	Pickup mileage	mi	45	-	191 25
E101	Heavy Equipment Mileage	mi	90	-	630 00
E113	Bulk Delivery	Tm	794	-	1270 80
CE200	Depth Charge 0-500'	ea	1	-	1200 00
CE240	Cement Service Charge	SK	375	-	525 00
CE504	Plug Container	ea	1	-	250 00
SD03	Service Supervisor	ea	1	-	175 00

SUB TOTAL
PLS 8474 06

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Steve Orlando
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer <i>L.D. Drilling</i>	Lease No.	Date <i>1-15-11</i>	
Lease <i>Dennis</i>	Well # <i>2-26</i>		
Field Order # <i>3186</i>	Station <i>Piggy</i>	Casing <i>2 1/2</i>	Depth
Type Job <i>CNWS Surface 8 5/8</i>	Formation	County <i>Sheridan</i>	State <i>KS</i>
		Legal Description <i>06-01-10</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>2 1/2</i>	Tubing Size	Shots/Ft		Acid <i>175 gal HCl @ 15# / gal</i>	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad <i>0.12 gal</i>	Max		5 Min.	
Volume	Volume	From	To	Pad <i>0.00 gal</i>	Min		10 Min.	
Max Press	Max Press	From	To	Frac <i>1.344 gal</i>	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>J. ...</i>	Station Manager <i>Dave Scott</i>	Treater <i>Steve ...</i>
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Service Units <i>07783 0746 17232 19267</i>								
Driver Names <i>...</i>								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00 AM					(Well location - ...)
					Run 9 ...
					Casing on ...
					Hook up to ...
2:07	200		3	4	H2O ...
2:08	200		66	4	Mix 175 gal HCl @ 15# / gal
2:05	200		47	4	Mix 200 gal ... @ 15# / gal
					Start Dave up ...
2:40	Δ		10	4	Start H2O ...
2:40	200		10	4	Connect to surface
2:05	250		213	4	Plug down ...
					Calculate this job
					Calculate 211 bbls @ 1.2 ft
					Job complete
					Thursday, 1/13/11



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 03503 A

DATE _____ TICKET NO. _____

DATE OF JOB: 1-22-11	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: LID DRILLING, INC.	LEASE: DENNIS	WELL NO. 8-26							
ADDRESS:	COUNTY: STAFFORD	STATE: KS							
CITY:	STATE:	SERVICE CREW: KG, CHRIS, JR.							
AUTHORIZED BY:	JOB TYPE: CNW-LOWCSTPANE								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19901							1-21		2330
						ARRIVED AT JOB	1-22		0130
27463	1/2					START OPERATION			0600
19826	1/2					FINISH OPERATION			0630
19860	1/2					RELEASED			0730
						MILES FROM STATION TO WELL	45		

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
CP103	60/40 P02	SIC	150		1800.00
CP103	60/40 P02	SIC	30		360.00
CC102	CELL FEMALE	Lb.	38		140.60
CC111	SILTS	Lb.	1334		667.00
CC112	CFR	Lb.	65		390.00
CC201	GILSONITE	Lb.	750		502.50
CF103	5/16 TOP RUBBER PUMP	EA	1		105.00
CF251	5/16 GUIDE SHOE	EA	1		250.00
CF1451	5/16 WPC DUSEN FLOUT	EA	1		215.00
CF1651	5/16 TURBOLEZER	EA	5		550.00
C704	C3-1L RLL	gal	1		35.00
CE151	MUD FLUSH	gal	500		430.00
E100	PICKUP MILE	mile	45		191.25
E101	TRUCK MILE	mile	90		630.00
E113	BULK DELIVERY	TM	349		558.00
CE204	PUMP CHARGE	EA	1		2160.00
CE240	BLENDED CHARGE	SIC	180		252.00
CE504	PUMP CONT. ANSWER	EA	1		250.00
S003	SERVICE SUPERVISOR	EA	1		175.00
SUB TOTAL					DCS 6956.17

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>K. Cordrey</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO. _____

Customer LD DRAILING, INC	Lease No:	Date 1-22-11
Lease DENNIS	Well # 8-26	
Field Order # 3503	Station PRATT, KS	Casing 5 1/2
		Depth 3718
Type Job CONV - LOW COST DRILLING	Formation TD-3720	Legal Description 26-21-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth 3718	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 3616	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative LD	Station Manager SCOTTY	Treater CRANEY
Service Units 19907	27463	19826-19860
Driver Names KS	CHRIS	JR

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0130					ON LOCATION
					RUN 3714' 5 1/2 CSC - 88 JTS
					CALCULATED SHOE INSERT IN 15' COLLAR
					CENT - 1-3-5-7-9
0500					TRAC BOTTOM - DROP PLUG - CONC.
					SET 5 1/2 AT 3718 - COLLAR G.L.
0600	200		20	6	PUMP 20 bbl 2% HCL H2O
	200		12	6	PUMP 12 bbl MUDFOUNT
	200		3	6	PUMP 3 bbl H2O
	200		31	6	MIX 150 SL 60/40 P02
					18" SHRT, 1/2% CFR, 1/4" CALIF MAKE
					5 1/4" GELSONITE AT 15 1/2'
					STOP - WASH LINE - DROP PLUG
	0		0	6 1/2	START DESP.
	200		72	6 1/2	1 TPT CEMENT
	600		85	3	SLOW RATE
0630	1000		90	3	PLUG DOWN - HEAD
					PLUG RATHOLE - 30SL 60/40 P02
0730					JOB COMPLETE - KEVIN

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	L.D. DRLG	Job Number	MO85
Well Name	DENNIS 8-26	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3290-3345 LANS C-F	Well Operator	L.D. DRLG
Surface Location	SEC.26-21S-12W STAFFORD CO. KS.	Report Date	2011/01/18
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOSH AUSTIN
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3290-3345 LANS C-F		
Test Purpose (AEUB)			
Start Test Date	2011/01/18	Start Test Time	10:37:00
Final Test Date	2011/01/18	Final Test Time	17:30:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

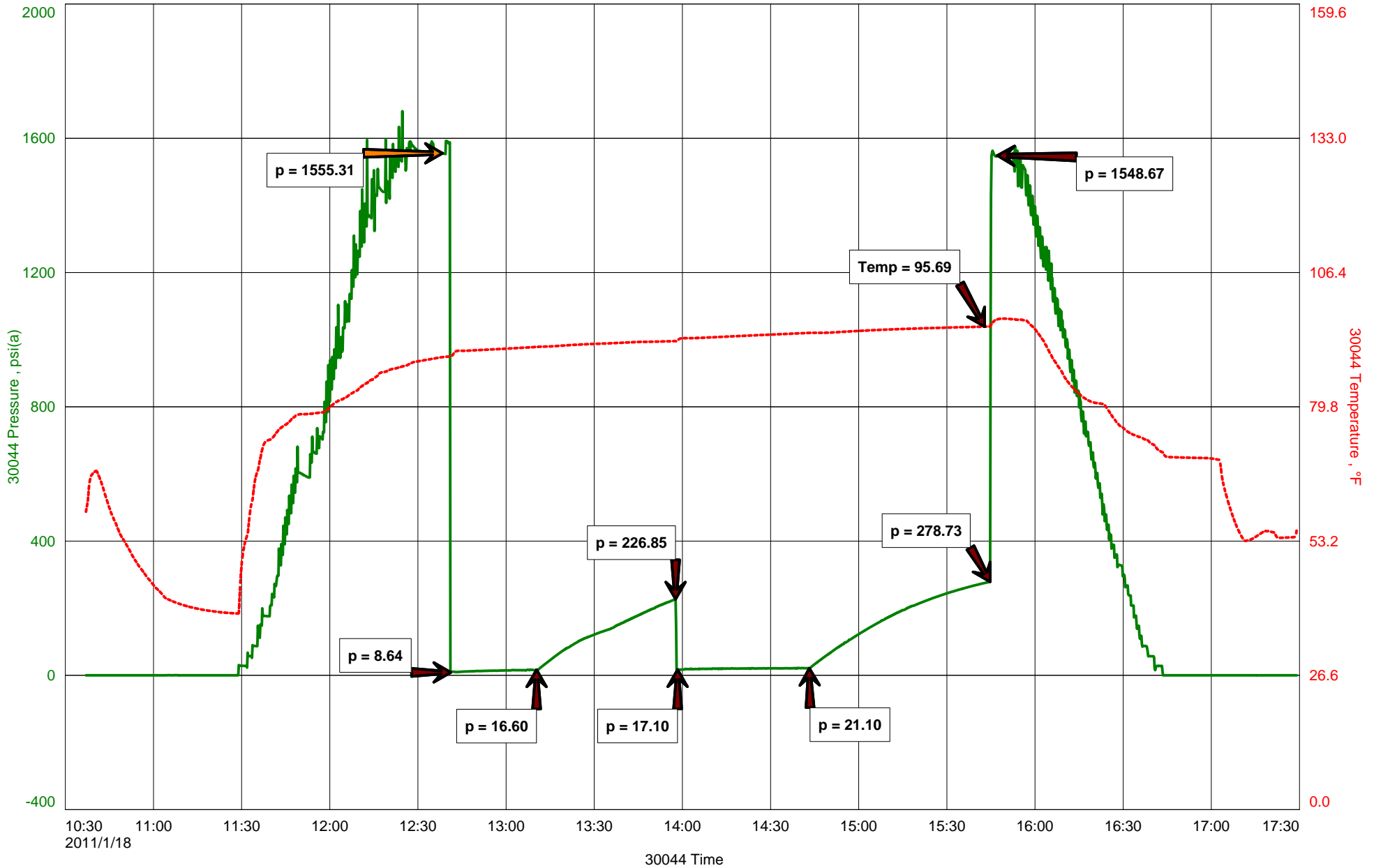
Remarks RECOVERED: 473' G.I.P.
15' GDM W/ OIL SPECKS
15' TOTAL FLUID

TOOL SAMPLE: DM W/ OIL SPOTS

L.D. DRLG
DST#1 3290-3345 LANS C-F
Start Test Date: 2011/01/18
Final Test Date: 2011/01/18

DENNIS 8-26
Formation: DST#1 3290-3345 LANS C-F
Pool: WILDCAT
Job Number: MO85

DENNIS 8-26





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.

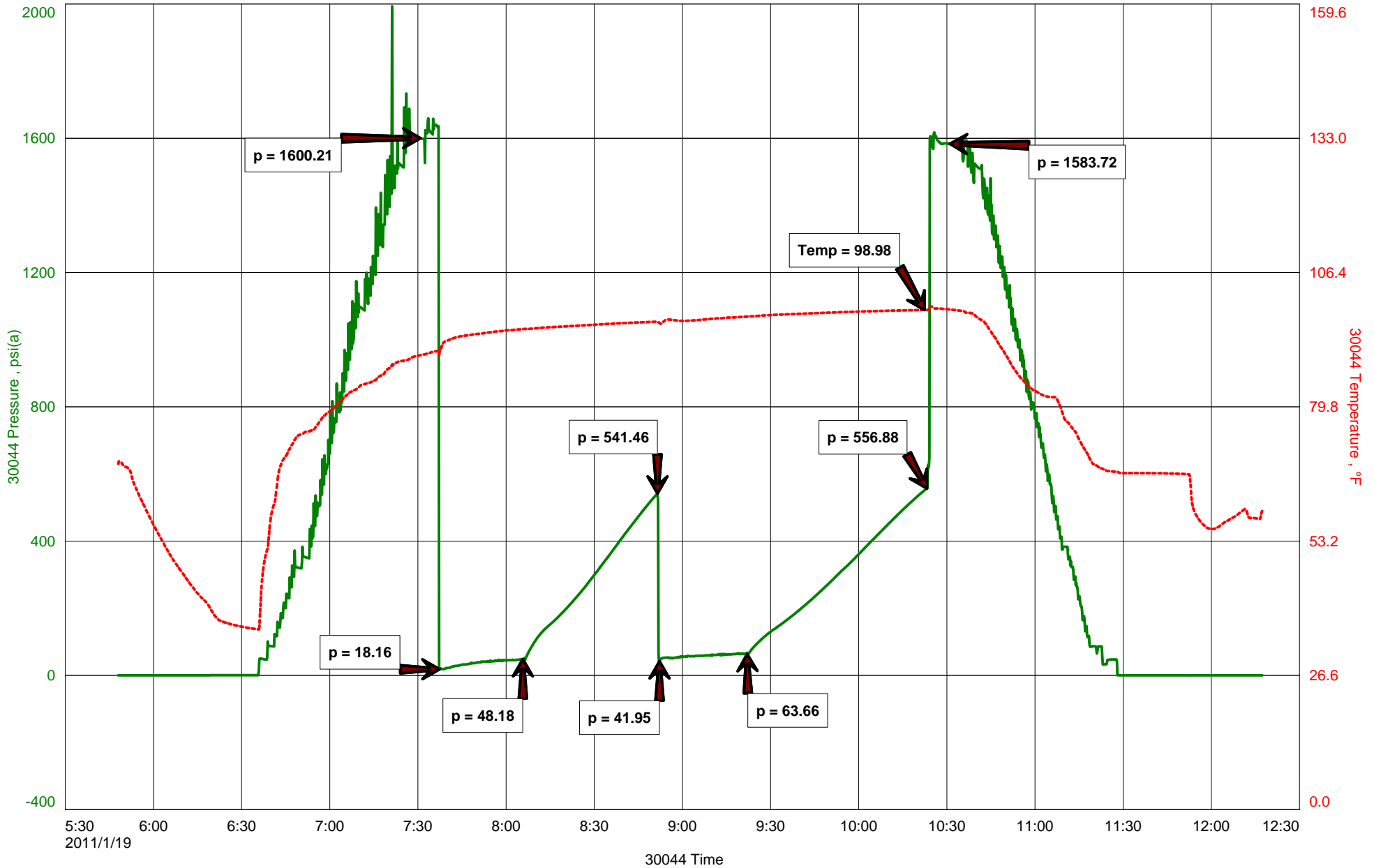
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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.

DENNIS 8-26



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	L.D. DRLG	Job Number	MO86
Well Name	DENNIS 8-26	Representative	MIKE COCHRAN
Unique Well ID	DST#2 3380-3455 LANS H-I-J	Well Operator	L.D. DRLG
Surface Location	SEC.26-21S-12W STAFFORD CO. KS.	Report Date	2011/01/19
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOSH AUSTIN
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 3380-3455 LANS H-I-J		
Test Purpose (AEUB)			
Start Test Date	2011/01/19	Start Test Time	05:48:00
Final Test Date	2011/01/19	Final Test Time	12:18:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED: 2100' GIP
40' GOSM 10% GAS, 2% OIL, 88% MUD
121' GHOCM 7% GAS, 26% OIL, 67% GAS
161' TOTAL FLUID

TOOL SAMPLE: 2% GAS, 32% OIL, 66% MUD



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: _____	

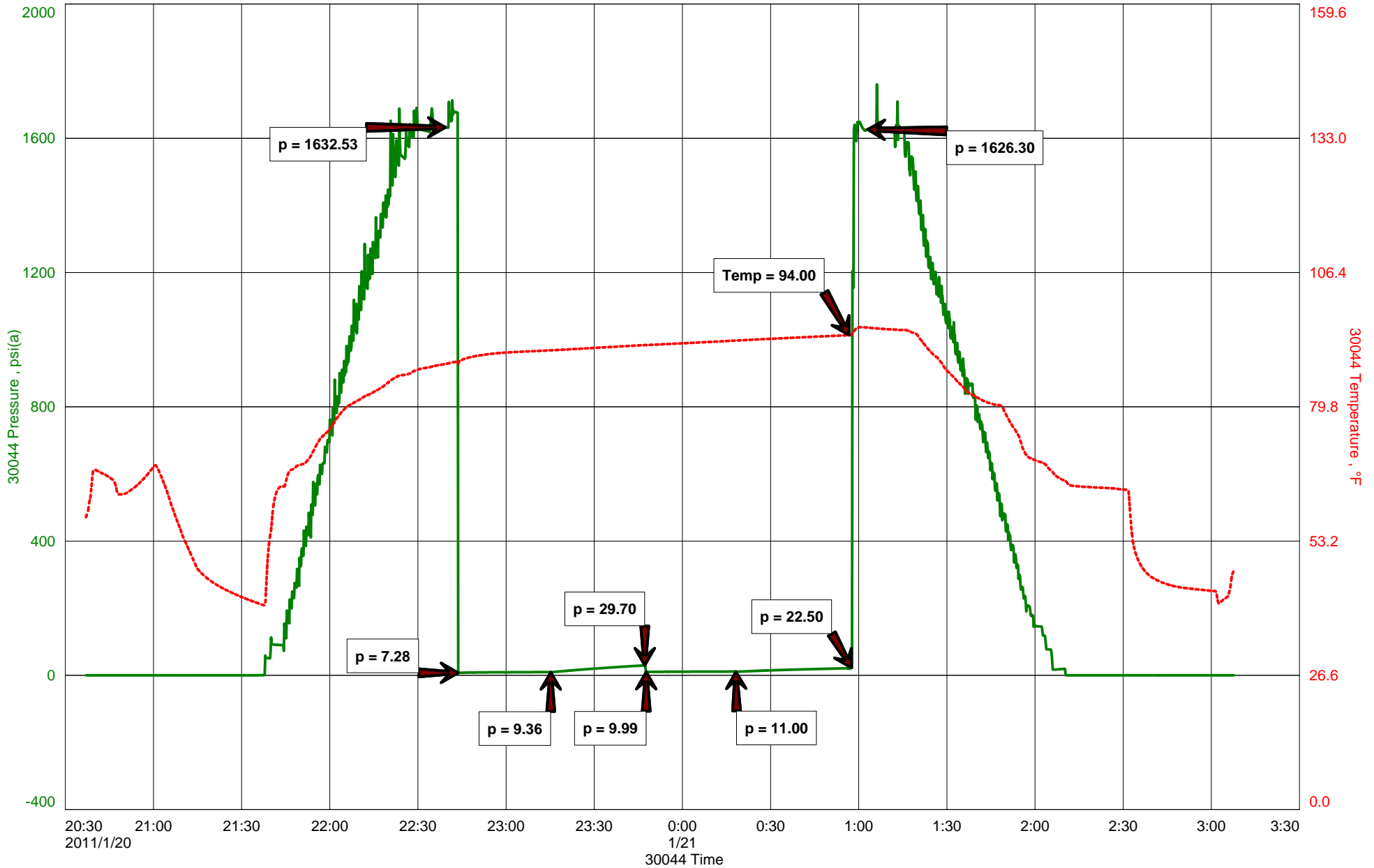
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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#3 3465-3540 LANS. L-CONGL./VIOLA
Start Test Date: 2011/01/19
Final Test Date: 2011/01/20

DENNIS 8-26
Formation: DST#3 3465-3540 LANS. L-CONGL./VIOLA
Pool: WILDCAT
Job Number: MO87

DENNIS 8-26



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	L.D. DRLG	Job Number	MO87
Well Name	DENNIS 8-26	Representative	MIKE COCHRAN
Unique Well ID	DST#3 3465-3540 LANS. L-CONGL./VIOLA	Well Operator	L.D. DRLG
Surface Location	SEC.26-21S-12W STAFFORD CO. KS.	Report Date	2011/01/20
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOSH AUSTIN
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 3465-3540 LANS. L-CONGL./VIOLA		
Test Purpose (AEUB)			
Start Test Date	2011/01/19	Start Test Time	20:37:00
Final Test Date	2011/01/20	Final Test Time	03:08:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED: 2' DM W/ OIL SPECKS
2' TOTAL FLUID

TOOL SAMPLE: DM W/ 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.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	L.D. DRLG	Job Number	MO88
Well Name	DENNIS 8-26	Representative	MIKE COCHRAN
Unique Well ID	DST#4 3540-3605 ARB.	Well Operator	L.D. DRLG
Surface Location	SEC.26-21S-12W STAFFORD CO. KS.	Report Date	2011/01/20
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOSH AUSTIN
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 3540-3605 ARB.		
Test Purpose (AEUB)			
Start Test Date	2011/01/20	Start Test Time	11:16:00
Final Test Date	2011/01/20	Final Test Time	18:28:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED: 534' GIP
50' CO 100% OIL
103' GHOCM 2% GAS, 41% OIL, 55% MUD
121' GHOCM 2% GAS, 37% OIL, 61% MUD
274' TOTAL FLUID

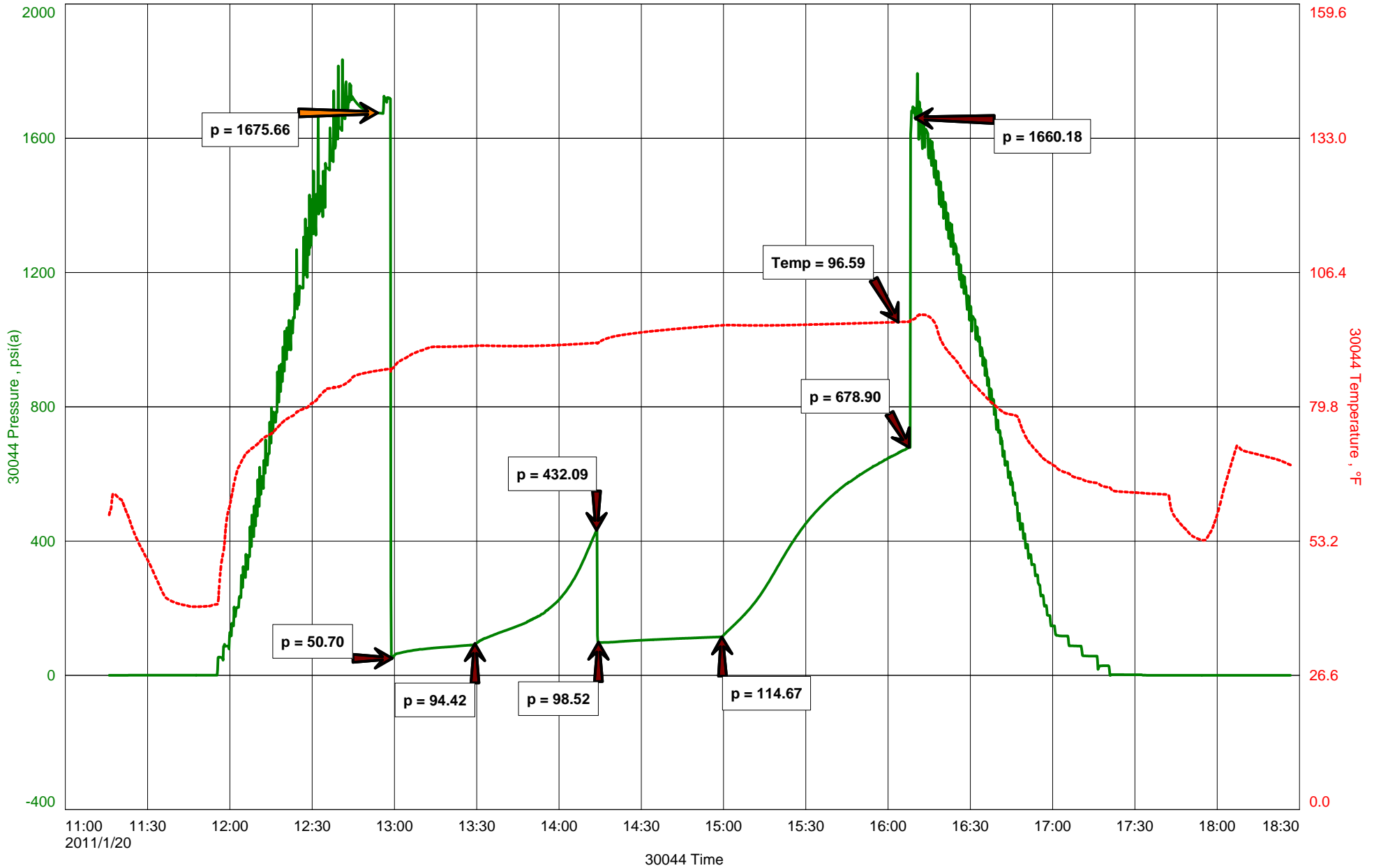
GRAVITY: 40.2@60 DEG

TOOL SAMPLE: 98% OIL, 2% MUD

L.D. DRLG
DST#4 3540-3605 ARB.
Start Test Date: 2011/01/20
Final Test Date: 2011/01/20

DENNIS 8-26
Formation: DST#4 3540-3605 ARB.
Pool: WILDCAT
Job Number: MO88

DENNIS 8-26





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 _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

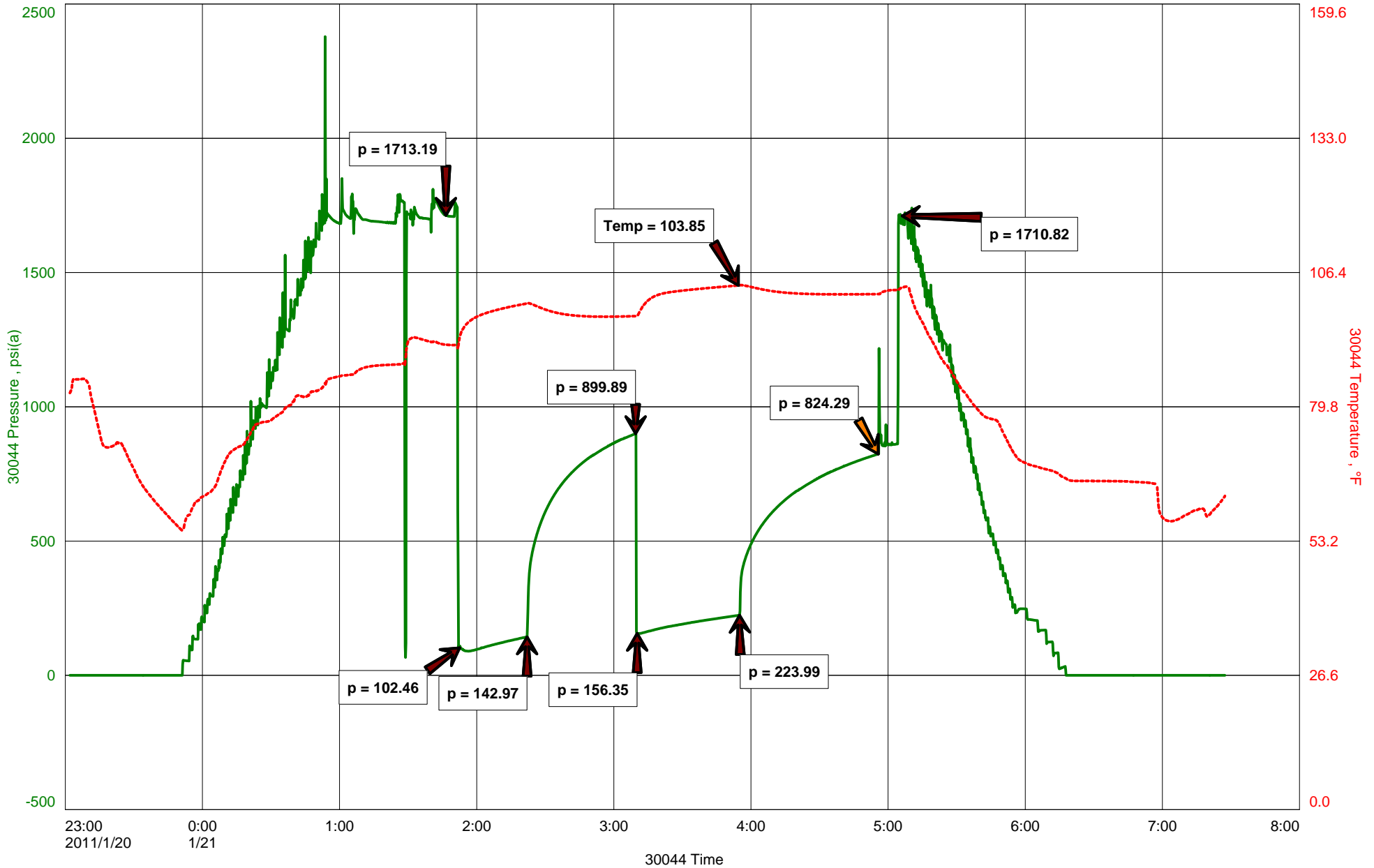
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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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L.D. DRLG
DST#5 3605-3617 ARB.
Start Test Date: 2011/01/20
Final Test Date: 2011/01/21

DENNIS 8-26
Formation: DST#5 3605-3617 ARB.
Pool: WILDCAT
Job Number: MO89

DENNIS 8-26



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	L.D. DRLG	Job Number	MO89
Well Name	DENNIS 8-26	Representative	MIKE COCHRAN
Unique Well ID	DST#5 3605-3617 ARB.	Well Operator	L.D. DRLG
Surface Location	SEC.26-21S-12W STAFFORD CO. KS.	Report Date	2011/01/21
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOSH AUSTIN
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#5 3605-3617 ARB.		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/01/20	Start Test Time	23:02:00
Final Test Date	2011/01/21	Final Test Time	07:28:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED: 819' G.I.P
537' CO 100% OIL
30' GMCO 4% GAS, 60% OIL, 36% MUD

GRAVITY: 38.7 @ 60 DEG

TOOL SAMPLE: GASSY OIL



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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Office (620) 588-425
Home (620) 587-3444
James C. Musgrove
Petroleum Geologist
212 Main St. • P.O. Box 215 • Claflin, KS 67525

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY L.D. Drilling Inc.
LEASE Dennis #8-26
FIELD Max North
LOCATION Ne-Sw-Sw-Sw (460 FSL & 440 FSL)
SEC 26 TWP 21 RGE 12
COUNTY Stafford STATE Kansas

ELEVATIONS
KB 1842
DF
GL 1837
Measurements Are All
From KB

CONTRACTOR Petroneck Drilling LLC (reg #2)
SPUD 1-14-2011 COMP 1-21-2011
RTD 3720 LTD 3720
MUD UP 2760 TYPE MUD Chemical Displaced

CASING
SURFACE 8 7/8" @ 339
PRODUCTION
ELECTRICAL SURVEYS
By Log-Tech
CNL/CDL DIL Micro Sonic

SAMPLES SAVED FROM 2800 TO 3720
DRILLING TIME KEPT FROM 2800 TO 3720 RTD
SAMPLES EXAMINED FROM 2800 TO 3720
GEOLOGICAL SUPERVISION FROM 2900 TO 3720
GEOLOGIST ON WELL Josh Austin

FORMATION TOPS	LOG	SAMPLES
Anhydrite	623 -1219	
Topoka	2821 -979	
Heebner	3112 -1270	
Toronto	3131 -1289	
Douglas	3144 -1302	
Brown Lime	3242 -1400	
Lansing	3263 -1421	
Base Kansas City	3490 -1648	

26			
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5 1/2" production casing was set and cemented.
Respectfully Submitted,
Joshua K. Austin
Petroleum Geologist

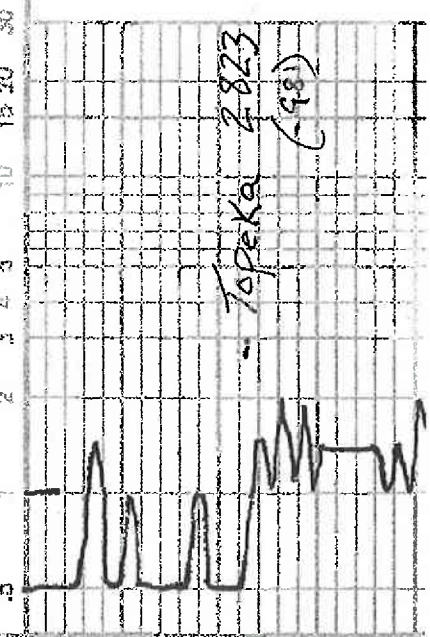
LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Carbonate
- Limestone
- Coal/Lime
- Chert
- Dolomite

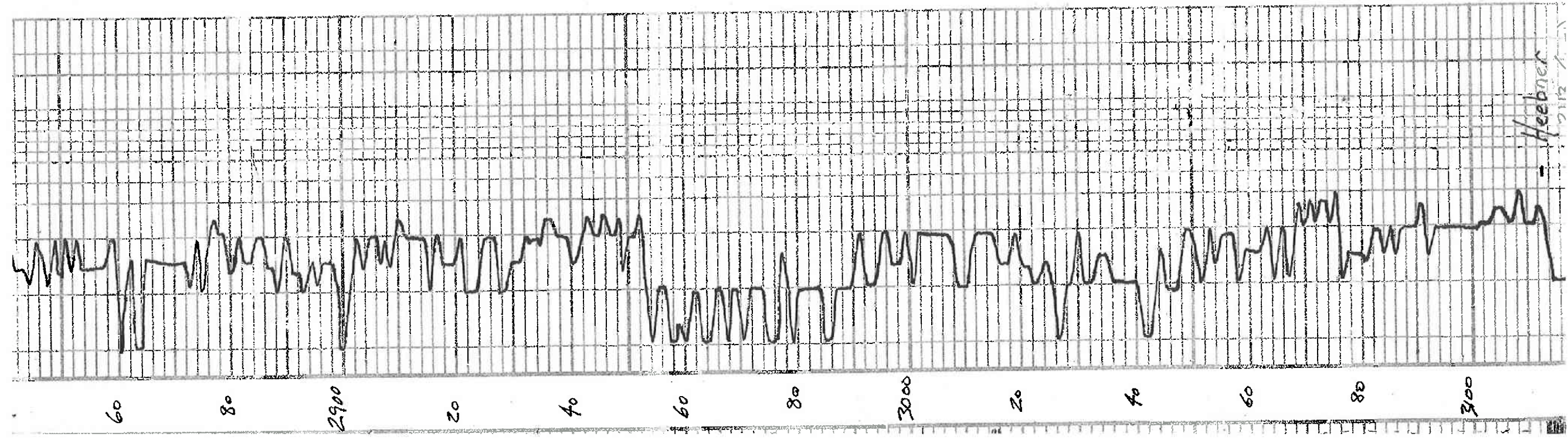
DEPTH	DRILLING TIME Logarithmic Scale)	SAMPLE DESCRIPTIONS	REMARKS
2800			
20			
40			

Handwritten notes in the SAMPLE DESCRIPTIONS column: Topoka 2823
(-98)

Handwritten note in the REMARKS column: LS stain - grey for chert
Poor vis. slightly blue



1. grey soft sh.
 Ls. grey-corn fossiliferous
 Chalky scatt. N/S
 Ls. a.a.
 Ls. grey-corn fossiliferous
 In part poorly dev. Slightly
 grey to grey sandy sh. N/S
 1/2 blk carb. sh.
 Ls. tan-grey fossiliferous
 9/10 scatt. N/S
 Ls. corn-tan fossiliferous
 Slightly dolomitic N/S
 blk carb. shale
 Ls. corn slightly fossiliferous
 scatt. vossy type, N/S
 blk chalk
 Ls. corn-tan fossiliferous
 Foss. dense slightly N/S
 blk
 Ls. a.a. few scatt. N/S
 blk carb. shale



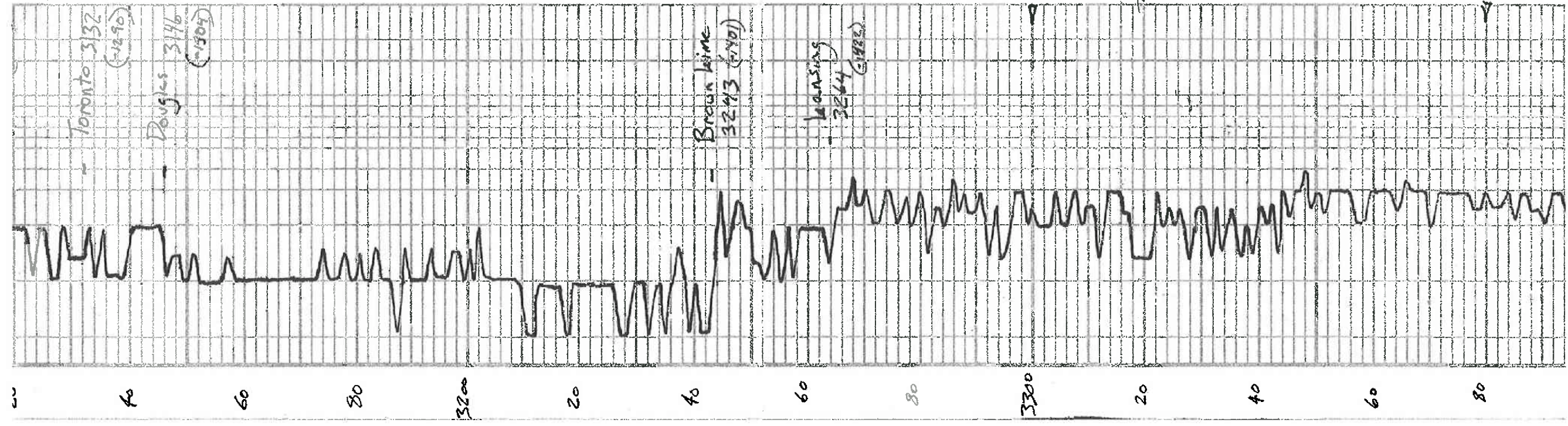
Heebner

Toronto 3132
(1990)

Douglas 3146
(1904)

Brown lime
32413 (1901)

Wausau
3264 (1922)



gray sh.

45-cm fxc st. foss. chky
(65) to gray clay A

gray - grayish green sh.

Shale; gray - grayish green

silty mica

}}

Siltstone; gray mica p/s

gray - grayish green silty

mica shale

a.c.

}}

gray - green mica sh.

LS; gray - buff fxc dense

ay

gray - dark gray shale

mica in part

LS; green foss. chky poorly

dev; p/s

gray sh.

LS; gray - tan slightly foss. dense

ay in part poor vis; p/s

DST #1 3290-3345

30 - 45 - 45 - 60

Blow; Strong DBB in 22m

weak blue bit

firm; Strong DBB in 13m

No blow back

Pressure 473' GIP

15' gray mud

Pressure

ISIP 227

FSIP 279

LEP 9-17

FFP 1721

HSH 1555

-1599

LS; gray - cream fxc dense

thin section: 1.5 cm sh. DBE. 1.5 cm

1.5 cm: 1.5 cm sh. DBE

LS; cream - gray fxc dense - chky

in part poor vis; p/s

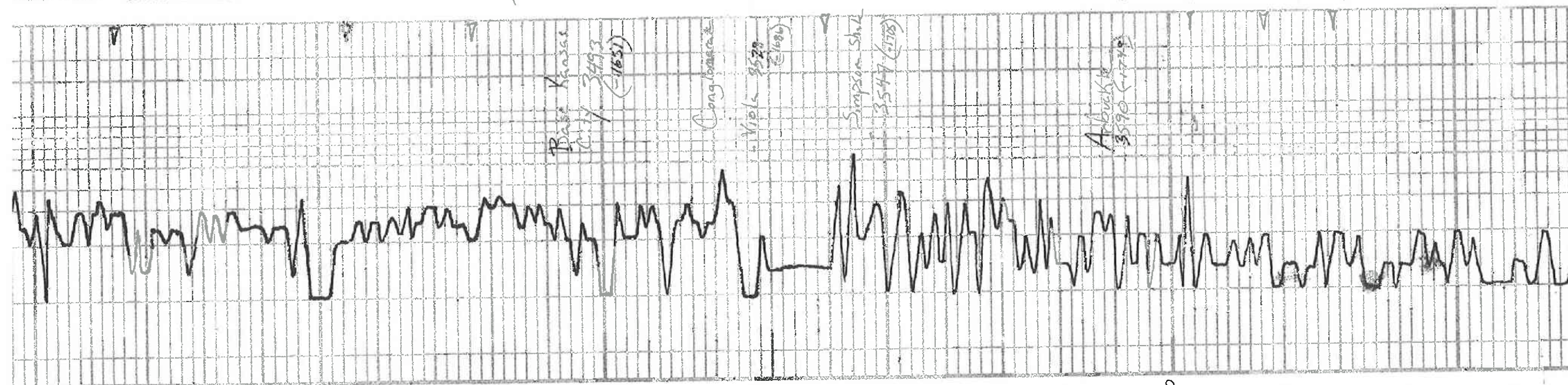
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LS; cream - gray fxc sh. foss. chky

ay

DST #2 3380-3455

3400 20 40 60 80 3500 20 40 60 80 3600 20 40 60



20-70-20-20
Blow Strong 088 in 3 min
No blow back
Final Strong 088 in 20 sec
Blow back
Recovery 2100' GIP
40' 905M
(10% gas 2% oil 88% mud)
121' 9HOCM
(7% gas 26% oil 67% mud)
Pressures ISIP 541 PSI
FSIP 557 "
IFP 18-48 "
FFP 42-64 "
HSH 1600
-1584
DST #3 3465-3540
30-30-30-30-30
Blow; weak
Recovery 2' drilling mud
Pressure ISIP 30 PSI
FSIP 23 "
IFP 7-9 "
FFP 10-11 "
HSH 1633 "
-1624
DST #4 3540-3605
30-45-45-60
Blow; strong 088 in 3 min
3" blow back
Final Strong 088 in 1 min
Recovery 534' GIP
56' blow out
224' 9HOCM
(2% gas 39% oil 58% mud)
Pressure: ISIP 432 PSI
FSIP 679 "
IFP 51-94 "
FFP 99-115 "
HSH 1676 "
-1660
DST #5 3605-3617
30-45-45-60
Blow; strong 088 in 4 min
1/2 blow back
Final Strong 088 in 7 min
1" blow back
Recovery 819' GIP
537' CO
30' GMCO
Pressure: ISIP 900 PSI
FSIP 824 "
IFP 102-143 "
FFP 156-224 "
HSH 1713 "
-1711

top: crin highly oil, silty
No vis? f? brn sh. N50W
LS: crin. bl. gy. fxl dense
to 1000' 1000'; brn sh. to 1000' gy
LS: crin. gry. fxl dense, slightly oil
A. in part to gy. brn sh.
to 1500' 1000'; brn sh. 500' ft. oil
LS: crin. cherty, slightly fine
to 1800'; Sp. sh. str. f. 500' ft. oil
LS: gry. crin. fxl. cherty in part
dense silty. poor vis. N50W
LS: crin. cherty, silty. shale
to 2000' brn sh. to 1000' N50W
gry. greenish green, silty, shale
LS: crin. silty, cherty (oil)
gry. med. brn. red white
Med. Sand. v. gy. silty. sub rounded
silty. brn. sh. to brn. sh. 500' N50W
Chert. wh. bossy few sem. trip
blk. sh. N50W no oil
Chert. carb. bone
+ shab, gry. green
V.C. shale
Shale; green - med. gry
Med. Sand. v. gy. oil
SS
Med. Sand. crin. fxl. med. xl
to 1800' med. xl. in part brn sh.
SS
Med. crin. f. med. xl. 1800' brn
Sh. 500' silty. fringed color
Med. bl. gry. crin. f. med. xl. f. 1800'
brn sh. silty. 500' ft. oil
Med. gry. fxl. dense. brn. sh. fxl.
brn sh. N50W fxl. oil
Med. gry. crin. med. xl. to brn. sh.
Sh. silty. 500' f. oil
Med. crin. gry. buff. Med. xl. poor
vis. type. blk. brn. sh. 500' f. oil
Med. crin. f. med. xl. silty. in part
to 1800' crin. fxl. to 1000' f. oil

Base Kansas
City 3493
(=1651)
Conglomerate
Viola 3528
(=1686)
Simpson Shale
3547 (=1718)
Aubrey
3590 (=1779)

Rotary Total Depth

3720 (1878)

Dk. grey-buff f. med. s.s.
in part s.s. H. o' brn-blk. Stn. NSEa
St. odor

Pelomastix, S.S.

Pelomastix com. = tra. H. s.s. f. med.
Xs, scatt. f. - few blk-brn
spotty-brn NSEa. H. odor