



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Shakespeare Oil Comp, Inc

Frey 3-9

202 W. Main Street
Salem IL 62881

9/13s/32w Logan KS

ATTN: Steve Davis

Job Ticket: 041209

DST#: 3

Test Start: 2011.04.28 @ 03:39:15

GENERAL INFORMATION:

Formation: **Lansing J**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:44:15

Time Test Ended: 09:24:15

Test Type: Conventional Bottom Hole

Tester: Mike Roberts

Unit No: 48

Interval: 4199.00 ft (KB) To 4222.00 ft (KB) (TVD)

Reference Elevations: 2999.00 ft (KB)

Total Depth: 4222.00 ft (KB) (TVD)

2989.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 6669 Outside

Press @ Run Depth: 29.09 psig @ 4217.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.04.28

End Date: 2011.04.28

Last Calib.: 2011.04.28

Start Time: 03:39:15

End Time: 09:24:15

Time On Btm: 2011.04.28 @ 05:44:00

Time Off Btm: 2011.04.28 @ 07:43:45

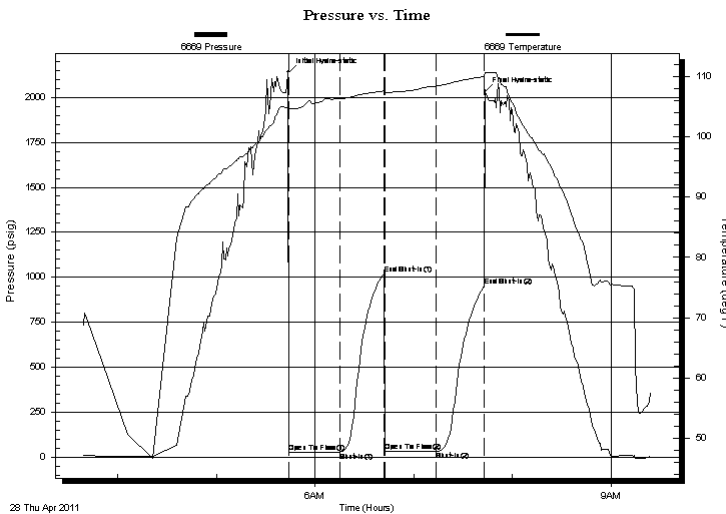
TEST COMMENT: IF: Built to weak surface blow

IS: No return blow

FF: No blow

FS: No return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2138.99	104.93	Initial Hydro-static
1	27.49	104.28	Open To Flow (1)
31	28.02	106.36	Shut-In(1)
58	1019.34	107.57	End Shut-In(1)
59	28.89	107.36	Open To Flow (2)
90	29.09	108.36	Shut-In(2)
119	950.25	109.93	End Shut-In(2)
120	2035.09	110.57	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	m 100% m	0.05

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



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Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.77 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	m 100% m	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

