



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1054004

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:

- ☐ 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 Date Reached TD Completion Date or
Recompletion Date 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 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:	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name Top Datum </div>
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</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	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

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.:			
CUSTOMER LD Drilling Inc				LEASE Charlie 1-2 WELL NO.			
ADDRESS				COUNTY Gove STATE KS			
CITY STATE				SERVICE CREW J. Chavez, Nelson, Victor			
AUTHORIZED BY Terry Bennett TRB				JOB TYPE: Surface 742			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 3-7-11 AM PM 800
19820		12978		19827		ARRIVED AT JOB	3-7-11 AM PM 800
		19919				START OPERATION	3-7-11 AM PM 1120
						FINISH OPERATION	3-8-11 AM PM 1200
						RELEASED	5 AM PM 1250
						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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

[illegible]

SUB TOTAL	16599	25
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CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Ernest Chavez</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Robert W. L.</i>
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FIELD SERVICE ORDER NO.

Cement Report

Customer LD Drilling Inc		Lease No.		Date 3-7-11	
Lease Charlie		Well # 1-2		Service Receipt 01317	
Casing 8 5/8 24#	Depth 311	County Gove		State KS	
Job Type Surface 242		Formation		Legal Description 2-15-30	

Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8 24#	Tubing Size	Shots/Ft		Lead
Depth 311	Depth	From	To	
Volume 186.5	Volume	From	To	
Max Press 500	Max Press	From	To	
Well Connection 8 5/8	Annulus Vol.	From	To	
Plug Depth 290	Packer Depth	From	To	

Tail in **60-40 P02**
2255k 390 CC.
1/4# Cello
1.21 Ft³ SK 5.16 gal SK

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
800					Arrive On Location
830					Safety Meeting - Rig Up
1120	700		.5	.5	Pressure Test
1130	250		50	3.5	Pump out @ 14.8 #/s
1145					Wash Up Drop Plug
1150	200		18.2	3.0	Displace
1200	300				Shut in Head Top of Plug @ 280'
					Cement To Surface
1000					Rig Running in Casing
					Thanks for Using Basic Energy Services

Service Units	19920	12978-19919	19827-		
Driver Names	E. Chavez	Ruben M	Victor		

Customer Representative

Jerry Bennett
 Station Manager

Israel Chavez
 Cementer

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 <u>3-16-11</u>		DISTRICT <u>1717</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 Inc</u>				LEASE <u>Charlie</u>		WELL NO. <u>1-2</u>			
ADDRESS				COUNTY <u>Golk</u>		STATE <u>KS</u>			
CITY		STATE		SERVICE CREW <u>I. Chaloz, Robert, Powell - Drivers, Chris V</u>					
AUTHORIZED BY <u>Terry, Bennett</u> <u>JRB</u>				JOB TYPE: <u>PIA 242</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<u>3-16-11</u>	PM	<u>1200</u>
	<u>7</u>		<u>6</u>	<u>19960</u>	<u>6</u>	ARRIVED AT JOB		AM	<u>100</u>
<u>19820</u>		<u>304604</u>	<u>4</u>	<u>19918</u>	<u>2</u>	START OPERATION		AM	<u>2500</u>
		<u>19919</u>				FINISH OPERATION		AM	<u>540</u>
						RELEASED		AM	
						MILES FROM STATION TO WELL			<u>100</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)

[illegible]

SUB TOTAL	6038	103
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CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Jermel Chavez</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>R.H. Wile</i>
---	--

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

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 D.P.		Lead	
Depth			Depth	2105		From	To
Volume			Volume	24 bbls		From	To
Max Press			Max Press	500		From	To
Well Connection			Annulus Vol.	-		From	To
Plug Depth			Packer Depth	-		From	To
				Tail in 60-40 PZ 205k 6.9 gal-sk 486 gal 1.43 ft ³ -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	6.3	2.0	Pump 25sk cmt @ 13.7#s @ 2105'		
1410		100	24	4.5	Displace w/rig mud		
1500		100	25	3.5	Pump 100sk cmt @ 13.7# @ 1100'		
1520		75	14	4.5	Displace w/rig 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	2.0	Pump 10sk cmt @ 30'		
1700		25	7.6	2.0	Rat Hole pump 30sk		
					Job Complete		
					THANKS FOR USING BASIC ENERGY SERVICES		
Service Units	19820	30464-19919	19910-19918				
Driver Names	Charlie	Ruben M.	Arath-Chris V.				

L.D. Davis

Customer Representative

Terry Bennett

Station Manager

Emel Charr

Cementer

Taylor Printing, Inc.

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

Qualified By: KIM SHOEMAKER

Remarks:

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 _____

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.

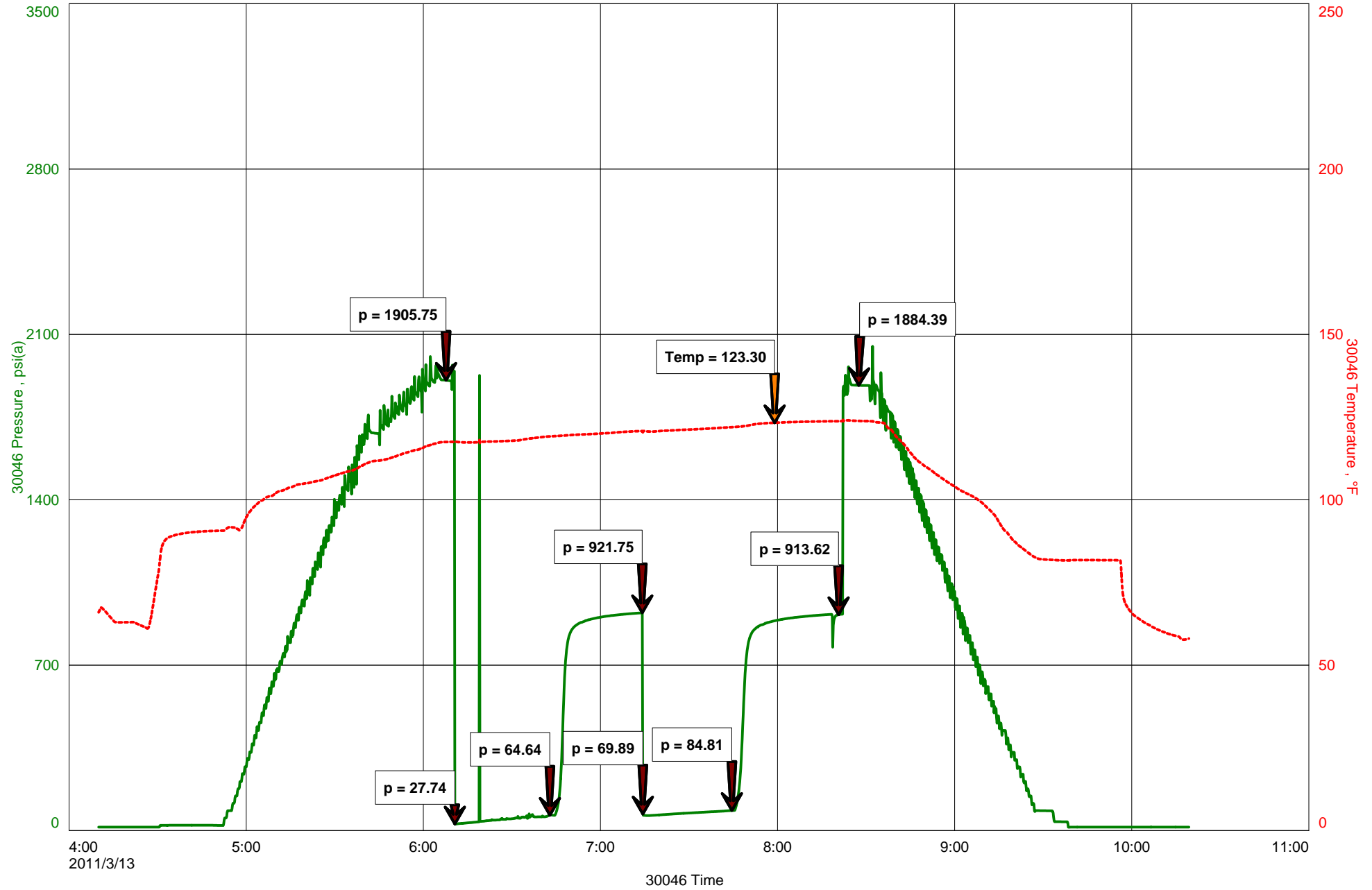
Final Flow Period _____ Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.

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.

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

Qualified By: KIM SHOEMAKER

Remarks:

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 _____

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.

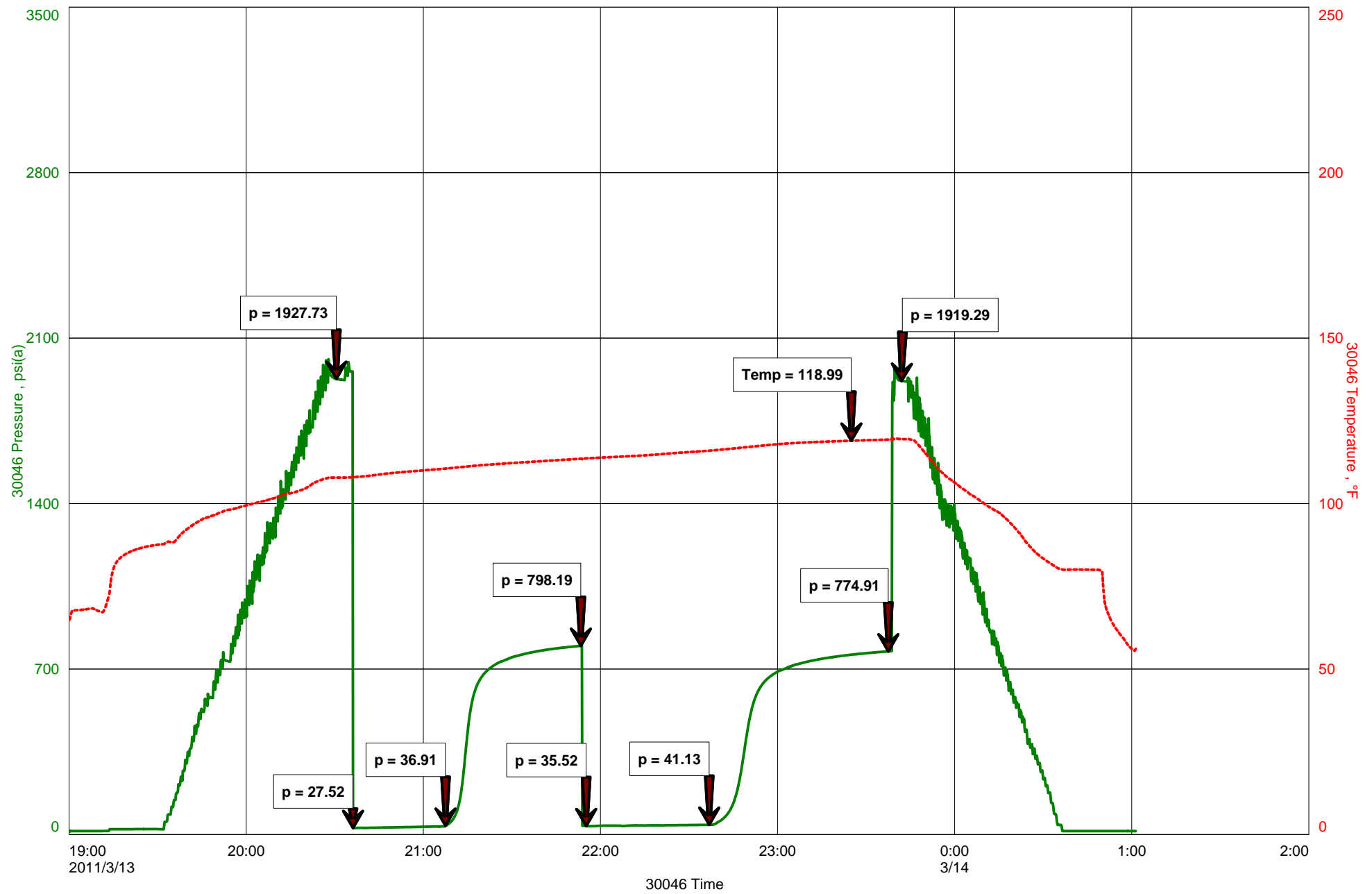
Final Flow Period _____ Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.

Final Closed In Period _____ Minutes _____ (G) _____ P.S.I.

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

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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

Qualified By: KIM SHOEMAKER

Remarks:

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 _____

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.

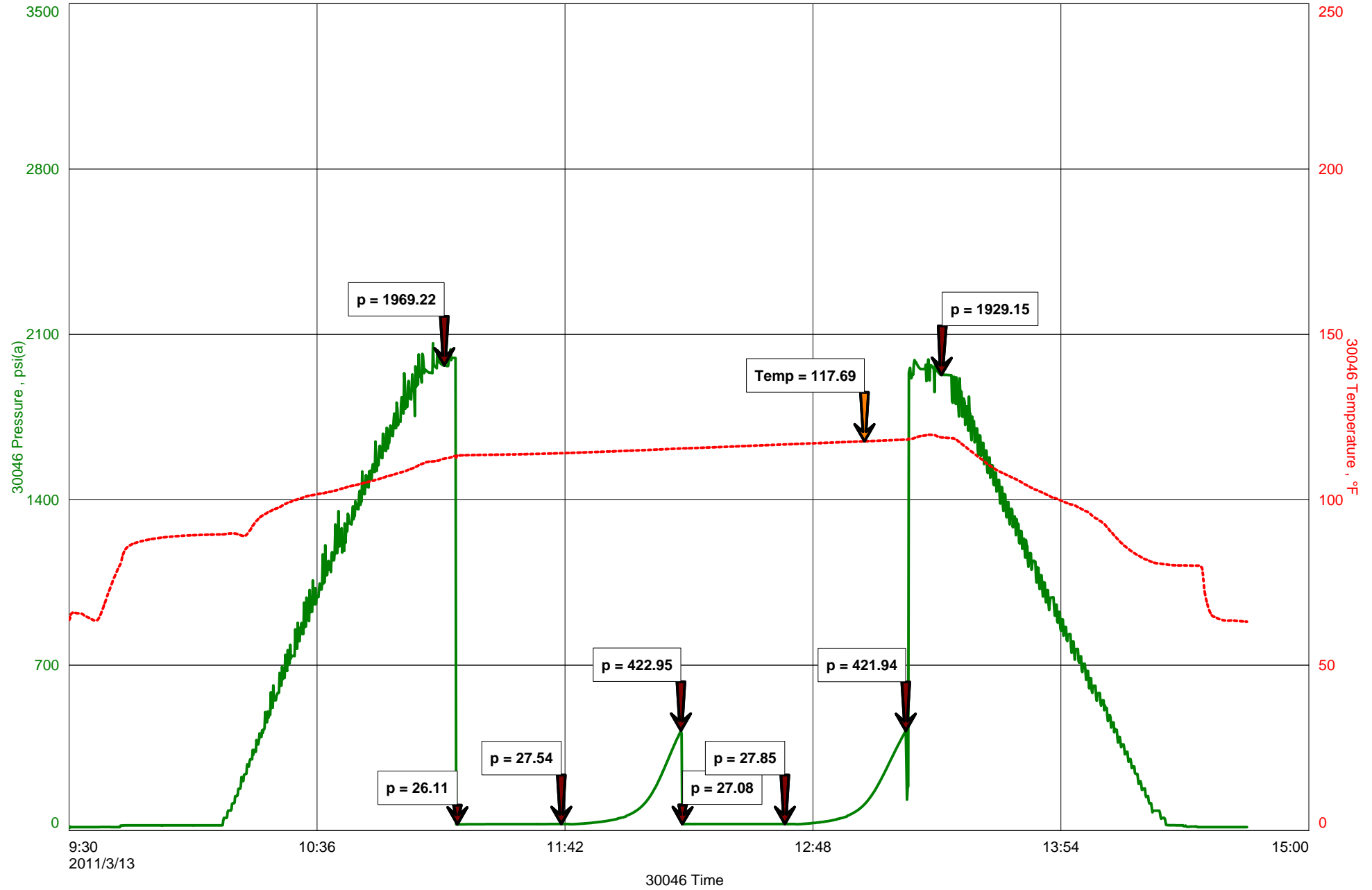
Final Flow Period _____ Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.

Final Closed In Period _____ Minutes _____ (G) _____ P.S.I.

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

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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

Qualified By: KIM SHOEMAKER

Remarks:

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 _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

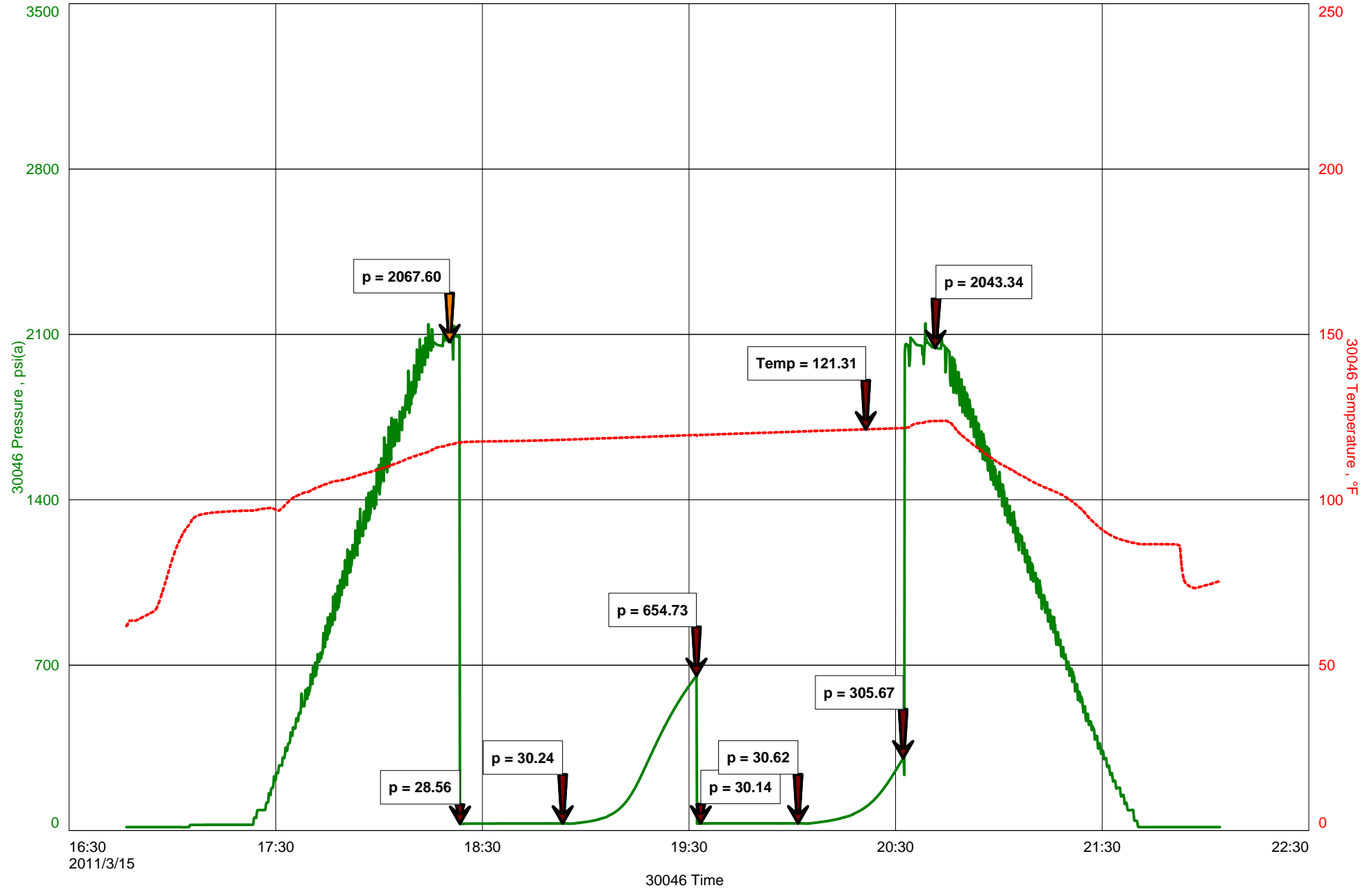
Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: _____

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.

CHARLIE 1-2



KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9708 * WICHITA, KS

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.

LEASE # 1-2 CHARLIE

FIELD WILDCAT

LOCATION 2072' FNL 2540' 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

ELEVATIONS

KB 2655

DF

GL 2650

Measurements Are All
From 2655 KB

CASING

SURFACE 856' @ 308'

PRODUCTION

ELECTRICAL SURVEYS

None

SAMPLES SAVED FROM 3300 TO 4373

DRILLING TIME KEPT FROM 3200 TO 4373

SAMPLES EXAMINED FROM 3300 TO 4373

GEOLOGICAL SUPERVISION FROM 3400 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

2

API: 15-063-21896

200
311
675
753
265
725
970
055
230
473

LEGEND



DRILLING TIME IN MINUTES
PER FOOT

Rate of Penetration Inverts

5' 10' 15' 20' 25'

DEPTH
050

SAMPLE DESCRIPTIONS

REMARKS

ANHYDRITE 2089 + 566

2100

2150

2200

2300

Blank 2119 + 536

Samples are Lagged

Sh. Lg. Silty Blm.

STOTLER (WAB) 3330

65. Tract. Dm. Vst. Chlg.

65. Wldly. Foss. rock. Sil. Chlg.

65. Tract. Vst. Foss.

65. Tract. Sil. Foss. Sil. Chlg.

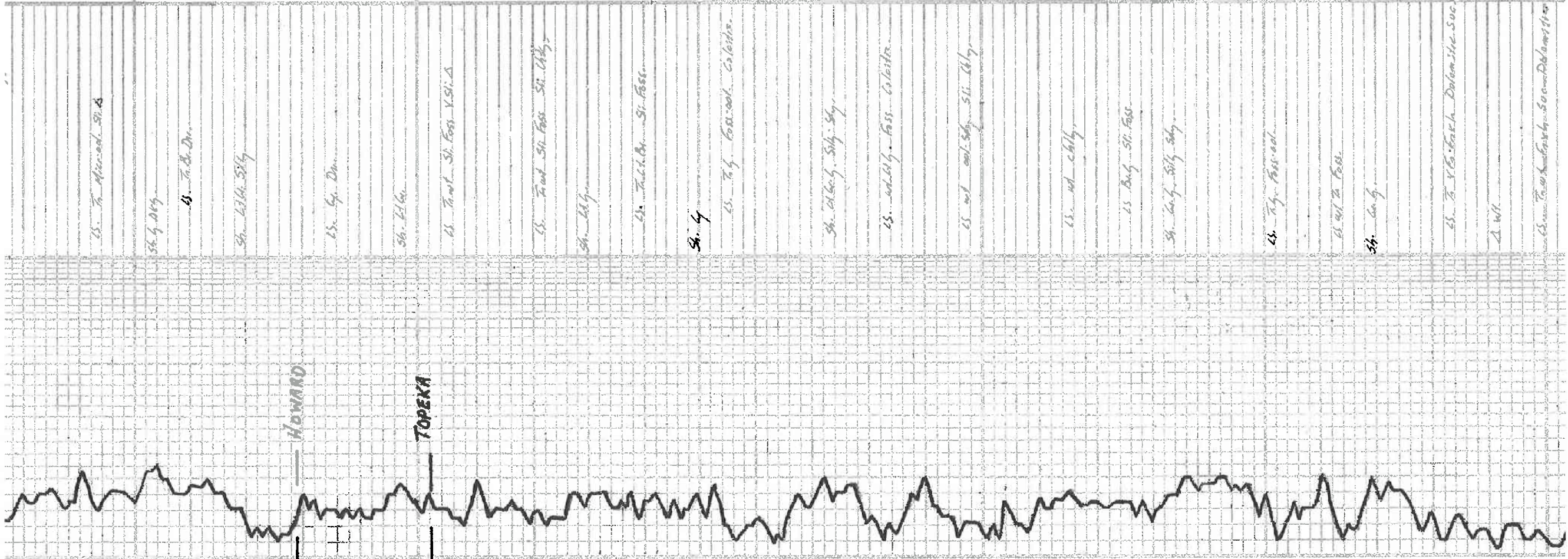
400

3500

3000

HOWARD

TOPEKA



15. To Howard. Sh. A

Sh. A. 100 y.

15. To Howard. Sh. A

Sh. A. 100 y.

15. To Howard. Sh. A

Sh. A. 100 y.

15. To Howard. Sh. A

15. To Howard. Sh. A

Sh. A. 100 y.

15. To Howard. Sh. A

Sh. A. 100 y.

15. To Howard. Sh. A

Sh. A. 100 y.

15. To Howard. Sh. A

15. To Howard. Sh. A

15. To Howard. Sh. A

15. To Howard. Sh. A

Sh. A. 100 y.

15. To Howard. Sh. A

15. To Howard. Sh. A

Sh. A. 100 y.

15. To Howard. Sh. A

Sh. A. 100 y.

15. To Howard. Sh. A

3700

TORONTO

3800

KANSAS CITY

3900

HEESNER 3697-1012

Sh. Blk. Cong. (3710-20)
LS. T. & B. V. Si. Foss. (20)

Sh. L. G. L.

LS. W. Si. Foss. V. Si. A.

LANSING 3733-1078

LS. T. & B. Si. Foss. ool.

LS. G. V. Si. G. L.

Sh. D. G.

Sh. Bl. G.

LS. W. V. Si. Foss. Si. ch. G.

LS. T. & B. Bl. ool. Foss. Si. ch. G.

Sh. G.

LS. T. & B. V. Si. Foss. Si. A.

Sh. L. G. L.

LS. W. L. G. Si. Foss. Col. ool.

LS. T. & B. Sh. ool. V. Si. L. G.

LS. W. L. G.

Sh. L. G. L.

MUNCIE CREEK 3888-1233

LS. B. V. Si. Foss.

Sh. L. G. L.

LS. W. L. G.

LS. T. & B. Si. Foss. V. Si. A.

LS. G. T. D.

Sh. D. G.

LS. B. Si. Foss. D.

LS. T. & B.

DST. 111 3920-3970

15000: Surf. blow 4 in. 2 min. Flashed
20000: " " " 20 "

Rec. 10' 60 35 64V.

115' 500M (57' 101' 95' 140)

TF: 125'

FP: 2865 70' 85'

SIN 922-914 *

DST 111

