



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: _____



1058922

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Customer <i>L.D. Drilling</i>	Lease No.	Date <i>5-13-11</i>
Lease <i>Keith 1</i>	Well # <i>2-15</i>	
Field Order # <i>4003</i>	Station <i>PRATT KS</i>	Casing <i>8 1/8</i>
Type Job <i>CNW 8 1/8 SORFO</i>	Depth <i>342'</i>	County <i>BARTON</i>
	Formation	Legal Description <i>13-1-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>8 1/8</i>							
Depth <i>387</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>23</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>300</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>370</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
Service Units <i>37900</i>	<i>19903</i>	<i>19905</i>
Driver Names <i>Sullivan</i>	<i>Mitchell</i>	<i>Burgardt</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:45 am</i>					<i>on the safety meeting</i>
					<i>Run 9 5TS 8 1/8 24 CSG.</i>
<i>10:25</i>					<i>Casing on Bottom</i>
<i>10:35</i>					<i>Hook Up Circ.</i>
<i>10:40</i>	<i>150</i>		<i>3</i>	<i>4</i>	<i>1st sphere</i>
			<i>65</i>	<i>5</i>	<i>mix cont 320 & Colva Por</i>
					<i>cont mixed shut down</i>
					<i>Release Plug</i>
				<i>3.5</i>	<i>1st Disp.</i>
<i>11:20</i>	<i>150</i>		<i>23</i>		<i>plug down</i>
					<i>Circ 9 Bbl cont to Pit</i>
					<i>SOB Complete</i>
					<i>Thank you</i>

Customer <i>L.O. Drilling Inc</i>	Lease No.	Date <i>5-19-11</i>
Lease <i>Keith</i>	Well # <i>H 2-15</i>	
Field Order # <i>03906A</i>	Station <i>Pratt</i>	Casing <i>5 1/2"</i>
Type Job <i>5 1/2" Long String</i>	Formation <i>GNW</i>	Depth <i>3627'</i>
		County <i>Barton</i>
		State <i>Ks</i>
		Legal Description <i>15-19-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2"</i>	Tubing Size	Shots/Ft		Acid <i>60/40 Poz @ 15.4#</i>	RATE	PRESS	ISIP	
Depth <i>3627'</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>88 BBL</i>	Volume	From	To	Pad <i>60/40 Poz</i>	Min		10 Min.	
Max Press <i>1000#</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>3608'</i>	Packer Depth	From	To	Flush <i>Disp H 20</i>	Gas Volume		Total Load	

Customer Representative <i>Jim</i>	Station Manager <i>Scotty</i>	Treater <i>Allen</i>
---------------------------------------	----------------------------------	-------------------------

Service Units <i>25443</i>	<i>22463</i>								
Driver Names <i>Worth</i>	<i>Wiser</i>	<i>Mike</i>	<i>McGrath</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Notes
<i>5:22 PM</i>					<i>D+S. csg circled Service Log PetroMark II on Loc. Discuss Safety, Setup, Plan to Rig @ collars - Shut down for Bad weather out of Hole Lay down Kelly.</i>
<i>6:00</i>					<i>Rig up to Run 5 1/2" csg. 14#</i>
<i>6:55</i>					<i>Start 5 1/2" casing. Shoe Jt. 19.10' w/ Shoe Rag, + insert Flot in collar cent - 1-3-5-7-9</i>
<i>8:10</i>					<i>TAG TD. @ 3630' - Pickup 3' 2627' Hookup + circ well - Good circ.</i>
<i>8:55</i>	<i>300#</i>		<i>20</i>	<i>5</i>	<i>Pump 20 BBL 2% KCL</i>
			<i>12</i>	<i>5</i>	<i>Pump 12 BBL mud Flush</i>
			<i>3</i>	<i>5</i>	<i>Pump 3 BBL H 20 spacer</i>
			<i>6</i>		<i>mix + Pump 150 sks 60/40 Poz @ 15.4</i>
			<i>38</i>		<i>Finish mix washout Pump + line</i>
<i>9:15</i>					<i>6 1/2 Drop Top Rubber Plug. 5 1/2" St. Dis</i>
<i>9:30</i>	<i>500#</i>				<i>5 1/2 caught lift PST. 64 BBL/s</i>
	<i>1060#</i>		<i>88</i>	<i>4 1/2</i>	<i>Plug down</i>
					<i>Release PST OK.</i>
					<i>Plug RAT Hole w/ 30 sks 60/40 washup + Rackup Equip.</i>
<i>10:30</i>					<i>Job complete.</i>
					<i>Thanks Allen Lucas, Mike</i>

GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: KEITH 2-15

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S15/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D956

Test Unit:

Start Date: 2011/05/16 Start Time: 19:30:00

End Date: 2011/05/17 End Time: 01:20:00

Report Date: 2011/05/17 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 80' 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: _____

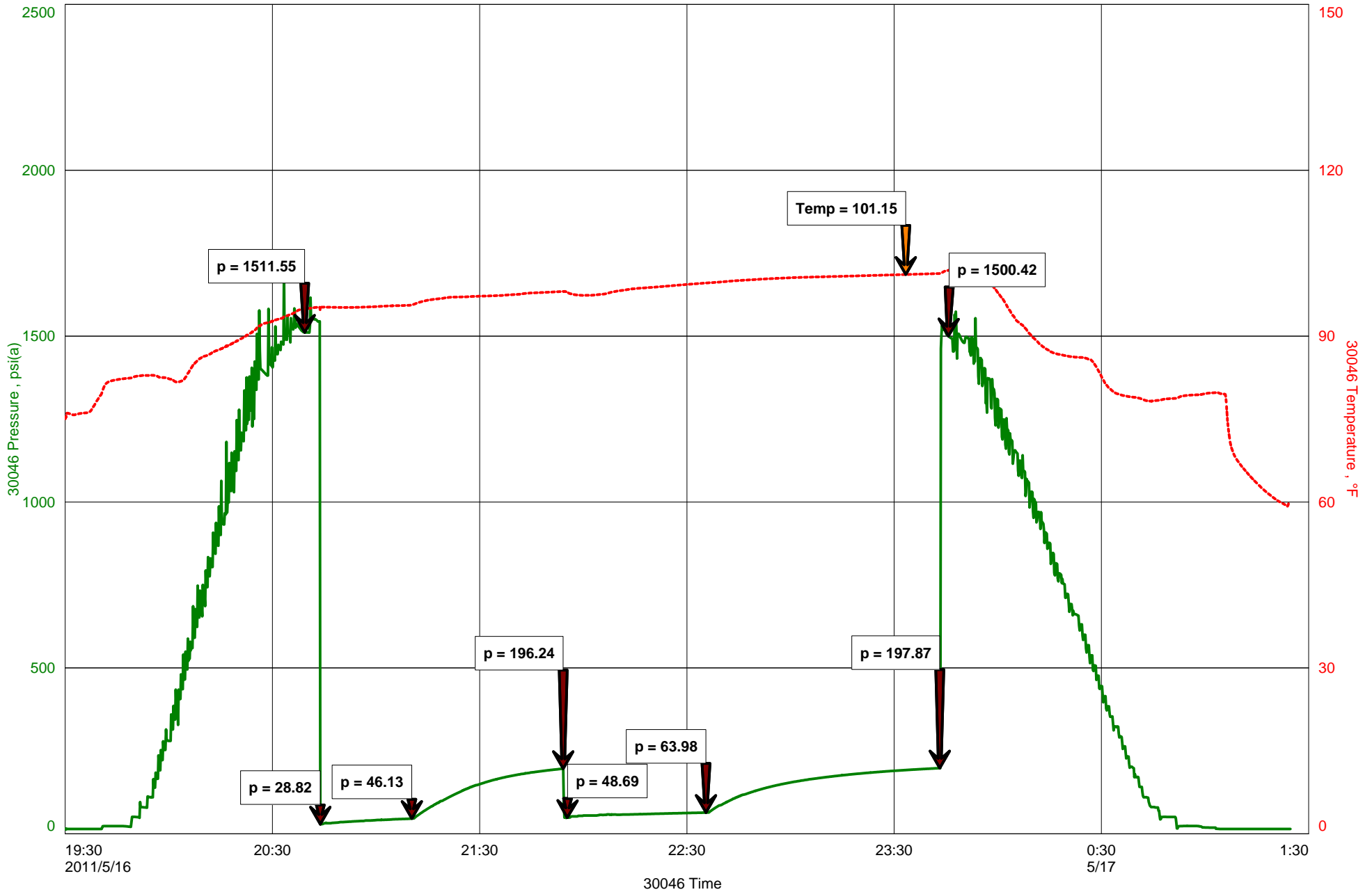
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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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KEITH 2-15



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: KEITH 2-15

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S15/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D957

Test Unit:

Start Date: 2011/05/17 Start Time: 08:00:00

End Date: 2011/05/17 End Time: 13:45:00

Report Date: 2011/05/17 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 250' GAS IN PIPE, 90' GAS+OIL CUT MUD



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 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: _____

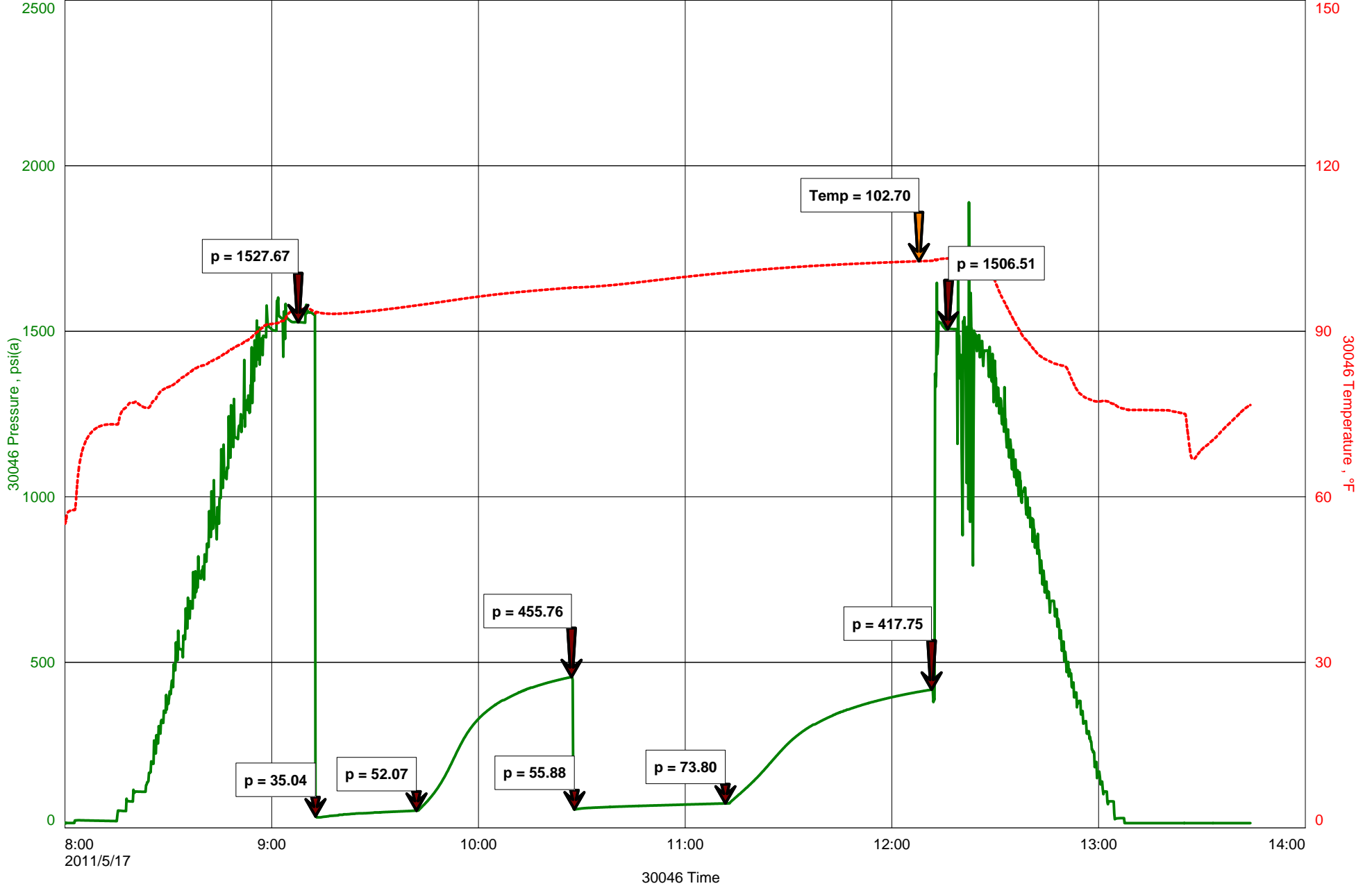
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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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KEITH 2-15





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 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

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 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: _____

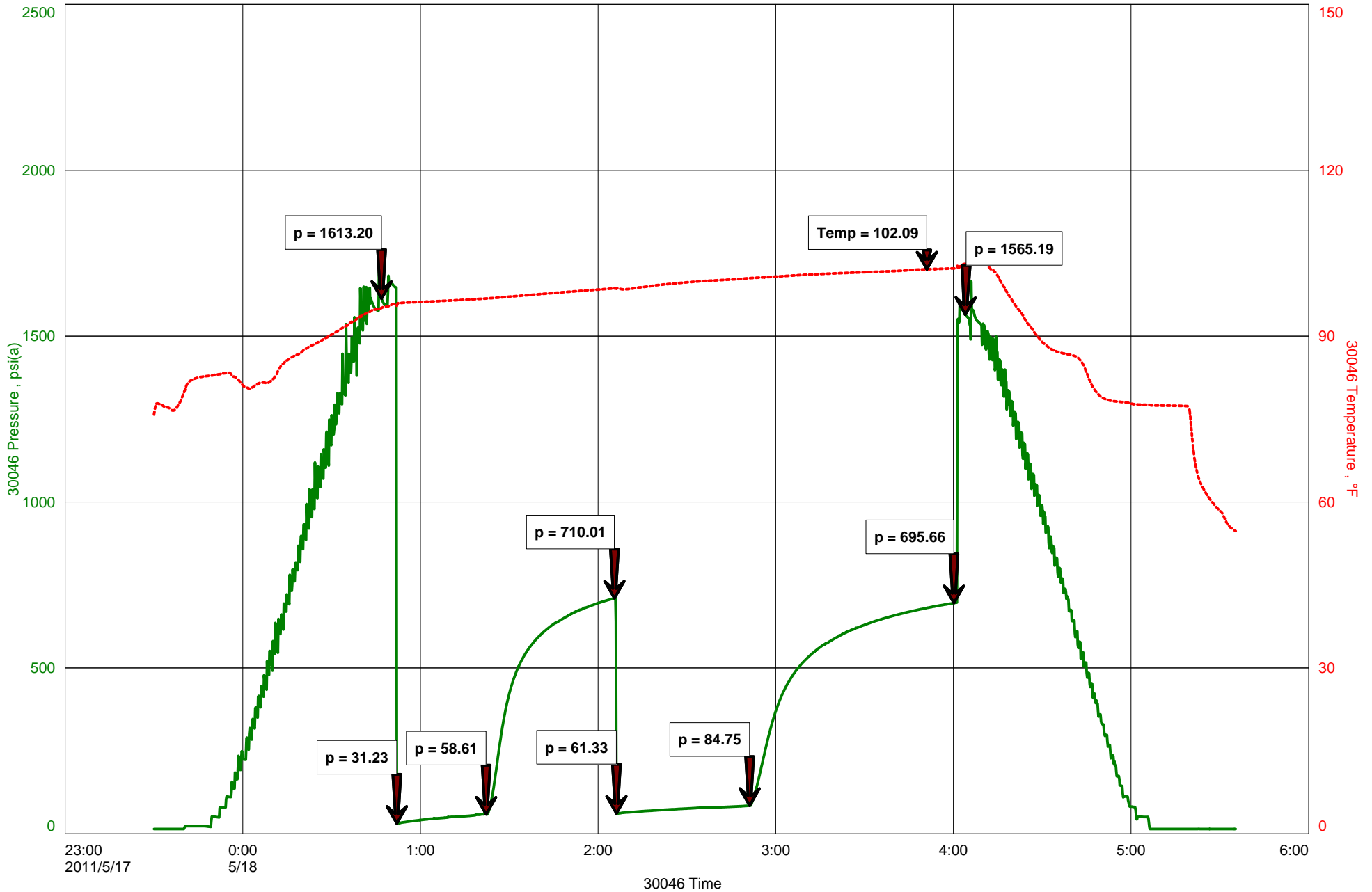
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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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KEITH 2-15



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: KEITH 2-15

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S15/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D959

Test Unit:

Start Date: 2011/05/18 Start Time: 13:35:00

End Date: 2011/05/18 End Time: 19:10:00

Report Date: 2011/05/18 Prepared By: JOHN RIEDL

Remarks: Qualified By: JOSH AUSTIN

RECOVER: 90' CLEAN GASSY OIL (10:GAS 90%OIL) 36 GRAVITY @ 60 DEGREES
120' SLM+GCO (10%GAS 5%MUD 85%OIL)



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 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

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

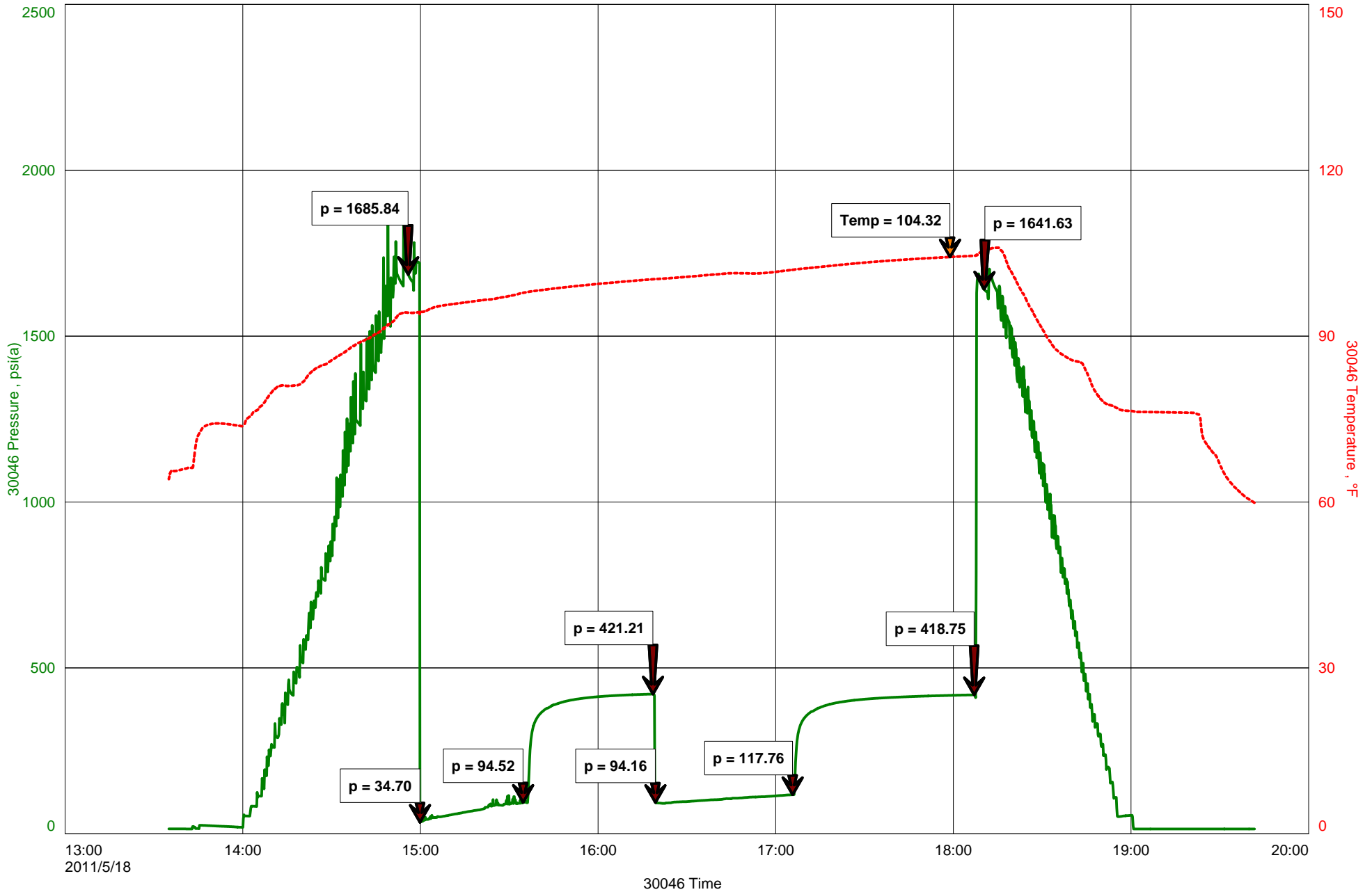
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

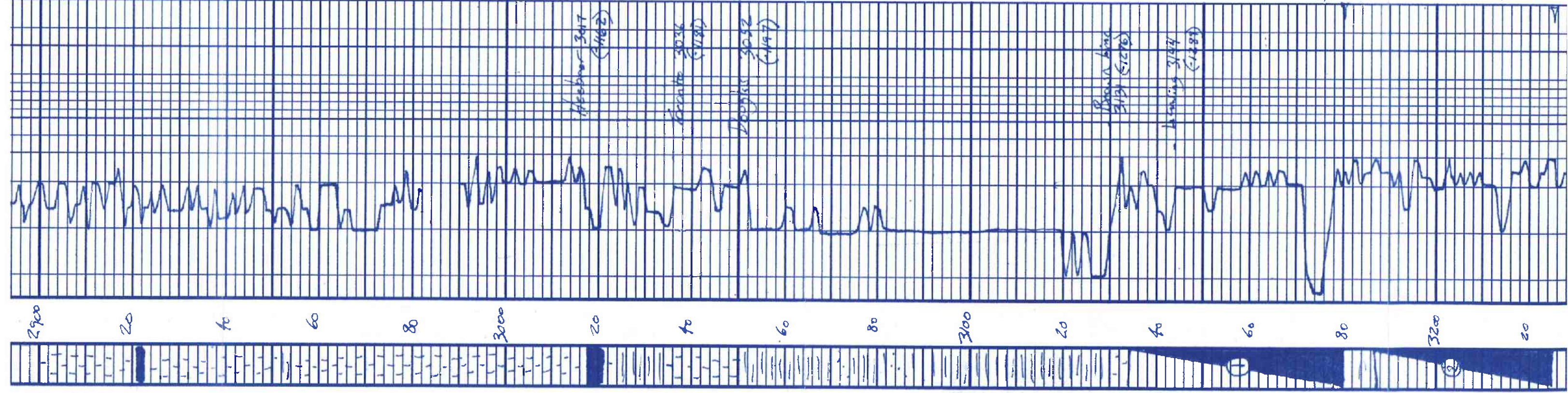
Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

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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KEITH 2-15





Hebburn 3017
(462)

Grants 3036
(480)

Douglas 3052
(497)

Brown 3131
(570)

Wainwright 3144
(588)

ls. cream buff, base green
Poor vis. transpary slt
R/S

blk carb shale
+ grey calc. grey sh.

ls. grey-cream base cherty
slt. base green in part
Base of 100' of sh.

ls. cream - buff blk calc. in base
part, low section of sh.

ls. a. pale vis. by impact
SS

+ grey heavy sh.

blk carb shale
grey - Mar. sh.

ls. cream with fine cherty
thin base shaly also
elsewhere

shale: grey - greyish green
micro impact, soft

shale: a. silty in part

grey soft silty mass shale
+ Sand: grey - greyish green
vis. base impact

shale of sand as
SS

ls. tan. buff sh. base sh.
ls. clay - sand sh. base
cherty calc. base shaly sh.
vis. base sh.

ls. tan. cream - good over -
base sh. sh. sh. base

ls. tan. grey - cream sh. with
sh. base - base sh. sh.

ls. grey - tan fine cherty sh. base
sh. base sh. sh. base sh. base

ls. shaly grey - cherty
sh. base sh. sh. base sh. base

KB 1855

PSI #1 3134-3180
30-45-45-60
Blow fair built to 9"
Final. fair built to 8"
No blow back
Recovery 80' mud
Pressure: IPIP 196 PSI
FSIP 198 "
IFP 27.46 "
EEP 49.04 "
HSH 1512 "
-1500

PSI #2 3187-3225
30-45-45-60
Blow: Strong OBB in 28 min
No blow back
Final: Strong OBB in 10 min
Weak blow back
Recovery: 250' GIP
90' 9' 00 cm
(51.945 51' 00" 90' mud)

Check orange grey silty clay
 clayey sand & brown red sh
 Blk. con. with fine sh. silty clay
 fine sand sh
 Blk. con. with orange grey silty clay
 dense to v. dense. By #/s
 1 gy. sh. thin A
 Pellets are few silty
 fine to med. coarse #/s
 sh. thin to med. with fine to
 med. #/s
 + 1 orange grey clay
 silty sh. as by #/s
 SS

