

Kansas Corporation Commission Oil & Gas Conservation Division

1053467

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

| OPERATOR: License # | API No. 15 |
|--|---|
| Name: | Spot Description: |
| Address 1: | SecTwpS. R 🗌 East 🗌 West |
| Address 2: | Feet from North / South Line of Section |
| City: | Feet from East / West Line of Section |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | □NE □NW □SE □SW |
| CONTRACTOR: License # | County: |
| Name: | Lease Name: Well #: |
| Wellsite Geologist: | Field Name: |
| Purchaser: | Producing Formation: |
| Designate Type of Completion: | Elevation: Ground: Kelly Bushing: |
| New Well Re-Entry Workover | Total Depth: Plug Back Total Depth: |
| Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): | Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? |
| If Workover/Re-entry: Old Well Info as follows: | |
| Operator: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW | Chloride content: ppm Fluid volume: bbls Dewatering method used: |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| □ Commingled Permit #: | Operator Name: |
| GSW Permit #: | County: Permit #: |
| Spud Date or Date Reached TD Completion Date or Recompletion Date | |

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 Approved by: Date: | | | | | |



Side Two Operator Name: _ Lease Name: _ _ Well #: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours

| Form | ACO1 - Well Completion |
|-----------|------------------------|
| Operator | L. D. Drilling, Inc. |
| Well Name | MAXWELL 3-23 |
| Doc ID | 1053467 |

Tops

| Name | Тор | Datum | |
|------------------|------|-------|--|
| ANHYDRITE | 622 | +1223 | |
| ТОРЕКА | 2811 | -966 | |
| HEEBNER | 3098 | -1253 | |
| BROWN LIME | 3232 | -1387 | |
| LANSING | 3242 | -1397 | |
| BASE KANSAS CITY | 3469 | -1624 | |
| VIOLA | 3489 | -1644 | |
| SIMPSON | 3509 | -1664 | |
| ARBUCKLE | 3570 | -1725 | |



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 03504

PRESSURE PUMPING & WIRELINE DATE TICKET NO. DATE OF JOB CUSTOMER ORDER NO.: OLD PROD INJ ■ WDW LEASE WELL NO CUSTOMER COUNTY **ADDRESS** CITY STATE SERVICE CREW JOB TYPE: **AUTHORIZED BY** TIME DATE **EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS PM TRUCK CALLED ARRIVED AT JOB PM START OPERATION AM FINISH OPERATION RELEASED AM PM

MILES FROM STATION TO WELL 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. (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO UNIT QUANTITY UNIT PRICE \$ AMOUNT MATERIAL, EQUIPMENT AND SERVICES USED

| | | 1.1 | 1 |
|--|---------------------|------------|---|
| No. of the last of | | SUB TOTAL | 011-11 |
| CHEMICAL / ACID DATA: | | DLS | 5,414,01 |
| | SERVICE & EQUIPMENT | %TAX ON \$ | |
| | MATERIALS | %TAX ON \$ | |
| | | TOTAL | |
| | | | Ĩ |

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

| C | | | , | | | | | | | | | | |
|-----------------|------------|----------------------|-------|--------|---------------|-------|---------------|-----------|------------------|-------------|-----------|-----------------|------------|
| Customer / | DIRK | LING | LINC. | L | ease No. | F0 | | | | Date | | | region? |
| | AXWE | | | V | /ell# | 3- | -23 | TD |) | 1 / | 1-2 | 2-20 |)// |
| Field Order # | Station | PRK | IT K | 5. | | | Casing | 10 3 | 47 | County | STAF | FORD | State Ks. |
| Type Job | W-8 | 2,5/2 | 3"S. | P. | | | | Formation | | | Le | gal Description | -12 |
| | DATA | PE | RFORA | TING | DATA | | FLUID (| JSED | | 1 | REATM | ENT RESUM | E |
| Casing Sfze | Tubing Siz | ze Sho | ts/Ft | CMT- | | -Ac | id- 755K F | 1con1 | | RATE | PRESS | ISIP | |
| Depth | Depth | Fror | n | То | | Pre | Pat 2. | 12 CUFT3 | Max | | | 5 Min. | |
| Volume | Volume | Fror | n | То | | Pa | d COSK (| ommor |) ^{Min} | | | 10 Min. | |
| Max Press | Max Press | s Fror | n | То | | Fra | ac (a) 1.3 | 4CUFT3 | Avg | | | 15 Min. | |
| Well Connection | | - | n | То | | | | | HHP Use | | | | s Pressure |
| Plug-Depth ' | Packer De | Fror | n | То | | | | BL-HOO | Gas Volu | me | | Total Lo | ad |
| Customer Repr | esentative | (D, \underline{D}) | DAVIS | | Station | ı Mar | nager 🔌 👝 | 50011 | | Trea | ter / | LESLE | · |
| | 9907 | 1990 | 3 199 | 105 | | | 19860 | | | | | | |
| Driver Names | OZDLEY. | LESLE Tubing | | | HUN | TEK | | | | | | | |
| Time | Pressure | Pressui | | s. Pum | ped | | Rate | | | 7 | Service L | | |
| 8:30Pm | | | | | _ | | | ONLO | OC, W | TRU | CK5- | SAFETY | IMEETING |
| | | | | | _ | _ | | KUN 9 | | | | 1# CSg | 330 |
| | | | - | | - | | | CSg. | | 30T | | | |
| | | | | | _ | | | HOOK | UP TO | CSS | 1. W/1 | RIG | |
| | | 261 | | | \rightarrow | | | ISKEAI | K CIR | CUL | ATIL | 2. 2. | -0.10.1 |
| 117 | | 54 | _ | , , | - | | | SWIT | CHI | OUE, | KTOD | PUMP. | TRUCK |
| 11.30 | 200 | | _ | 66 | 7 | - (| 1 | MIXI | 755F | < F1. | COM | 012, | 6#/GAL |
| | 160 | | | 41 | - | _ | 6 | MIXA | 005 | K CO | MALDA | | O#/GAL |
| | J.)% | | | | $\overline{}$ | _ | 7 | SHUT | 1204 | 000 | | ASE F | 200 |
| 12:00pm | 0 | - | | 10 | | | 4 | SIAN | 2 100 | 1512 | FICE | MENT | AT ILTIAN |
| 12,00pm | 100 | | | XU | | - | 6 | 17200 | 1 00 | NWN NG (| 117 | 5E1) [N | AT HEAD |
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| 0030 | | | | | | | | C/RC | 2 / | MD | VETE | / / / | Q0 /* |
| 0000 | | | | | | | | | | | 111/5 | , | |
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10244 NE Hwy. 61 P.O. Box 8613

FIELD SERVICE TICKET 1718 03507 A

| | | Prat | t, Kansa ne 620-6 | as 67124 672-1201 | | | | | An again, see ^{-age} | |
|---|--------------------|--|---------------------------|----------------------|---|---------------------------|-------------------------------------|--------------------------|-------------------------------|-------|
| _ / | HESSURE POW | FING & WINESING | 1 / |) | I MEW |)iD 🗆 c | DATE PROD □INJ | TICKET NO | USTOMER | |
| DATE OF 46 | /// [| DISTRICT //2/ | 1/1/2 | 5 | NEW C | VELLO F | | | CUSTOMER ORDER NO.; | |
| CUSTOMER LD DRILLING | | | | | LEASE M | AX | WEL | <u></u> | WELL NO.5 | 3 |
| ADDRESS | | | | | COUNTY | 5714 | For | STATE 15 | 2 | |
| CITY | | STATE | | | SERVICE CR | EW /S | 6, MI | HUDE WI | captu | / |
| AUTHORIZED B | Υ | | 1 | 1 | JOB TYPE; | Cn | 121-1 | LOWCSTI | LNG | |
| EQUIPMENT | # HRS | EQUIPMENT# | HRS | EQ | UIPMENT# | HRS | TRUCK CAL | LED ZDA | S AM TIM | 50 |
| 1990 | | 19826 | 1/ | 2 - 1 - 2 | | | ARRIVED AT | JOB Z | 5 AMZO | 00 |
| 7/3000 | > 1 | 19860 | 10 | | | | START OPE | RATION Z- | 6 AM 0/4 | 15 |
| 1770 | 1/2 | | | | | | FINISH OPE | RATION | AM />> | 15 |
| 1270 |) / | | | | | | RELEASED | 5 | AM 3 | CO |
| | | | | - | | | MILES FROM | A STATION TO WEL | | |
| products, and/or sug become a part of th | I is authorized to | TRACT CONDITIONS: (This of execute this contract as an ag lof and only those terms and out the written consent of an official to the written consent of an official the written consent of the written cons | ent of the onditions a | customer. A | As such, the unders n the front and back | signed agre of this do | ees and acknowl cument, No addit | edges that this contract | s and/or conditions | snali |
| ITEM/PRICE REF. NO. | N | MATERIAL, EQUIPMENT | AND SEF | RVICES US | SED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUN | Г |
| CF103 | 60/4 | 60,70Z | | | | 5/6 | 150- | | 1800 | 0 |
| CP163 | 60 | 140 002 | | | | SIL | 30- | | 360 | 00 |
| CC102 | Ci | ELFEAKE | ت ک | | | 115. | 38- | | 140 | 69 |
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| CCIIZ | | CFR | | - | | 10, | 65- | | 390, | 04 |
| ac201 | | 6,1250 | NI | 72 | | 10. | 750 | 2 | 502 | 50 |
| @F/OZ | 4/2 | TOP RuB. | BET | R Pro | us | EA | 1 - | | 801 | 04 |
| 0F250 | 4/1 | LGUIDE | -51 | TOE | | GH | 6 | | 22.5 | 00 |
| OF-1450 | 41 | LATUT | DVS | -m | Febral | E19 | | | 200 | e Os |
| 7-1650 | 476 | TURBUL | 226 | | | EH | 5 | | 425 | 101 |
| 6-104 | 65 | -16 1666 | 11 | | | 991 | | | 33, | 0 |
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| E/00 | PER | uf MILCE | | | | 1219 | 80 | | 130 | - |
| E/0/ | 110 | ice mis | 2115 | 200 | | TIM | 2118 | | 550 | 100 |
| 1=113 | 5000 | OVA DEL | <u>y</u> 5; | 7 | 1 - I | 1-74 | 27/ | | 7/10 | - |
| 0-3110 | Mun j | CAN AND CO | all | 001 | 3 | 51 | 180 | | 257 | 0 |
| 8-5-11 | 120 | - WULNE | 745 | JOY | 7 | 121 | 100 | | 750 | |
| 6003 | 5.311 | 1723 5.6 | 17/ | 1755 | n | M | 1 | | 175 | 50 |
| 2000 | 15100 | 15 | al. | | | - | | SUB TOTAL | 110 | 5 |
| CH | EMICAL / ACID D | DATA: | | | | | | DL 5 | 10819 | 3 |
| | | | | SE | ERVICE & EQUIF | MENT | %TA | X ON \$ | | |
| | | 14 | | | ATERIALS | | %TA | X ON \$ | N. L. ITM | 111 |
| | | | | | | | | TOTAL | | |

| SERVICE REPRESENTATIVE | K. | THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY |
|---------------------------|----|--|
| | _ | (MICL) OWNER OPERATOR CONTRACTOR OR AGENT) |



TREATMENT REPORT

| Customer | D DR | 2217 | 200 | Lease No. | A Decision | | | Date | | |
|-----------------|--------------------|--------------------|----------|---------------|------------|-----------|-----------|----------|---------|--------------------|
| Lease M | AYIN | 1500 | | Well# | 3-23 | | | 2 | 2-6 | 5-11 |
| Field Order# | Station | PK | PAT. | Casing / D | | | 2711 | County | TAFF | FORD State KS |
| Type Job | an | W- | LON | 255 | RING | Formation | 70-3 | 3712 | Legal D | escription 23-21-1 |
| PIPE | E DATA | PERF | ORATING | B DATA | FLUID (| JSED | | TREA | TMENT | RESUME |
| Casing/9/zé 2 | Tubing Size | e Shots/F | t | | Acid | | | RATE PRE | SS | ISIP |
| Depth-7// | Depth | From | То | | Pre Pad | | Мах | | | 5 Min. |
| Volume | Volume | From | То | | Pad | | Min | - 14 | | 10 Min. |
| Max Press | Max Press | From | То | | Frac | | Avg | | | 15 Min. |
| Well Connection | n Annulus Vo | ol. From | То | | | | HHP Used | | | Annulus Pressure |
| Plug Depth | Packer De | pth From | То | | Flush | | Gas Volun | ne | | Total Load |
| Customer Rep | resentative | 40 | Sala de | Station | Manager 5 | Co 11 | 4 | Treater | Or | wey |
| Service Units | 1991 | 57 | 19 | 903 | 3-199 | 05 | 19 | 1826 | -/ | 7860 |
| Driver Names | 169 | | | 11 | 14077 | 12 | | m | - G, | son |
| Time | Casing Pressure | Tubing Pressure | Bbls. Pu | nped | Rate | | | Serv | ice Log | |
| 7000 | 1. T. | | | | | On | 160 | att | 20 | W 2/5/11 |
| 1 1 1 | | | | | | Run | 137 | 13'4 | 1/2C | SC- 89 Jts |
| | | | 11 | | | GUI | DE5 | HOE - | DUS: | EM 15- COLLA |
| | 4.00 | | | | | Con | 1-1 | -3- | 5-7 | 7-9 |
| 6030 | | | | | | TAG | B0170 | 19-DI | 20P | BALL-CIRE |
| | | | 3.1 | - / | | SE | T41 | 2 1 | 32 | 7/1 |
| 0145 | 400 | | 2 | 4 | 6 | Ken | n/ Z | 43 | 112 | -4. KCL Hre |
| | 400 | | / | 7 | 6 | FII | mi | 12 6 | 61.1 | MUSTEUSH |
| 1 - 2 - 2 - 1 | 400 | | | , | 6 | - | mp | 4 50 | 5/. 1 | to |
| | 200 | | 3 | 4 | 6 | M | XX. | 1503 | 510 0 | -0/40 POZ |
| | | | | | | 18% | SIR | 1, 1/2 | 10 C | FR, 1/4# |
| | | | | | | Coll | 12191 | E, 5 | 6 | DSUNITE |
| | | | | - | | m | 15,4 | PAG | 11/0 | - DROPPLUC |
| | 0 | | | | 77 | 2/01 | -101 | 15HL | INE | - PROPTLUG |
| | | | | <u></u> | 177 | -52 | MI | 1 DI | 5/ | |
| | 200 | | 4 | $\frac{2}{3}$ | | 1 | 1 | TCE | -15 | W |
| 6216 | 600 | | 50 | | 3 | | 200 | WR | DE | W-HE21 |
| 6215 | 1100 | | 28 | , | 2 | 27 | 100 | 114 | - | 20-1124 |
| | | | | | | | | | | 305× 6940 Po |
| | | , | | | | 1772 | 5 W | -21 L | Dur | N 4 DAYS |
| B321 | | | | | | TOKE | 146/ | 14/18/19 | 1567 | ORE LOWCSTR |
| 0360 | | | | | | 105 | 5 (M) | MITTE | 15 | KEVIN |

Diamond Testing

General information Report

General Information

Company Name L.D. DRILLING, INC.

Contact L.D. DAVIS
Well Name MAXWELL #3-23 Job Number

Unique Well ID DST #1 LKC 'A-F' 3,255' - 3,325' Representative ROGER D. FRIEDLY

Surface Location SEC 23-21S-12W STAFFORD COUNTY, KS Well Operator L.D. DRILLING, INC.

Well License Number Report Date 2011/01/26

Field WILDCAT Prepared By ROGER D. FRIEDLY Well Type Vertical

Test Type CONVENTIONAL DRILL-STEM TEST Pormation DST #1 LKC 'A-F' 3,255' - 3,325'

Well Fluid Type 01 Oil Start Test Time 02:50:00

Final Test Time 09:47:00

Start Test Date 2011/01/26 Final Test Date 2011/01/26

Gauge Name 1150

Gauge Serial Number

Test Results

RECOVERED: 1,870' GAS IN PIPE

20' DM 100% MUD

60' G&OCWM 6% GAS, 4% OIL, 7% WTR, 83% MUD

80' TOTAL FLUID

TOOL SAMPLE: 2% GAS, 10% OIL, 20% WTR, 68% MUD

CHLORIDES: 21,500 Ppm

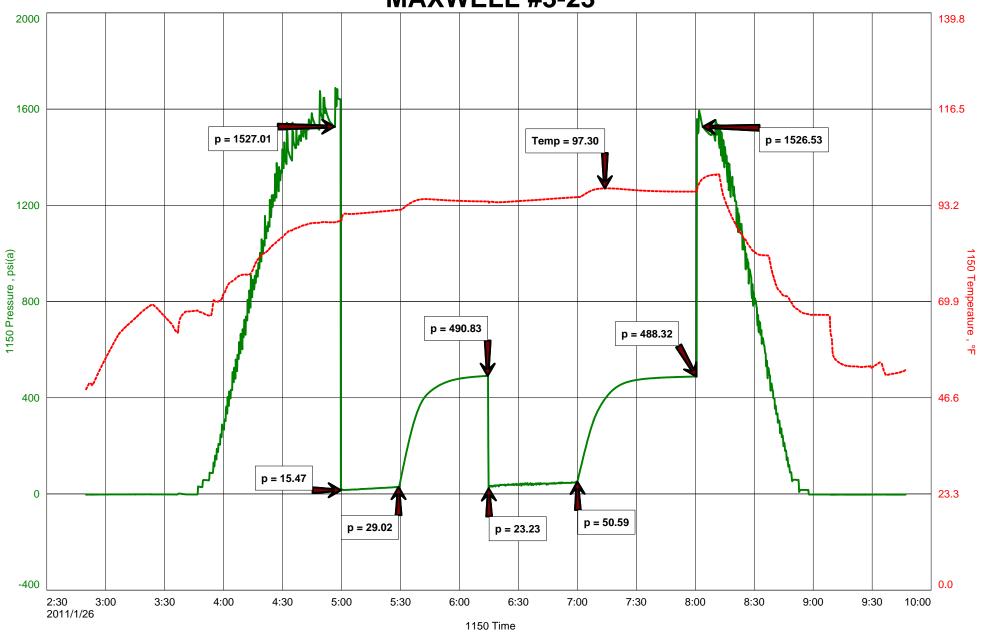
PH: 7.0

RW: .34 @ 48 deg.

L.D. DRILLING, INC. DST #1 LKC 'A-F' 3,255' - 3,325' Start Test Date: 2011/01/26 Final Test Date: 2011/01/26 MAXWELL #3-23 Formation: DST #1 LKC 'A-F' 3,255' - 3,325'

Pool: WILDCAT

MAXWELL #3-23



P.O. Box 157 HOISINGTON, KANSAS 67544 (800) 542-7313

| Company | Lease & Well No |
|--|---|
| Contractor | Charge to |
| ElevationFormation | Effective PayFt. Ticket No |
| Date Sec Twp S | Range W County State KANSAS |
| Test Approved By | Diamond Representative ROGER D. FRIEDLY |
| Formation Test No Interval Tested from | ft. toft. Total Depthft. |
| Packer Depthft. Sizein. | Packer Depthft. Sizein. |
| Packer Depthft. Sizein. | Packer Depthft. Sizein. |
| Depth of Selective Zone Set | |
| Top Recorder Depth (Inside)ft. | Recorder Number CapP.S.I. |
| Bottom Recorder Depth (Outside)ft. | Recorder Number CapP.S.I. |
| Below Straddle Recorder Depthft. | Recorder Number CapP.S.1. |
| Mud Type Viscosity | Drill Collar Lengthft. I.D2 1/4 in |
| Weight Water Losscc. | Weight Pipe Lengthft. I.D27/8 in |
| Chlorides P.P.M. | Drill Pipe Lengthft. I.D3 1/2 in |
| Jars: MakeBOWENSerial Number | Test Tool Length ft. Tool Size 3 1/2-IF in |
| Did Well Flow?Reversed Out | Anchor Lengthft. 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 | |
| Recoveredft. of | |
| Recoveredft. of | |
| Recoveredft. of | Price Job |
| Recoveredft. of | Other Charges |
| Remarks: | Insurance |
| | <i>*</i> |
| | Total |
| Time Set Packer(s) A.M. P.M. Time Started O | ff BottomP.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**

General information Report

General Information

Company Name L.D. DRILLING, INC.

Contact L.D. DAVIS **Well Name** MAXWELL #3-23 Job Number

Unique Well ID DST #2 CONG. 3,453' - 3,520' Representative ROGER D. FRIEDLY

Surface Location SEC 23-21S-12W STAFFORD COUNTY, KS Well Operator L.D. DRILLING, INC. **Well License Number**

Field

Well Type Vertical

Report Date 2011/01/27

WILDCAT Prepared By **ROGER D. FRIEDLY**

Test Type CONVENTIONAL DRILL-STEM TEST

Formation DST #2 CONG. 3,453' - 3,520' **Well Fluid Type**

01 Oil Start Test Time 23:23:00

Final Test Time 04:57:00

2011/01/26 **Start Test Date** 2011/01/27 **Final Test Date**

Gauge Name 1150

Gauge Serial Number

Test Results

RECOVERED: 20' DM 100% MUD - FEW OIL SPECKS

TOOL SAMPLE: 100% DM - FEW OIL SPECKS

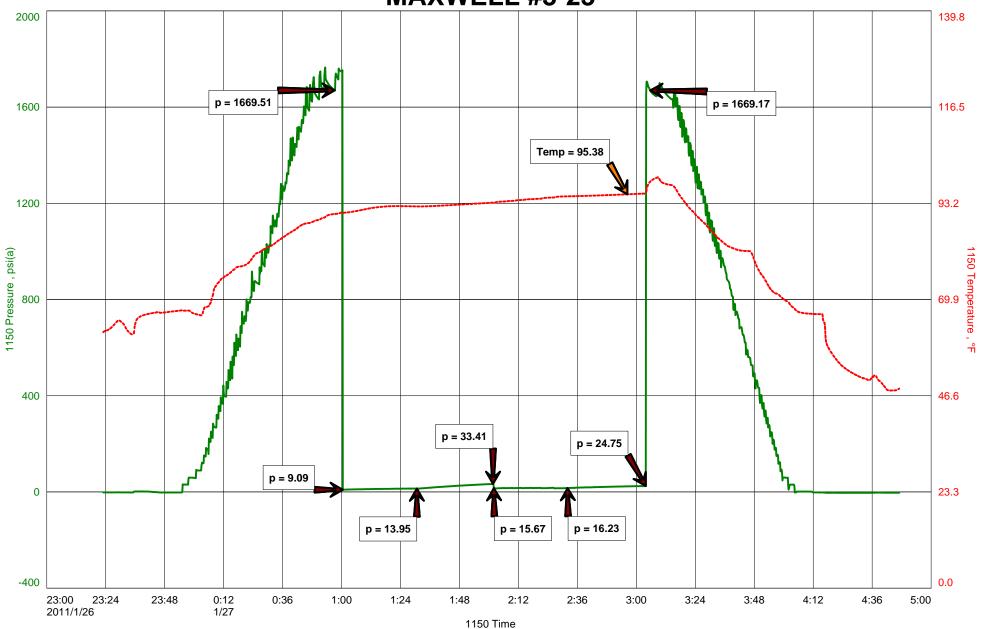
L.D. DRILLING, INC. DST #2 CONG. 3,453' - 3,520' Start Test Date: 2011/01/26

Final Test Date: 2011/01/27

MAXWELL #3-23 Formation: DST #2 CONG. 3,453' - 3,520'

Pool: WILDCAT

MAXWELL #3-23



P.O. Box 157 HOISINGTON, KANSAS 67544 (800) 542-7313

| Company | Lease & Well No |
|--|---|
| Contractor | Charge to |
| ElevationFormation | Effective PayFt. Ticket No |
| Date Sec Twp S | Range W County State KANSAS |
| Test Approved By | Diamond Representative ROGER D. FRIEDLY |
| Formation Test No Interval Tested from | ft. toft. Total Depthft. |
| Packer Depthft. Sizein. | Packer Depthft. Sizein. |
| Packer Depthft. Sizein. | Packer Depthft. Sizein. |
| Depth of Selective Zone Set | |
| Top Recorder Depth (Inside)ft. | Recorder Number CapP.S.I. |
| Bottom Recorder Depth (Outside)ft. | Recorder Number CapP.S.I. |
| Below Straddle Recorder Depthft. | Recorder Number CapP.S.1. |
| Mud Type Viscosity | Drill Collar Lengthft. I.D2 1/4 in |
| Weight Water Losscc. | Weight Pipe Lengthft. I.D27/8 in |
| Chlorides P.P.M. | Drill Pipe Lengthft. I.D3 1/2 in |
| Jars: MakeBOWENSerial Number | Test Tool Length ft. Tool Size 3 1/2-IF in |
| Did Well Flow?Reversed Out | Anchor Lengthft. 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 | |
| Recoveredft. of | |
| Recoveredft. of | |
| Recoveredft. of | Price Job |
| Recoveredft. of | Other Charges |
| Remarks: | Insurance |
| | <i>*</i> |
| | Total |
| Time Set Packer(s) A.M. P.M. Time Started O | ff BottomP.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

General information Report

General Information

Company Name L.D. DRILLING, INC.

Contact L.D. DAVIS
Well Name MAXWELL #3-23 Job Number

Unique Well ID DST #3 ARBUCKLE 3,508' - 3,592' Representative ROGER D. FRIEDLY Surface Location SEC 23-21S-12W STAFFORD COUNTY, KS Well Operator L.D. DRILLING, INC.

Well License Number Report Date 2011/01/27

Field WILDCAT Prepared By ROGER D. FRIEDLY Well Type Vertical

Test Type CONVENTIONAL DRILL-STEM TEST DST #3 ARBUCKLE 3,508' - 3,592'

Well Fluid Type 01 Oil Start Test Time 12:30:00

Final Test Time 17:57:00

Start Test Date 2011/01/27 Final Test Date 2011/01/17

Gauge Name 1150

Gauge Serial Number

Test Results

RECOVERED: 120' GAS IN PIPE

10' CO 35.6 GRAVITY @ 60 deg. 80' OCM 12% OIL, 88% MUD

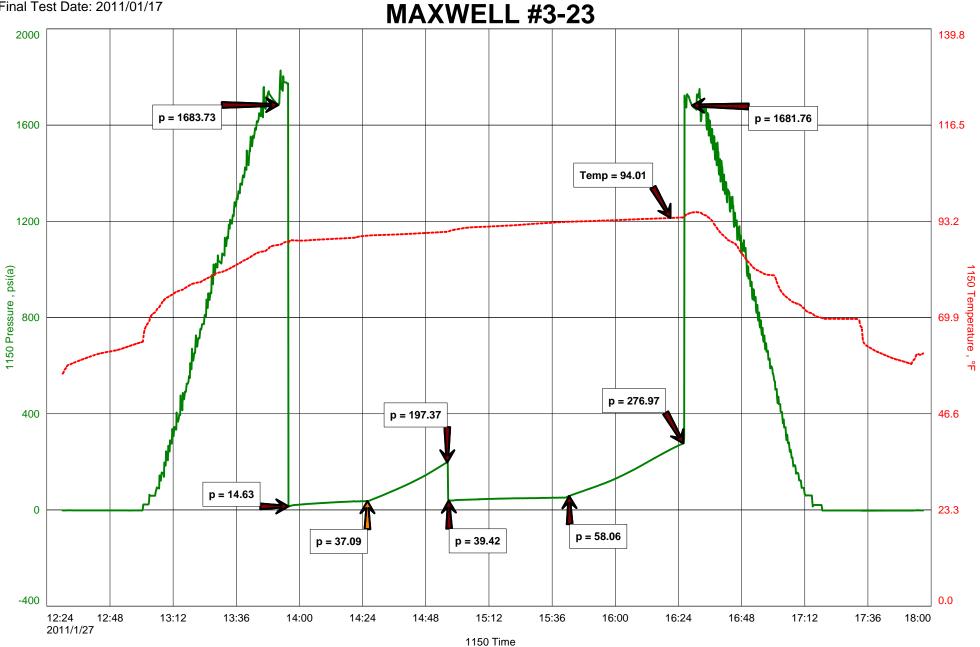
90' TOTAL FLUID

TOOL SAMPLE: 12% OIL, 88% MUD

L.D. DRILLING, INC. DST #3 ARBUCKLE 3,508' - 3,592'

Start Test Date: 2011/01/27 Final Test Date: 2011/01/17

MAXWELL #3-23 Formation: DST #3 ARBUCKLE 3,508' - 3,592' Pool: WILDCAT



P.O. Box 157 HOISINGTON, KANSAS 67544 (800) 542-7313

| Company | Lease & Well No |
|--|---|
| Contractor | Charge to |
| ElevationFormation | Effective PayFt. Ticket No |
| Date Sec Twp S | Range W County State KANSAS |
| Test Approved By | Diamond Representative ROGER D. FRIEDLY |
| Formation Test No Interval Tested from | ft. toft. Total Depthft. |
| Packer Depthft. Sizein. | Packer Depthft. Sizein. |
| Packer Depthft. Sizein. | Packer Depthft. Sizein. |
| Depth of Selective Zone Set | |
| Top Recorder Depth (Inside)ft. | Recorder Number CapP.S.I. |
| Bottom Recorder Depth (Outside)ft. | Recorder Number CapP.S.I. |
| Below Straddle Recorder Depthft. | Recorder Number CapP.S.1. |
| Mud Type Viscosity | Drill Collar Lengthft. I.D2 1/4 in |
| Weight Water Losscc. | Weight Pipe Lengthft. I.D27/8 in |
| Chlorides P.P.M. | Drill Pipe Lengthft. I.D3 1/2 in |
| Jars: MakeBOWENSerial Number | Test Tool Length ft. Tool Size 3 1/2-IF in |
| Did Well Flow?Reversed Out | Anchor Lengthft. 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 | |
| Recoveredft. of | |
| Recoveredft. of | |
| Recoveredft. of | Price Job |
| Recoveredft. of | Other Charges |
| Remarks: | Insurance |
| | <i>*</i> |
| | Total |
| Time Set Packer(s) A.M. P.M. Time Started O | ff BottomP.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**

General information Report

2011/01/28

General Information

Company Name L.D. DRILLING, INC.

Contact L.D. DAVIS **Well Name** MAXWELL #3-23 Job Number

Unique Well ID DST #4 ARBUCKLE 3,589' - 3,608' Representative ROGER D. FRIEDLY

Surface Location SEC 23-21S-12W STAFFORD COUNTY, KS Well Operator L.D. DRILLING, INC.

Well License Number Report Date WILDCAT **ROGER D. FRIEDLY** Field Prepared By **Well Type** Vertical

CONVENTIONAL DRILL-STEM TEST Test Type

Formation DST #4 ARBUCKLE 3,589' - 3,608' **Well Fluid Type** 01 Oil Start Test Time 22:50:00

Final Test Time 05:34:00

2011/01/27 **Start Test Date Final Test Date** 2011/01/28

Gauge Name 1150

Gauge Serial Number

Test Results

RECOVERED: 20' GAS IN PIPE

30' HOCM 32% OIL, 68% MUD 30' DM GOOD OIL SPECKS

60' TOTAL FLUID

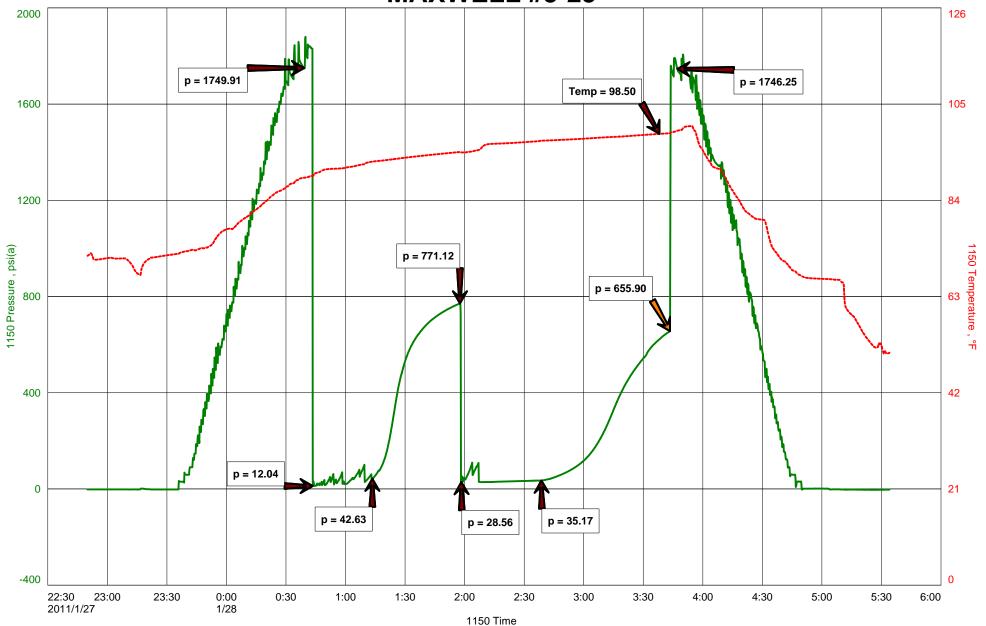
TOOL SAMPLE: 8% OIL, 92% MUD

L.D. DRILLING, INC. DST #4 ARBUCKLE 3,589' - 3,608'

Start Test Date: 2011/01/27 Final Test Date: 2011/01/28

MAXWELL #3-23 Formation: DST #4 ARBUCKLE 3,589' - 3,608' Pool: WILDCAT

MAXWELL #3-23



P.O. Box 157 HOISINGTON, KANSAS 67544 (800) 542-7313

| Company | Lease & Well No | |
|--|---|--|
| Contractor | | |
| ElevationFormation | Effective PayFt. Ticket No | |
| Date Sec Twp S | Range W County State KANSAS | |
| Test Approved By | Diamond Representative ROGER D. FRIEDLY | |
| Formation Test No Interval Tested from | ft. toft. Total Depthft. | |
| Packer Depthft. Sizein. | Packer Depthft. Sizein. | |
| Packer Depthft. Sizein. | Packer Depthft. Sizein. | |
| Depth of Selective Zone Set | | |
| Top Recorder Depth (Inside)ft. | Recorder Number CapP.S.I. | |
| Bottom Recorder Depth (Outside)ft. | Recorder Number CapP.S.I. | |
| Below Straddle Recorder Depthft. | Recorder Number CapP.S.1. | |
| Mud Type Viscosity | Drill Collar Length ft. I.D. 2 1/4 in | |
| Weight Water Losscc. | Weight Pipe Lengthft. I.D27/8 in | |
| Chlorides P.P.M. | Drill Pipe Lengthft. I.D3 1/2 in | |
| Jars: MakeBOWENSerial Number | Test Tool Length ft. Tool Size 3 1/2-IF in | |
| Did Well Flow?Reversed Out | Anchor Lengthft. Size4 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 | | |
| Recoveredft. of | | |
| Recoveredft. of | | |
| Recoveredft. of | Price Job | |
| Recoveredft. of | Other Charges | |
| Remarks: | Insurance | |
| | <u> </u> | |
| | Total | |
| Time Set Packer(s) A.M. P.M. Time Started O | ff BottomP.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. | |

