



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1056139

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  
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: \_\_\_\_\_



1056139

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 <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  Cores Taken <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Electric Log Run <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Electric Log Submitted Electronically <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Log</span> <span>Formation (Top), Depth and Datum</span> <span><input type="checkbox"/> Sample</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Name</span> <span>Top</span> <span>Datum</span> </div>
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CASING RECORD <span style="float: right;"><input type="checkbox"/> New <input type="checkbox"/> Used</span> 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: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# BASIC

**ENERGY SERVICES**  
PRESSURE PUMPING & WIRELINE

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

## FIELD SERVICE TICKET

1718 03139 A

DATE      TICKET NO

DATE OF JOB 12/21/10 DISTRICT PI 2A11 Ks				NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:			
CUSTOMER GRIFFIN MANAGEMENT				LEASE LEYSA 1 WELL NO. 1			
ADDRESS				COUNTY HARPER STATE KS			
CITY STATE				SERVICE CREW KC, CHAS, BRAD			
AUTHORIZED BY				JOB TYPE: CNW - SURFATE			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 12-21 AM PM 1900
15901						ARRIVED AT JOB	12-21 AM PM 2200
27463	1/2					START OPERATION	12-21 AM PM 0800
						FINISH OPERATION	AM PM 0330
19959	1/2					RELEASED	AM PM 0400
21010						MILES FROM STATION TO WELL	70

**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)

[illegible]

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		5622.22	

SERVICE REPRESENTATIVE <i>K. GORSLEY</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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**10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201**

## FIELD SERVICE TICKET

1718 03224 A

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

DATE OF JOB 1-3-11 DISTRICT Pratt				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 Griffen Management				LEASE Leysa WELL NO. 1			
ADDRESS				COUNTY Harper STATE KS			
CITY STATE				SERVICE CREW Orlando, Lesley, Hunter			
AUTHORIZED BY				JOB TYPE: CNW-PTA			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 1-3-11 AM PM TIME 12:30
27233	1 1/2					ARRIVED AT JOB	AM PM 2:00
19903-19905	1 1/2					START OPERATION	AM PM 4:30
19826-19860	1 1/2					FINISH OPERATION	AM PM 6:30
						RELEASED	AM PM 7:00
						MILES FROM STATION TO WELL	45

**CONTRACT CONDITIONS:** (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED:

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

[illegible]

CHEMICAL / ACID DATA:			

SUB TOTAL

K9	3827	17
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SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$

TOTAL

SERVICE REPRESENTATIVE <i>Steve Orlando</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>James Smith</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.



## DRILL STEM TEST REPORT

Prepared For: **Charles N Griffin**

PO Box 347  
Pratt, KS 67124

ATTN: Bruce Reed

**31-33S-8W Harper KS**

**#1 Leysa**

Start Date: 2010.12.31 @ 15:29:52

End Date: 2010.12.31 @ 20:54:07

Job Ticket #: 039267      DST #: 1

Trilobite Testing, Inc

PO Box 1733 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620



**TRILOBITE  
TESTING, INC**

## DRILL STEM TEST REPORT

Charles N Griffin

#1 Leysa

PO Box 347  
Pratt, KS 67124

31-33S-8W Harper KS

Job Ticket: 039267

DST#: 1

ATTN: Bruce Reed

Test Start: 2010.12.31 @ 15:29:52

### GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: **No** Whipstock: **ft (KB)**

Time Tool Opened: 18:01:07

Time Test Ended: 20:54:07

Test Type: **Conventional Bottom Hole**

Tester: **Leal Cason**

Unit No: **45**

Interval: **4445.00 ft (KB) To 4515.00 ft (KB) (TVD)**

Total Depth: **4515.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** Hole Condition: **Good**

Reference Elevations: **1316.00 ft (KB)**

**1305.00 ft (CF)**

KB to GR/CF: **11.00 ft**

Serial #: **6798**

Inside

Press@RunDepth: **psig @ 4446.00 ft (KB)**

Start Date: **2010.12.31**

End Date: **2010.12.31**

Start Time: **15:29:53**

End Time: **20:54:07**

Capacity: **8000.00 psig**

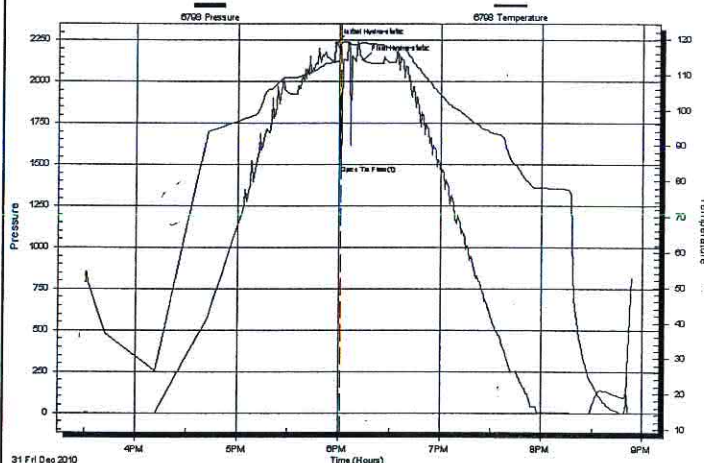
Last Calib.: **2010.12.31**

Time On Btm: **2010.12.31 @ 17:57:52**

Time Off Btm: **2010.12.31 @ 18:13:52**

TEST COMMENT: **Packer Failure, tried to set 3 times, then pulled test**

Pressure vs. Time



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2234.15	113.61	Initial Hydro-static
4	1441.57	119.25	Open To Flow (1)
16	2133.75	118.88	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
420.00	DRLG Mud	5.89

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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**TRILOBITE**  
**TESTING, INC.**

## DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

#1 Leysa

PO Box 347  
Pratt, KS 67124

31-33S-8W Harper KS

Job Ticket: 039267

DST#: 1

ATTN: Bruce Reed

Test Start: 2010.12.31 @ 15:29:52

### Tool Information

Drill Pipe:	Length: 4451.00 ft	Diameter: 3.80 inches	Volume: 62.44 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 40000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 75000.00 lb
			Total Volume: 62.44 bbl	Tool Chased ft
Drill Pipe Above KB:	26.00 ft			String Weight: Initial 61000.00 lb
Depth to Top Packer:	4445.00 ft			Final 63000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	70.00 ft			
Tool Length:	90.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4430.00	
Hydraulic tool	5.00			4435.00	
Packer	5.00			4440.00	20.00 Bottom Of Top Packer
Packer	5.00			4445.00	
Stubb	1.00			4446.00	
Recorder	0.00	6798	Inside	4446.00	
Recorder	0.00	8367	Outside	4446.00	
Perforations	3.00			4449.00	
Drill Pipe	32.00			4481.00	
Perforations	31.00			4512.00	
Bullnose	3.00			4515.00	70.00 Bottom Packers & Anchor

**Total Tool Length: 90.00**



**TRILOBITE**  
**TESTING, INC**

## DRILL STEM TEST REPORT

### FLUID SUMMARY

Charles N Griffin

#1 Leysa

PO Box 347  
Pratt, KS 67124

31-33S-8W Harper KS

Job Ticket: 039267

DST#: 1

ATTN: Bruce Reed

Test Start: 2010.12.31 @ 15:29:52

### Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 45.00 sec/qt

Water Loss: 12.58 in<sup>3</sup>

Resistivity: ohm.m

Salinity: 9000.00 ppm

Filter Cake: inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API: deg API

Water Salinity: ppm

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
420.00	DRLG Mud	5.891

Total Length: 420.00 ft

Total Volume: bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

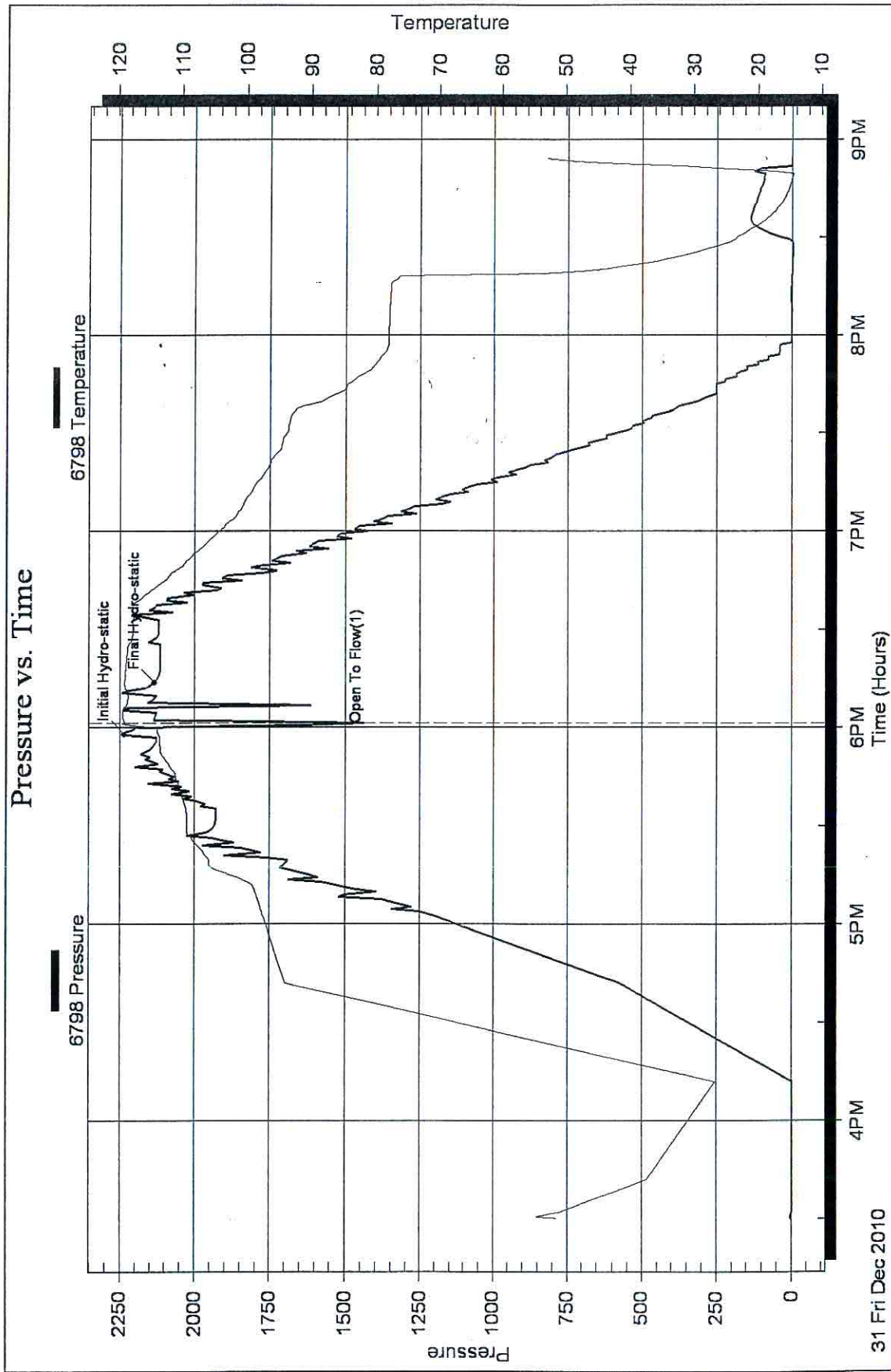


Serial #: 6798

Inside Charles N Griffin

31-33S-8W Harper KS

DST Test Number: 1





## DRILL STEM TEST REPORT

Prepared For: **Charles N Griffin**

PO Box 347  
Pratt, KS 67124

ATTN: Bruce Reed

**31-33S-8W Harper KS**

**#1 Leysa**

Start Date: 2011.01.01 @ 04:05:16

End Date: 2011.01.01 @ 11:15:01

Job Ticket #: 039268      DST #: 2

Trilobite Testing, Inc  
PO Box 1733 Hays, KS 67601  
ph: 785-625-4778 fax: 785-625-5620



**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Charles N Griffin

PO Box 347  
Pratt, KS 67124

ATTN: Bruce Reed

#1 Leysa

31-33S-8W Harper KS

Job Ticket: 039268

DST#: 2

Test Start: 2011.01.01 @ 04:05:16

### GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 06:30:46

Time Test Ended: 11:15:01

Interval: 4502.00 ft (KB) To 4515.00 ft (KB) (TVD)

Total Depth: 4515.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Test Type: Conventional Bottom Hole

Tester: Leal Cason

Unit No: 45

Reference Elevations: 1316.00 ft (KB)

1305.00 ft (CF)

KB to GR/CF: 11.00 ft

Serial #: 6798

Inside

Press@RunDepth: 47.46 psig @ 4503.00 ft (KB)

Start Date: 2011.01.01

End Date:

2011.01.01

Start Time: 04:05:17

End Time:

11:15:01

Capacity: 8000.00 psig

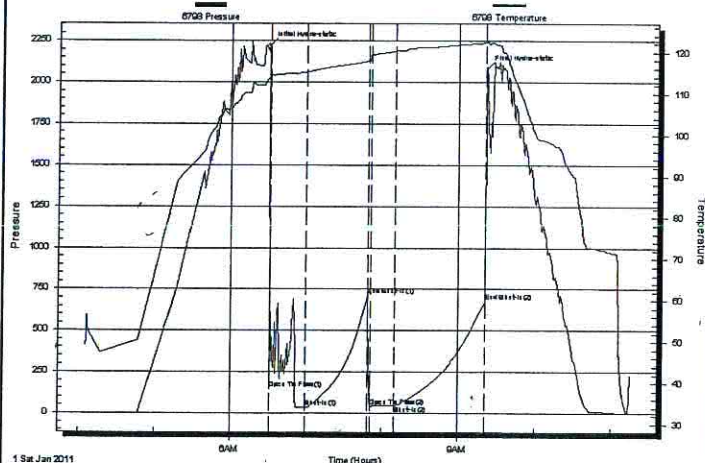
Last Calib.: 2011.01.01

Time On Btm: 2011.01.01 @ 06:30:01

Time Off Btm: 2011.01.01 @ 09:21:46

TEST COMMENT: IF: Weak Blow, Built to 4 1/2 inches  
IS: Bled Off, No Blow back  
FF: Weak Blow, Built To 2 1/2 inches  
FS: Bled Off, No Blow back

Pressure vs. Time



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2223.27	113.92	Initial Hydro-static
1	143.77	114.13	Open To Flow (1)
30	36.15	115.19	Shut-In(1)
79	710.13	117.86	End Shut-In(1)
81	42.53	119.58	Open To Flow (2)
100	47.46	120.34	Shut-In(2)
172	674.44	122.28	End Shut-In(2)
172	2082.71	122.57	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
60.00	VSOSM <1% O >99%M	0.84
20.00	SGCM 2%g 98%M	0.28

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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**TRILOBITE**  
**TESTING, INC**

## DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

#1 Leysa

PO Box 347  
Pratt, KS 67124

31-33S-8W Harper KS

Job Ticket: 039268

DST#: 2

ATTN: Bruce Reed

Test Start: 2011.01.01 @ 04:05:16

### Tool Information

Drill Pipe:	Length: 4489.00 ft	Diameter: 3.80 inches	Volume: 62.97 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 90000.00 lb
			Total Volume: 62.97 bbl	Tool Chased ft
Drill Pipe Above KB:	7.00 ft			String Weight: Initial 60000.00 lb
Depth to Top Packer:	4502.00 ft			Final 60000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	13.00 ft			
Tool Length:	33.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths	
Shut In Tool	5.00			4487.00		
Hydraulic tool	5.00			4492.00		
Packer	5.00			4497.00	20.00	Bottom Of Top Packer
Packer	5.00			4502.00		
Stubb	1.00			4503.00		
Recorder	0.00	6798	Inside	4503.00		
Recorder	0.00	8367	Outside	4503.00		
Perforations	9.00			4512.00		
Bullnose	3.00			4515.00	13.00	Bottom Packers & Anchor
Total Tool Length:	33.00					



**TRILOBITE**  
**TESTING, INC**

## DRILL STEM TEST REPORT

### FLUID SUMMARY

Charles N Griffin

#1 Leysa

PO Box 347  
Pratt, KS 67124

31-33S-8W Harper KS

Job Ticket: 039268

DST#: 2

ATTN: Bruce Reed

Test Start: 2011.01.01 @ 04:05:16

### Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 74.00 sec/qt

Water Loss: 14.18 in<sup>3</sup>

Resistivity: ohm.m

Salinity: 13500.00 ppm

Filter Cake: inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

deg API

Water Salinity: ppm

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	VSOSM <1% O >99%M	0.842
20.00	SGCM 2%g 98%M	0.281

Total Length: 80.00 ft

Total Volume: 1.123 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

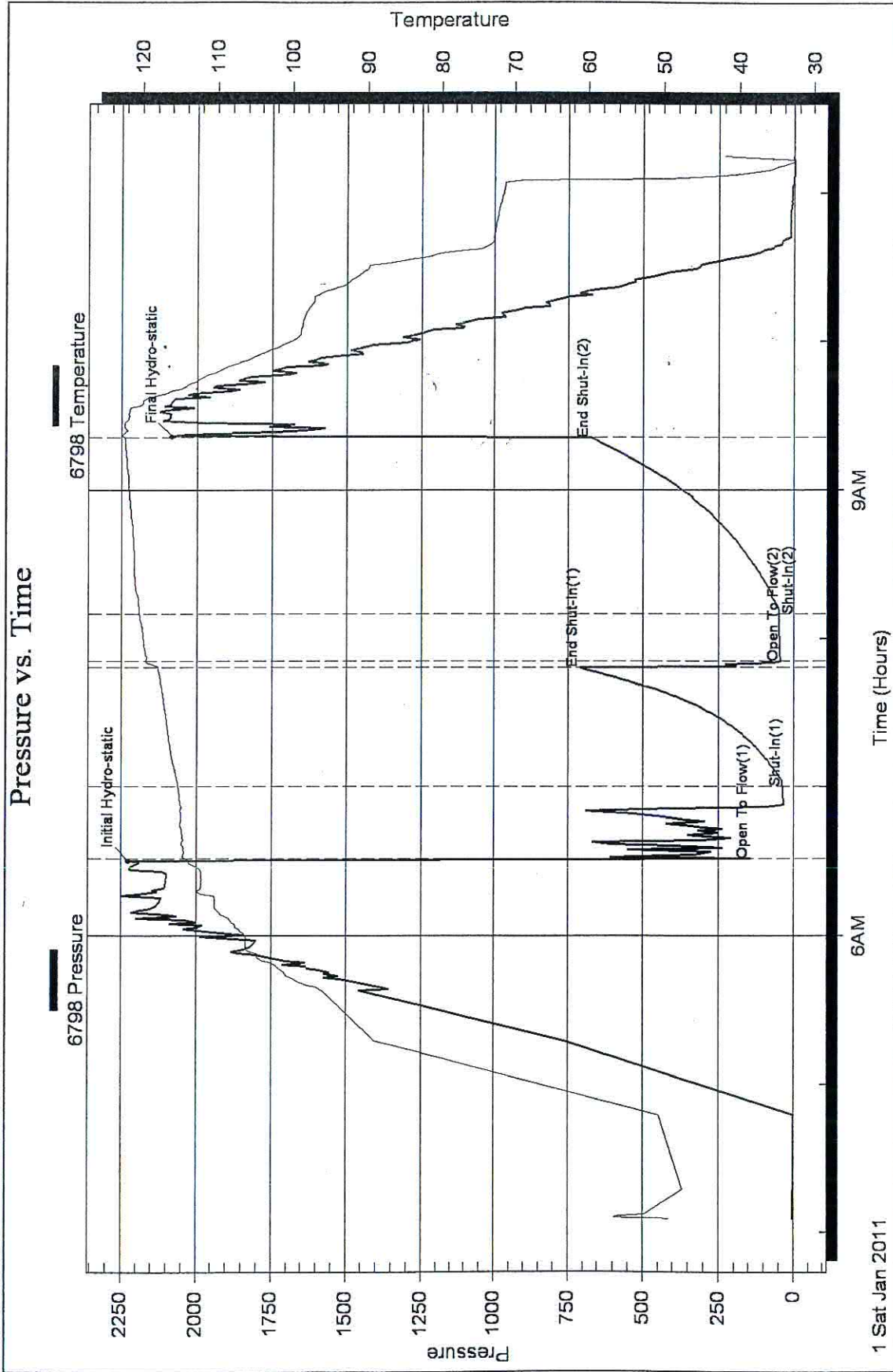
Serial #: 6798

Inside Charles N Griffin

31-33S-8W Harper KS

DST Test Number: 2

# Pressure vs. Time







**TRILOBITE**  
**TESTING, INC.**

## DRILL STEM TEST REPORT

Prepared For: **Charles N Griffin**

PO Box 347  
Pratt, KS 67124

ATTN: Bruce Reed

**31-33S-8W Harper KS**

**#1 Leysa**

Start Date: 2011.01.01 @ 21:07:09

End Date: 2011.01.02 @ 04:48:54

Job Ticket #: 039269      DST #: 3

Trilobite Testing, Inc

PO Box 1733 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620



**TRILOBITE  
TESTING, INC**

## DRILL STEM TEST REPORT

Charles N Griffin

#1 Leysa

PO Box 347  
Pratt, KS 67124

31-33S-8W Harper KS

Job Ticket: 039269

DST#: 3

ATTN: Bruce Reed

Test Start: 2011.01.01 @ 21:07:09

### GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: **No** Whipstock: **ft (KB)**

Time Tool Opened: 23:16:54

Time Test Ended: 04:48:54

Test Type: **Conventional Bottom Hole**

Tester: **Leal Cason**

Unit No: **45**

Interval: **4530.00 ft (KB) To 4550.00 ft (KB) (TVD)**

Total Depth: **4550.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** Hole Condition: **Good**

Reference Elevations: **1316.00 ft (KB)**

**1305.00 ft (CF)**

KB to GR/CF: **11.00 ft**

Serial #: **6798**

Inside

Press@RunDepth: **23.63 psig @ 4531.00 ft (KB)**

Start Date: **2011.01.01**

End Date: **2011.01.02**

Start Time: **21:07:10**

End Time: **04:48:54**

Capacity: **8000.00 psig**

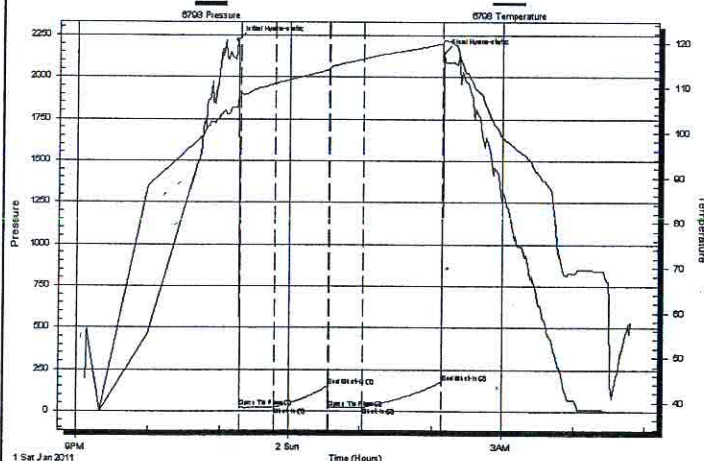
Last Calib.: **2011.01.02**

Time On Btm: **2011.01.01 @ 23:14:39**

Time Off Btm: **2011.01.02 @ 02:09:09**

TEST COMMENT: IF: Weak Blow, 2 inches  
IS: Bled Off, No Blow back  
FF: Weak Blow, 1 1/2 inches  
FS: Bled Off, No Blow back

Pressure vs. Time



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2221.62	106.07	Initial Hydro-static
3	22.11	107.54	Open To Flow (1)
33	22.61	110.95	Shut-In(1)
79	152.08	114.03	End Shut-In(1)
79	19.53	114.00	Open To Flow (2)
108	23.63	116.49	Shut-In(2)
174	176.59	119.83	End Shut-In(2)
175	2145.95	120.64	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud	0.28

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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**TRILOBITE**  
**TESTING, INC**

## DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

#1 Leysa

PO Box 347  
Pratt, KS 67124

31-33S-8W Harper KS

Job Ticket: 039269

DST#: 3

ATTN: Bruce Reed

Test Start: 2011.01.01 @ 21:07:09

### Tool Information

Drill Pipe:	Length: 4517.00 ft	Diameter: 3.80 inches	Volume: 63.36 bbl	Tool Weight:	2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose:	62000.00 lb
			Total Volume: 63.36 bbl	Tool Chased	ft
Drill Pipe Above KB:	7.00 ft			String Weight: Initial	60000.00 lb
Depth to Top Packer:	4530.00 ft			Final	60000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	20.00 ft				
Tool Length:	40.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			
Tool Comments:					

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4515.00	
Hydraulic tool	5.00			4520.00	
Packer	5.00			4525.00	20.00 Bottom Of Top Packer
Packer	5.00			4530.00	
Stubb	1.00			4531.00	
Recorder	0.00	6798	Inside	4531.00	
Recorder	0.00	8367	Outside	4531.00	
Perforations	16.00			4547.00	
Bullnose	3.00			4550.00	20.00 Bottom Packers & Anchor
Total Tool Length:	40.00				





**TRILOBITE**  
**TESTING, INC**

## DRILL STEM TEST REPORT

### FLUID SUMMARY

Charles N Griffin

#1 Leysa

PO Box 347  
Pratt, KS 67124

31-33S-8W Harper KS

Job Ticket: 039269

DST#: 3

ATTN: Bruce Reed

Test Start: 2011.01.01 @ 21:07:09

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbl

Water Loss: 14.19 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 13500.00 ppm

Filter Cake: inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Mud	0.281

Total Length: 20.00 ft

Total Volume: 0.281 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 6798

Inside

Charles N Griffin

31-33S-8W Harper KS

DST Test Number: 3

# Pressure vs. Time

