



**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: \_\_\_\_\_



1053628

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	BERNICE / AUSTIN 3-23
Doc ID	1053628

Tops

Name	Top	Datum
ANHYDRITE	613	+1234
TOPEKA	2818	-971
HEEBNER	3106	-1258
BROWN LIME	3234	-1387
LANSING	3258	-1411
BASE KANSAS CITY	3484	-1637
VIOLA	3510	-1663
SIMPSON	3585	-1738



**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(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 KANSAS  
Test Approved By \_\_\_\_\_ Diamond Representative ROGER D. FRIEDLY

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: \_\_\_\_\_

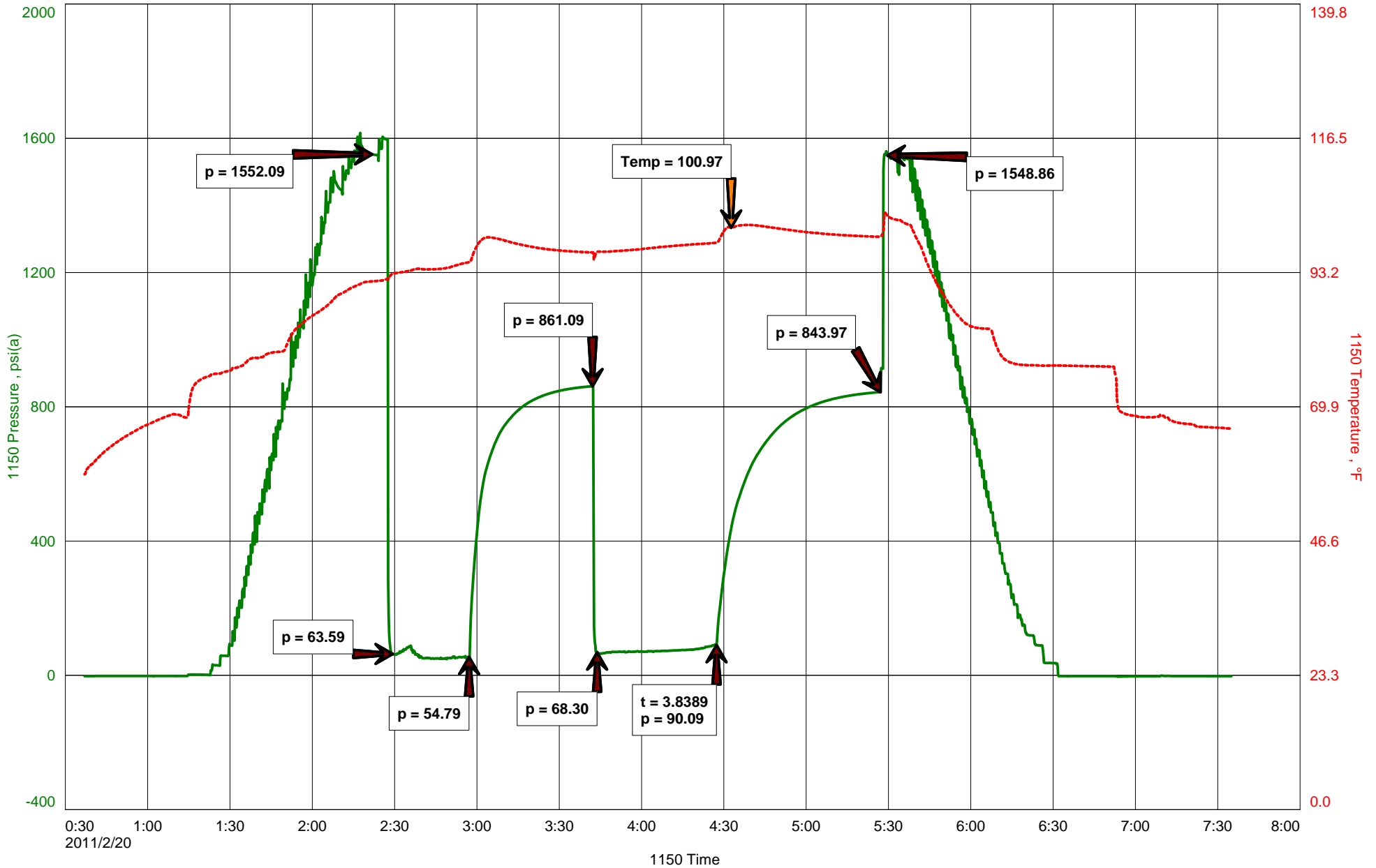
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Remarks: \_\_\_\_\_

	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.

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# BERNICE / AUSTIN #3-23



# Diamond Testing

## General information Report

### General Information

**Company Name** L.D. DRILLING, INC.

**Contact** L.D. DAVIS  
**Well Name** BERNICE / AUSTIN #3-23  
**Unique Well ID** DST #1 LKC B-F' 3,268' - 3,342'  
**Surface Location** SEC 23-21S-12W STAFFORD COUNTY, KS  
**Well License Number**  
**Field**  
**Well Type** Vertical

**Job Number**  
**Representative** ROGER D. FRIEDLY  
**Well Operator** L.D. DRILLING, INC.  
**Report Date** 2011/02/20  
**Prepared By** ROGER D. FRIEDLY

**Test Type** CONVENTIONAL DRILL-STEM TEST  
**Formation** DST #1 'LKC B-F' 3,268' - 3,342  
**Well Fluid Type** 02 Gas  
**Start Test Date** 2011/02/20  
**Final Test Date** 2011/02/20  
**Gauge Name** 1150  
**Gauge Serial Number**

**Start Test Time** 00:37:00  
**Final Test Time** 07:35:00

### Test Results

#### RECOVERED: SEE GAS REPORT

87' SLTOGCWM 12% GAS, 1% OIL, 14% WTR, 73% MUD  
62' O&GCWM 22% GAS, 10% OIL, 33% WTR, 35% MUD  
121' O&GCMW 22% GAS, 14% OIL, 44% WTR, 20% MUD  
270' TOTAL FLUID

TOOL SAMPLE: 12% GAS, 10% OIL, 28% WTR, 50% MUD

CHLORIDES: 46,000 Ppm



# Diamond Testing

## General information Report

### General Information

**Company Name** L.D. DRILLING, INC.

**Contact** L.D. DAVIS  
**Well Name** BERNICE / AUSTIN #3-23  
**Unique Well ID** DST #2 LKC 'H-K' 3,378' - 3,470'  
**Surface Location** SEC 23-21S-21W STAFFORD COUNTY, KS  
**Well License Number**  
**Field**  
**Well Type** Vertical

**Job Number**  
**Representative** ROGER D. FRIEDLY  
**Well Operator** L.D. DRILLING, INC.  
**Report Date** 2011/02/21  
**Prepared By** ROGER D. FRIEDLY

**Test Type** CONVENTIONAL DRILL-STEM TEST  
**Formation** DST #2 LKC 'H-K' S,S78' - 3,470'  
**Well Fluid Type** 02 Gas  
**Start Test Date** 2011/02/20  
**Final Test Date** 2011/02/21  
**Start Test Time** 17:35:00  
**Final Test Time** 00:30:00  
**Gauge Name** 1150  
**Gauge Serial Number**

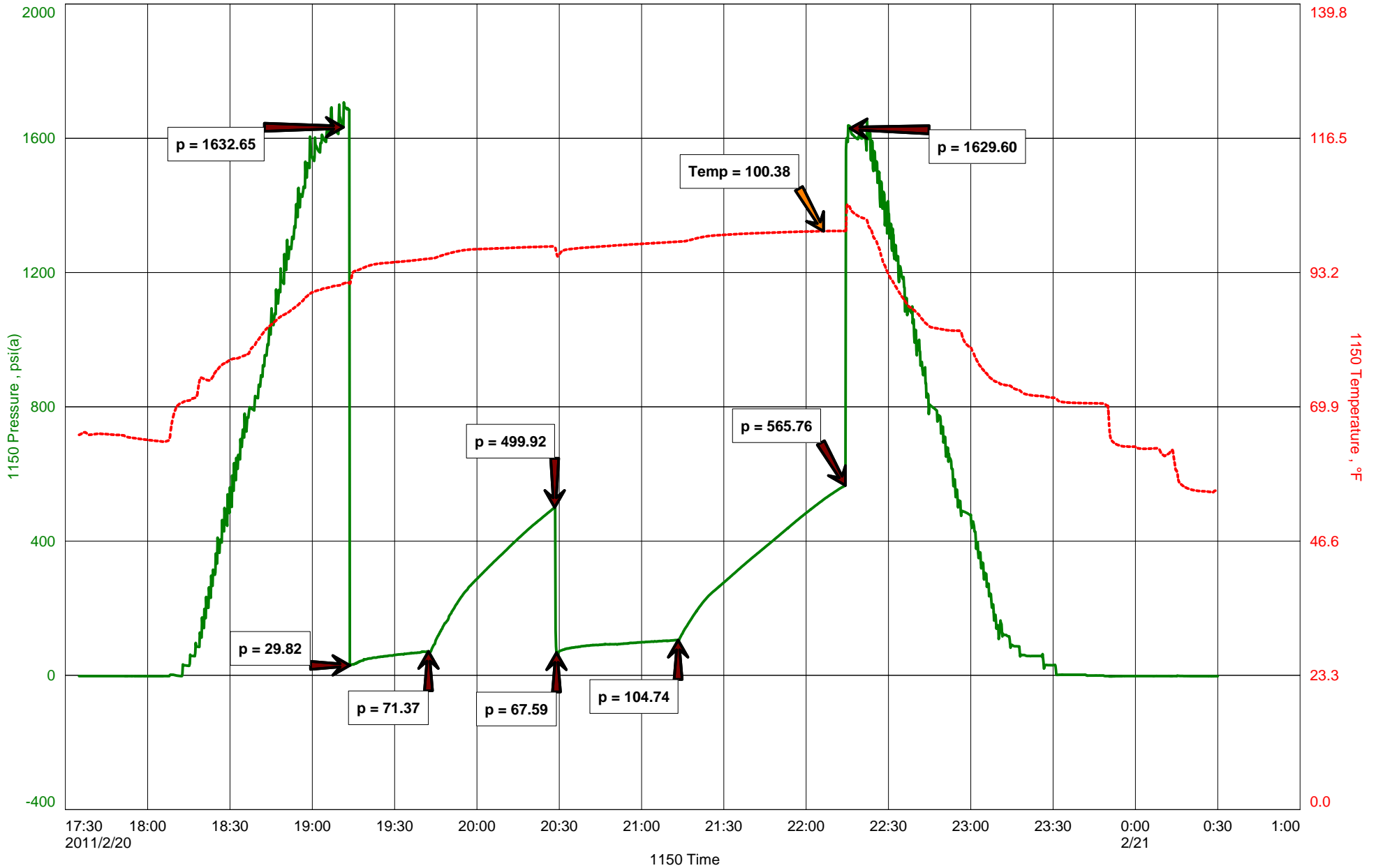
### Test Results

RECOVERED: GAS TO SURFACE 12 MIN. FINAL FLOW GAUGED 7,500 cdf  
63' GCOM 15% GAS, 10% OIL, 75% MUD  
184' GCMO 5% GAS, 58% OIL, 37% MUD  
247' TOTAL FLUID

TOOL SAMPLE: 10% GAS, 30% OIL, 60% MUD



# BERNICE / AUSTIN #3-23





**DIAMOND TESTING**  
 P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
 (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 KANSAS  
 Test Approved By \_\_\_\_\_ Diamond Representative ROGER D. FRIEDLY

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.

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## 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: BERNICE AUSTIN 3-23

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S23/21S/12W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D908

Test Unit:

Start Date: 2011/02/21 Start Time: 09:40:00

End Date: 2011/02/21 End Time: 16:15:00

Report Date: 2011/02/21 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 400' GASSY OIL  
200' SLIGHTLY 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: \_\_\_\_\_

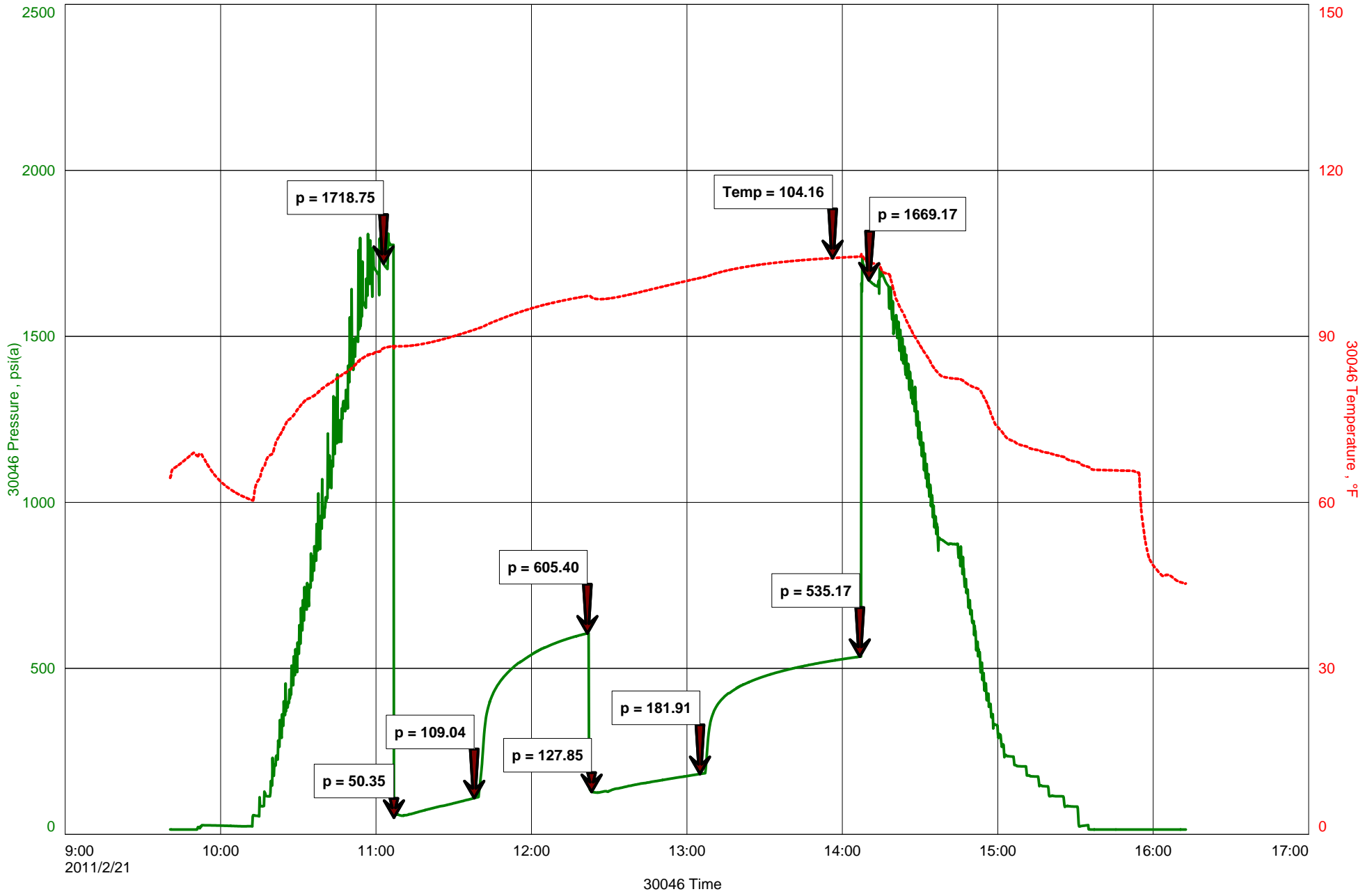
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

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.	

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# BERNICE/AUSTIN 3-23



## 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: BERNICE/AUSTIN 3-23

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S23/21S/12W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: Job Number: D909

Test Unit:

Start Date: 2011/02/22 Start Time: 00:01:00

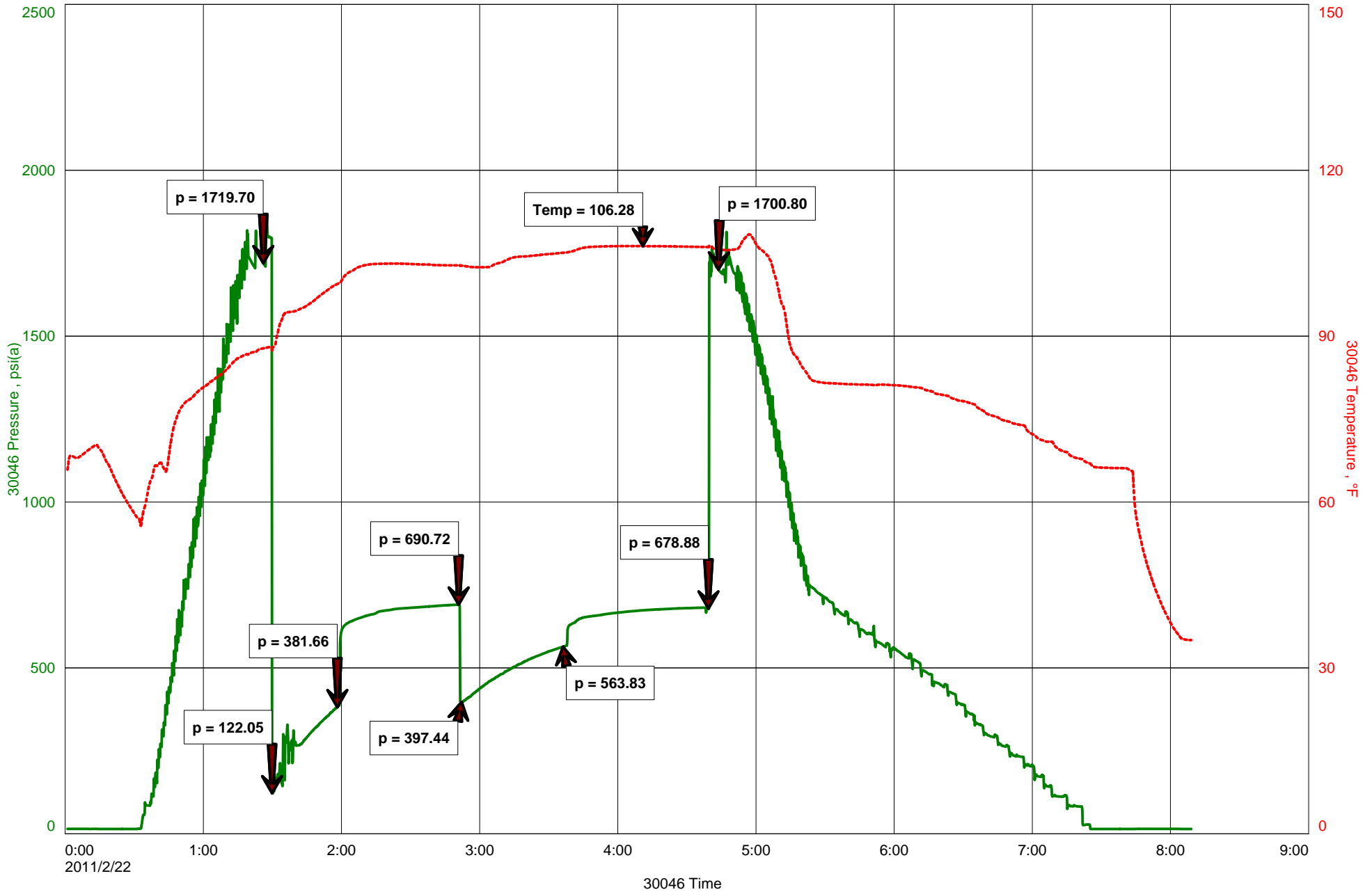
End Date: 2011/02/22 End Time: 08:05:00

Report Date: 2011/02/22 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 180' GAS IN PIPE  
1650' GASY OIL WITH SOME MUD CUT

# BERNICE AUSTIN 3-23





# 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. \_\_\_\_\_  
 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.





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 03612 A

23-215-12W

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 2-16-11	DISTRICT Pratt, Kansas	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 L.D. Drilling, Incorporated		LEASE Bernice/Austin				WELL NO. 3-23			
ADDRESS		COUNTY Stafford		STATE Kansas					
CITY		STATE		SERVICE CREW C. Messick; M. Mattal; Jr Hunter					
AUTHORIZED BY		JOB TYPE: C.N.W. - Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
37,216	.5						2-16-11	AM	7:00
						ARRIVED AT JOB		AM/PM	9:00
19,903-19,905	.5					START OPERATION		AM/PM	10:15
						FINISH OPERATION		AM/PM	10:45
19,959-21,010	.5					RELEASED	2-16-11	AM/PM	11:15
						MILES FROM STATION TO WELL			4.5

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
P CP 101	A-Con Blend Cement	sh	175		\$ 3,150 00
P CP 100	Common Cement	sh	200		\$ 3,200 00
P CC 102	Cellplate	Lb	94		\$ 347 80
P CC 109	Calcium Chloride	Lb	1,059		\$ 1,111 95
P CC 200	Cement Gel	Lb	376		\$ 94 00
P CF 153	Wooden Plug, 8 5/8"	ea	1		\$ 160 00
P E 100	Pickup Mileage	mi	45		\$ 191 25
P E 101	Heavy Equipment Mileage	mi	90		\$ 630 00
P E 113	Bulk Delivery	tm	794		\$ 1,270 80
P CE 200	Cement Pump: 0 Feet To 500 Feet	hrs	4		\$ 1,000 00
P CE 240	Blending and Mixing Service	sh	375		\$ 525 00
P CE 504	Plug Container	Job	1		\$ 250 00
P S 003	Service Supervisor	Job	1		\$ 175 00

SUB TOTAL  
DLS \$ 8,716 18

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *James R. Messick*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Phase*  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer D. Drilling, Incorporated	Lease No.	Date 2-16-11
Lease Bernice/Austin	Well # 3-23	
Field Order # 3612	Station Pratt, Kansas	Casing 8 5/8 24Lb
		Depth 330 Feet
Type Job C.N.W. - <del>Bottom</del> Surface	Formation	County Stafford
		State Kansas
		Legal Description 23-215-12W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8	Tubing Size 4 1/2	Shots/Ft	175 sacks	Rate	2.12 CU.F.T./St.	Pressure	25 LB/st	ISIP
Depth 330 Feet	Depth	From	To	Max	2.12 CU.F.T./St.			5 Min.
Volume 200 bbl.	Volume	From	To	Min	1.34 CU.F.T./St.			10 Min/st cellflute
Max Press 300 PSI	Max Press	From	To	Avg	1.34 CU.F.T./St.			15 Min.
Well Connection 1 1/2" Container	Annulus Vol.	From	To	HHP Used				Annulus Pressure
Plug Depth 315 Feet	Packer Depth	From	To	Flush 200 bbl. Fresh Water	Gas Volume			Total Load

Customer Representative Jim Nichols	Station Manager David Scott	Treater Clarence R. Messich
--	--------------------------------	--------------------------------

Service Units	37216	19903	19905	19959	21010				
Driver Names	Messich	Mattal	Hunter						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:00					Trucks on location and hold safety meeting.
9:30					Petromark Drilling start to run 8 Joints new 24Lb/Ft. 8 5/8" casing.
10:10					Casing in well. Circulate for 5 minutes.
10:16	200			5	Start Fresh water Pre-Flush.
	275		10	5	Start Mixing 175 sacks A con cement.
10:29	150		76	5	Start Mixing 200 sacks Common cement.
	-0-		123		Stop pumping. Shut in well. Release Wooden Plug. Open Well.
10:40	100			5	Start Fresh Water Displacement.
10:45	300		20		Plug down. Shut in Well.
					Circulated 15 sacks cement to the pit.
					Wash up pump truck.
11:15					Job Complete.
					Thank You
					Clarence, Mike, Jr



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Phone 620-672-1201

FIELD SERVICE TICKET  
1718 03511 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>2-23-2011</u> DISTRICT <u>PRATT, Ks.</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>LD DRILLING, INC.</u>		LEASE <u>BERNICE/AUSTIN</u> WELL NO. <u>43-2</u>						
ADDRESS _____		COUNTY <u>STAFFORD</u> STATE <u>Ks.</u>						
CITY _____ STATE _____		SERVICE CREW <u>GORDLEY, LESLEY, MITCHEL</u>						
AUTHORIZED BY _____		JOB TYPE: <u>CNW-5 1/2" L.S.</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>19907</u>							<u>2-23-11</u>	<u>8:00</u>
<u>33708/20920</u>	<u>3/4</u>					ARRIVED AT JOB		<u>11:00</u>
<u>19959/21010</u>	<u>3/4</u>					START OPERATION	<u>2-23-11</u>	<u>0345</u>
						FINISH OPERATION		<u>0430</u>
						RELEASED		<u>0500</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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 POZ	SK	150		1,800.00
CP 103	60/40 POZ	SK	30		360.00
CC 102	CELL-FLAKE	lb	38		140.60
CC 111	SALT	lb	1334		667.00
CC 112	CEMENT FRICTION REDUCER	lb	65		390.00
CC 201	GILSONITE	lb	750		502.50
CF 103	TOP RUBBER PLUG, 5 1/2"	EA	1		105.00
CF 251	REGULAR GUIDE SHOE, 5 1/2"	EA	1		250.00
CF 1451	FLAPPER TYPE INSERT FLOAT VALVE	EA	1		215.00
CF 1651	TURBO LIZER, 5 1/2"	EA	5		550.00
C 704	CS-1L, KCL SUB.	GAL	1		35.00
CC 151	MUD FLUSH	GAL	500		430.00
E 100	PICKUP MILEAGE	MI	45		191.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	90		630.00
E 113	BULK DELIVERY CHARGE	TM	349		558.00
CE 204	DEPTH CHARGE; 3001-4000'	HRS	1-4		2,160.00
CE 240	BLENDING SERVICE CHRG.	SK	180		252.00
CE 504	PLUG CONTAINER CHRG.	JOB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00
SUB TOTAL					<u>6,956.17</u>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>K. GORDLEY</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. \_\_\_\_\_

Customer <b>LD DRILLING</b>	Lease No.	Date <b>2-23-2011</b>
Lease <b>BERNICE/AUSTON</b>	Well # <b>3-23 TD</b>	
Field Order # <b>3511</b>	Station <b>PRATT, KS.</b>	Casing <b>5 1/2</b> Depth <b>3710'</b>
Type Job <b>CNW - 5 1/2 L.S.</b>	Formation	County <b>STAFFORD</b> State <b>Ks.</b>
		Legal Description <b>23-21-12</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>5 1/2</b>	Tubing Size	Shots/Ft	<b>CMT -</b>	<b>-Acid= 150SK 60/40 POZ</b>	RATE	PRESS	ISIP	
Depth <b>3712'</b>	Depth	From	To	Pre Pad <b>(2) 1.42 UFT</b>	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press <b>1500</b>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <b>P.C.</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush <b>90.5 H<sub>2</sub>O</b>	Gas Volume		Total Load	

Customer Representative <b>LD DAVIS</b>	Station Manager <b>D. SCOTT</b>	Treater <b>K. GORDLEY</b>
Service Units <b>19907 33708 20920 19959 21010</b>		
Driver Names <b>GORDLEY LESLEY MITCHEL</b>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>11:00 PM</b>					<b>ON LOCATION - SAFETY MEETING</b>
					<b>RUN 85 STS. 5 1/2 X 14# CSG.</b>
					<b>CENT - 1, 3, 5, 7, 9</b>
					<b>CSG. ON BOTTOM</b>
					<b>HOOK UP TO CSG. / BREAK CIRC. W/ RIG</b>
					<b>SWITCH OVER TO PUMP TRUCK</b>
<b>0345</b>	<b>400</b>		<b>20</b>	<b>6</b>	<b>H<sub>2</sub>O AHEAD 2% KCL</b>
	<b>400</b>		<b>12</b>	<b>6</b>	<b>MUD FLUSH</b>
	<b>300</b>		<b>5</b>	<b>6</b>	<b>H<sub>2</sub>O SPACER -</b>
	<b>200</b>		<b>31.5</b>	<b>6</b>	<b>MIX 150SK 60/40 POZ @ 15.4#</b>
					<b>SHUT DOWN - CLEAR PUMP &amp; LINE</b>
	<b>0</b>		<b>0</b>	<b>6 1/2</b>	<b>START DISPLACEMENT</b>
	<b>200</b>		<b>10</b>	<b>6 1/2</b>	<b>LIFT PRESSURE</b>
	<b>600</b>		<b>80</b>	<b>3</b>	<b>SLOW RATE</b>
<b>0430</b>	<b>1000</b>		<b>90.5</b>	<b>3</b>	<b>PLUG DOWN - HOLD</b>
					<b>CIRCULATION THRU JOB</b>
					<b>PLUG R.H. W/ 30SK 60/40 POZ</b>
<b>0500</b>					<b>JOB COMPLETE,</b>
					<b>THANKS -</b>
					<b>KEEVEN LESLEY</b>



100

150

1750

200

2500

ТОРЕКА 2820-973

