



KANSAS CORPORATION COMMISSION 1054004
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

<input type="checkbox"/> New Well	<input type="checkbox"/> Re-Entry	<input type="checkbox"/> Workover	
<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIW
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<input type="checkbox"/> OG		<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)			
<input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____			

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
<input type="checkbox"/> Conv. to GSW			
<input type="checkbox"/> Plug Back: _____		Plug Back Total Depth: _____	
<input type="checkbox"/> Cummiled		Permit #: _____	
<input type="checkbox"/> Dual Completion		Permit #: _____	
<input type="checkbox"/> SWD		Permit #: _____	
<input type="checkbox"/> ENHR		Permit #: _____	
<input type="checkbox"/> 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: _____



1054004

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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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 (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At:				Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
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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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	CHARLIE 1-2
Doc ID	1054004

Tops

Name	Top	Datum
ANHYDRITE	2089	+566
BASE ANHYDRITE	2119	+536
STOTLER (WAB)	3320	-665
HEEBNER	3697	-1042
LANSING	3733	-1078
STARK	3978	-1323
MARMATON	4082	-1427
FORT SCOTT	4236	-1581
CHEROKEE	4263	-1608
MISSISSIPPI	4343	-1688



BASIC

ENERGY SERVICES

PRESSURE PLUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET

1717 01317 A

DATE TICKET NO

DATE OF JOB 3-7-11	DISTRICT 1717	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.: 100		
CUSTOMER LD Drilling Inc		LEASE Choctaw		1-2		WELL NO.			
ADDRESS		COUNTY Gove		STATE KS					
CITY	STATE	SERVICE CREW T. Chavez, Aben, Victor							
AUTHORIZED BY Terry Bennett		JOB TYPE: Surface 742							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 3-7-11	AM PM	TIME 360
19820	12978			19824		ARRIVED AT JOB	3-7-11	AM PM	900
	19919					START OPERATION	3-7-11	AM PM	1120
						FINISH OPERATION	3-8-11	AM PM	1200
						RELEASED	5	AM PM	17250
						MILES FROM STATION TO WELL			100

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: Robert Wilson
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

CHEMICAL / ACID DATA:

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

SERVICE
REPRESENTATIVE *Donald Chauvin*

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

(WELL OWNER/OPERATOR/CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Cement Report

Customer <u>LO Drilling Inc</u>		Lease No.		Date <u>3-7-11</u>	
Lease <u>Charlie</u>	Well # <u>1-2</u>		Service Receipt <u>01317</u>		
Casing <u>8 1/2" 24#</u>	Depth <u>311</u>	County <u>Gove</u>	State <u>KS</u>		
Job Type <u>Surface 24#</u>	Formation		Legal Description <u>2-15-30</u>		
Pipe Data			Perforating Data		Cement Data
Casing size <u>8 1/2" 24#</u>	Tubing Size		Shots/Ft		Lead
Depth <u>311</u>	Depth		From	To	
Volume <u>1865</u>	Volume		From	To	
Max Press <u>500</u>	Max Press		From	To	<u>Tail in 60-40-02</u>
Well Connection <u>8 1/2"</u>	Annulus Vol.		From	To	<u>2255k 30°C.</u>
Plug Depth <u>290</u>	Packer Depth		From	To	<u>1/4" Cello</u>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
800					<u>Arrive On Location</u>
830					<u>Safety Meeting - Rig Up</u>
1120	700		.5	.5	<u>Pressure Test</u>
1130	250		50	3.5	<u>Pump out @ 14.8#'s</u>
1145					<u>Wash Up Drop Plug</u>
1150	200		18.2	30	<u>Displace</u>
1200	300				<u>Shut in Head Top of Plug</u>
					<u>@ 280'</u>
					<u>Cement To Surface</u>
1600					<u>Rig Running in Casing</u>
					<u>Thanks for Using Basic Energy Services</u>
Service Units	<u>19920</u>	<u>12978-19919</u>	<u>19827-</u>		
Driver Names	<u>I. Chavez</u>	<u>Ruben M</u>	<u>Victor</u>		

Gary Bennett

Customer Representative

Station Manager

Israel Chavez

Cementer

Taylor Printing, Inc.



BASIC

ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET

1717 01577 A

DATE TICKET NO.

DATE OF JOB 3/16/11	DISTRICT 1717	NEW WELL <input 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 Inc	LEASE Charlie	1-2 WELL NO.							
ADDRESS	COUNTY Gove	STATE KS							
CITY	STATE	SERVICE CREW E. Choco, Rubin, Pratt, Davis, Chris V.							
AUTHORIZED BY Terry Bennett	JRB	JOB TYPE: MA 242							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 3/16/11	AM PM	TIME 1200
19820	7		6	19900	6	ARRIVED AT JOB		AM PM	100
			7	19918	2	START OPERATION		AM PM	280
						FINISH OPERATION		AM PM	540
						RELEASED		AM PM	
						MILES FROM STATION TO WELL			100

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: John W. L.

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

CHEMICAL / ACID DATA:

SUB TOTAL

6038 103

SERVICE & EQUIPMENT

%TAX ON \$

MATERIALS

%TAX ON \$

TOTAL

**SERVICE
REPRESENTATIVE**

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Cement Report

Customer L.D. Drilling Inc.		Lease No.		Date 3-16-11	
Lease Charlie	Well # 1-2		Service Receipt 01577		
Casing 4 1/2 DP	Depth 2105	County Gove	State KS		
Job Type PTA 242	Formation	Legal Description 2-15-30			
Pipe Data			Perforating Data		Cement Data
Casing size		Tubing Size 4 1/2 DP.	Shots/Ft		Lead
Depth		Depth 2105	From	To	
Volume		Volume 24615	From	To	
Max Press		Max Press 500	From	To	Tail in 60-40P0Z 2050
Well Connection		Annulus Vol. -	From	To	4.86 Gal 6.9 Gal SK
Plug Depth		Packer Depth -	From	To	1.43 Gal SK
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
100					Arrive On Location
105					Safety Meeting Rig Up
150					Pressure Test
200	150	16.3	2.0		Pump 25sk cmt @ 13.7#3 @ 2105'
1410	100	24	4.5		Displace w/ 21/2 mud
1500	100	25	3.5		Pump 100sk cmt @ 13.7# @ 1100'
1520	75	14	4.5		Displace w/ 21/2 mud
1600	75	10	3.0		Pump 40sk cmt @ 13.7# @ 360'
1610	50	3.5	2.5		Displace w/ Water
1630	25	2.5	20		Pump 10sk cmt @ 30'
1700	25	7.6	20		Rat Hole pump 30sk
					Job Complete
					Thanks For Using Basic Energy Services
Service Units	19820	30464-19919	19960-19918		
Driver Names	Charlie	Robert M.	Scott - Chris V.		

L.D. Davis
 Customer Representative

Jerry Bennett
 Station Manager

James Oliver
 Cementer

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: CHARLIE 1-2

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S2/15S/30W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D920

Test Unit:

Start Date: 2011/03/13 Start Time: 04:10:00

End Date: 2011/03/13 End Time: 10:20:00

Report Date: 2011/03/13 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 10' FREE OIL, 115' OIL CUT MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____

Contractor _____ Charge to _____

Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____

Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____

Test Approved By _____ Diamond Representative _____ JOHN C. RIEDL

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. _____ 2 1/4 _____ in.

Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. _____ 2 7/8 _____ in.

Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. _____ 3 1/2 _____ in.

Jars: Make _____ BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size _____ 3 1/2-IF _____ in.

Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size _____ 4 1/2-FH _____ in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open:

2nd Open:

Recovered _____ ft. of _____

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.

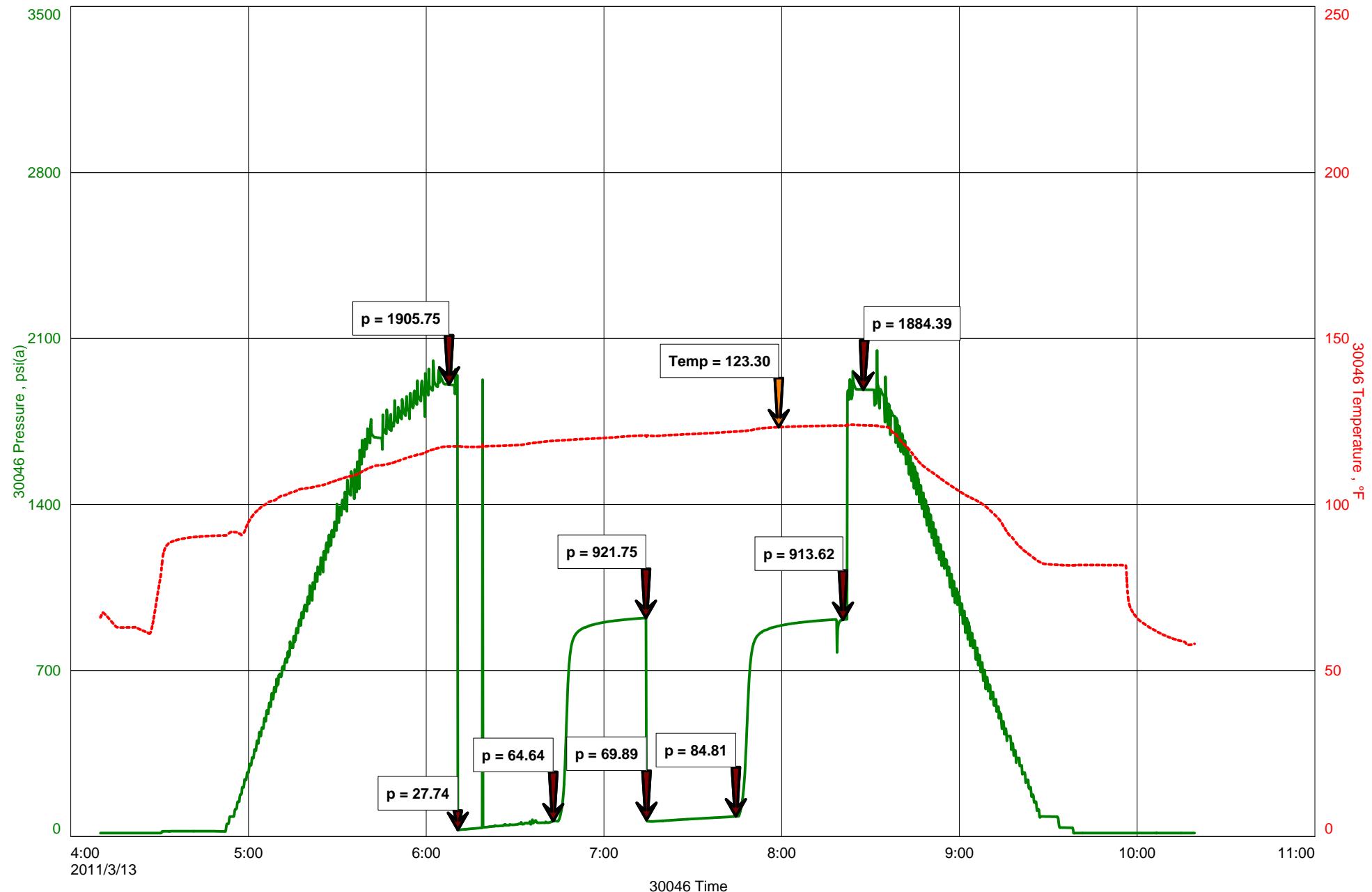
Final Hydrostatic Pressure (H) _____ P.S.I.

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.

L D DRILLING INC
Start Test Date: 2011/03/13
Final Test Date: 2011/03/13

CHARLIE 1-2
Formation: LKC "I,J"
Job Number: D920

CHARLIE 1-2



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: CHARLIE 1-2

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S2/15S/30W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D920

Test Unit:

Start Date: 2011/03/13 Start Time: 19:00:00

End Date: 2011/03/14 End Time: 01:00:00

Report Date: 2011/03/14 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 1' FREE OIL, 30' SLIGHTLY OIL CUT MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____

Contractor _____ Charge to _____

Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____

Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____

Test Approved By _____ Diamond Representative _____ JOHN C. RIEDL

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. _____ 2 1/4 _____ in.

Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. _____ 2 7/8 _____ in.

Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. _____ 3 1/2 _____ in.

Jars: Make _____ BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size _____ 3 1/2-IF _____ in.

Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size _____ 4 1/2-FH _____ in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open:

2nd Open:

Recovered _____ ft. of _____

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.

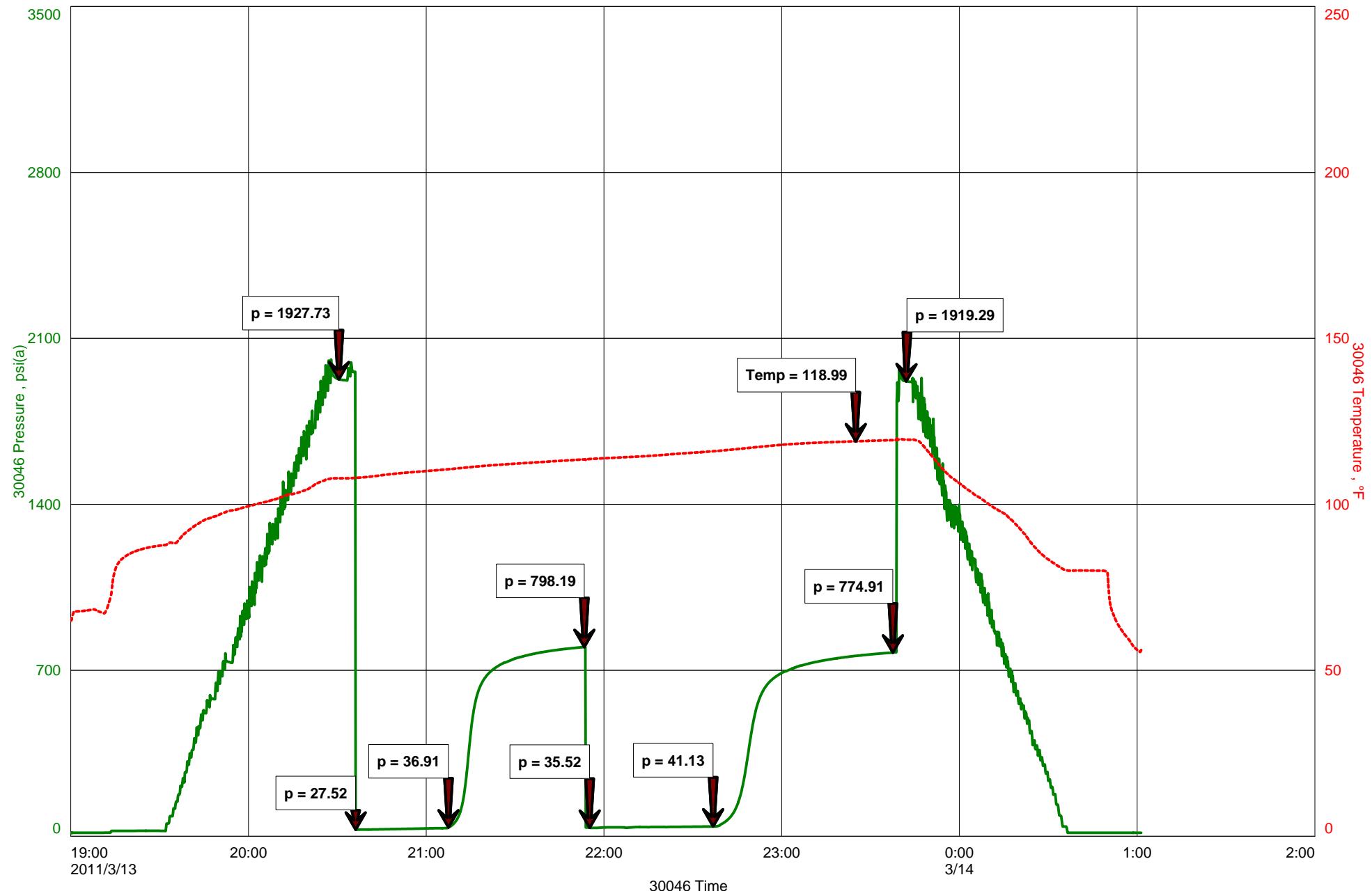
Final Hydrostatic Pressure (H) _____ P.S.I.

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L D DRILLING INC
Start Test Date: 2011/03/13
Final Test Date: 2011/03/14

CHARLIE 1-2
Formation: LKC "K"
Job Number: D920

CHARLIE 1-2



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: CHARLIE 1-2

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: D2/15S/30W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D922

Test Unit:

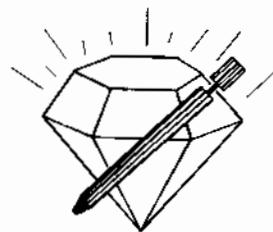
Start Date: 2011/03/14 Start Time: 09:30:00

End Date: 2011/03/14 End Time: 14:45:00

Report Date: 2011/03/14 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 5' OIL SPECKED DRILLING MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____

Contractor _____ Charge to _____

Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____

Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____

Test Approved By _____ Diamond Representative _____ JOHN C. RIEDL

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. _____ 2 1/4 _____ in.

Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. _____ 2 7/8 _____ in.

Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. _____ 3 1/2 _____ in.

Jars: Make _____ BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size _____ 3 1/2-IF _____ in.

Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size _____ 4 1/2-FH _____ in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open:

2nd Open:

Recovered _____ ft. of _____

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.

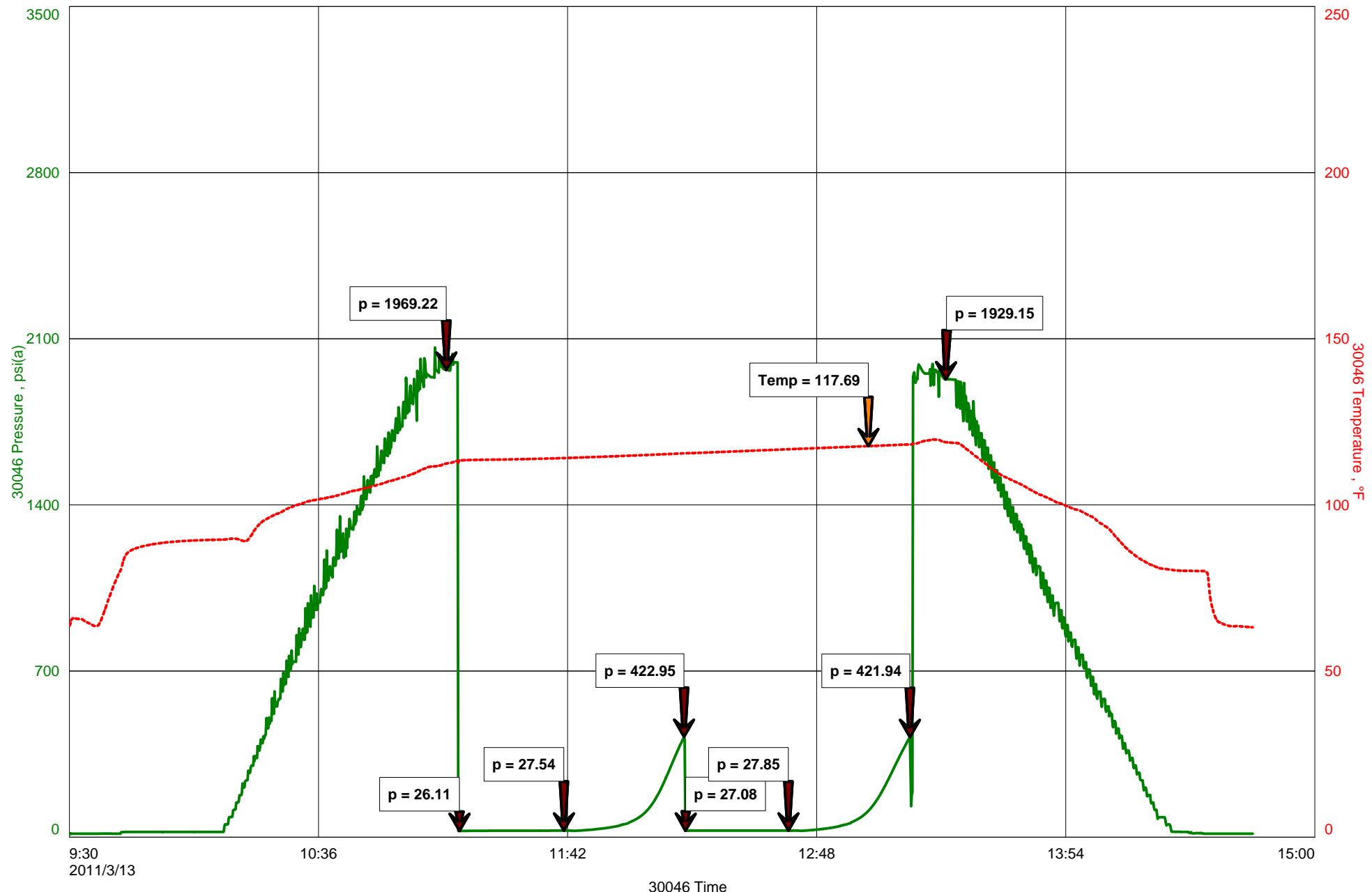
Final Hydrostatic Pressure (H) _____ P.S.I.

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L D DRILLING INC
Start Test Date: 2011/03/14
Final Test Date: 2011/03/14

CHARLIE 1-2
Formation: LKC "K"
Job Number: D922

CHARLIE 1-2



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: CHARLIE 1-2

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S2/15S/30W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D923

Test Unit:

Start Date: 2011/03/15 Start Time: 11:25:00

End Date: 2011/03/15 End Time: 16:45:00

Report Date: 2011/03/15 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 5' OIL SPKED MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____

Contractor _____ Charge to _____

Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____

Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____

Test Approved By _____ Diamond Representative _____ JOHN C. RIEDL

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. _____ 2 1/4 _____ in.

Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. _____ 2 7/8 _____ in.

Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. _____ 3 1/2 _____ in.

Jars: Make _____ BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size _____ 3 1/2-IF _____ in.

Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size _____ 4 1/2-FH _____ in.

Main Hole Size _____ 7 7/8 Tool Joint Size _____ 4 1/2 in. Surface Choke Size _____ 1 in. Bottom Choke Size _____ 5/8 in.

Blow: 1st Open:

2nd Open:

Recovered _____ ft. of _____

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.

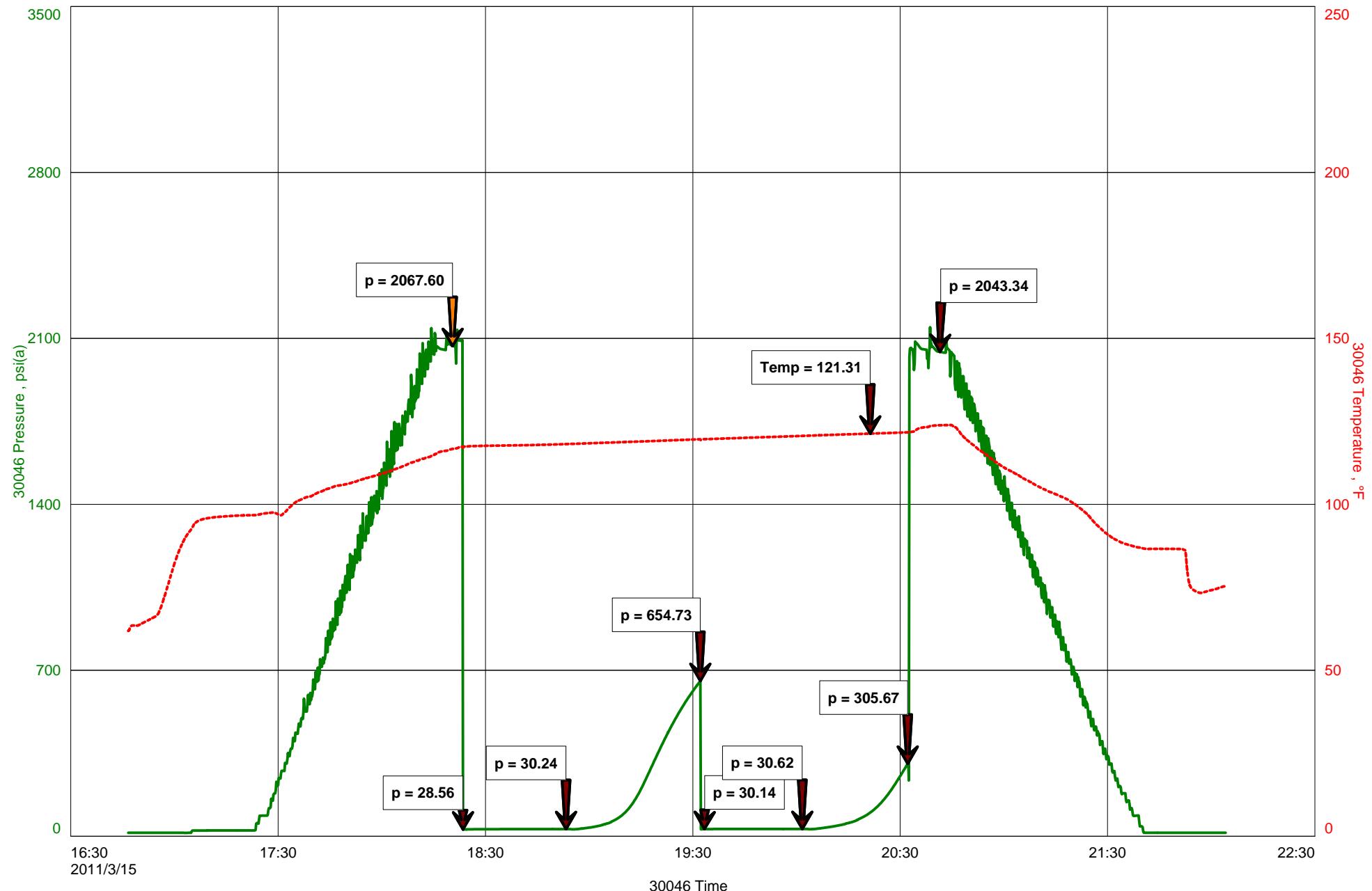
Final Hydrostatic Pressure (H) _____ P.S.I.

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.

L D DRILLING INC
Start Test Date: 2011/03/15
Final Test Date: 2011/03/15

CHARLIE 1-2
Formation: MYRICK
Job Number: D923

CHARLIE 1-2



KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.

LEASE # 1-2 CHARLIE

FIELD WILDCAT

LOCATION 2072' FNL & 2510' FEL

SEC. 2 Twp 15s Rge 30W

COUNTY Gove STATE KANSAS

CONTRACTOR L. D. DRILLING, INC.

SPUD 3-7-11 COMP 3-16-11

RTD 4373 LTD

MUD UP 3250 TYPE MUD CHEMICAL

SAMPLES SAVED FROM 3300 TO 4373

DRILLING TIME KEPT FROM 3200 TO 4373

SAMPLES EXAMINED FROM 3300 TO 4373

GEOLOGICAL SUPERVISION FROM 3100 TO 4373

GEOLOGIST ON WELL Kim B. SHOEMAKER

FORMATION TOPS LOG SAMPLES

ANHYDRITE	2089 + 566
B/ANH.	2119 + 536
STOTLER (WAB.)	3320 - 665
HEEBNER	3697 - 1042
LANSING	3733 - 1078
STARK	3978 - 1323
MARMATON	4082 - 1427

ELEVATIONS

KB 2655

DF

GL 2650

Measurements Are All
From 2655 KB

CASING
SURFACE 858' 0" 308'

PRODUCTION

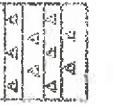
ELECTRICAL SURVEYS
None

API: 15-063-21896

LEGEND



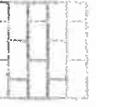
Anhydrite



Calc. Sh



Chalk



Limestone



Shale



Sandstone



Coal



Clay



Sh. Calc. Sh



Anhydrite

DRILLING TIME IN MINUTES
PER FOOT
Rate of Penetration (inches)

DEPTH
ft

5' 10' 15' 20' 25'

REMARKS

SAMPLE DESCRIPTIONS

ANNONITE 2089 + 566

101

Blk. 2119 + 536

2150

1200

3300

MIS. 60 WT. 38

ML. 60 CHG. 1000

S. 60

Samples are Laged

SPOTLER (118) 3330

L.S. T. of Dan. N.Y. City

3. To Missed 9.8

900

56.4 deg

4. To S. D.

Sh. 216.5 deg

Howard

TOPEKA

56.2 deg

4. Total Sh. 203.4 deg

3. Total Sh. 205.5 deg

Sh. 41 deg

2. Total Sh. 205.5 deg

3500

9.4

3. Total Sh. 205.5 deg

Sh. 216.5 deg

3. Total Sh. 205.5 deg

3600

3. Total Sh. 205.5 deg

2.4

3. Total Sh. 205.5 deg

