



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Norstar Petroleum Inc
 6855 S Havana St Ste 250
 Centennial, Colo
 80112
 ATTN: Brad Rein

Curtis #1-24
24-10-35 Thomas, Ks
 Job Ticket: 43305 **DST#: 5**
 Test Start: 2011.04.27 @ 21:05:59

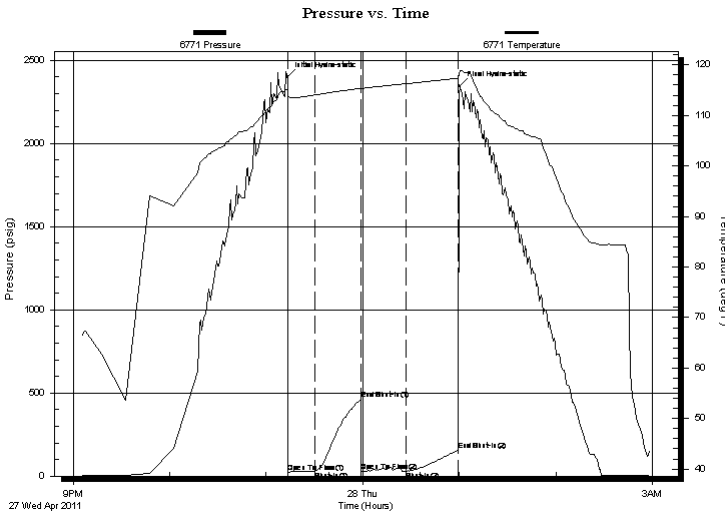
GENERAL INFORMATION:

Formation: **Johnson**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 23:13:29
 Time Test Ended: 03:20:14
Interval: 4657.00 ft (KB) To 4744.00 ft (KB) (TVD)
 Total Depth: 4744.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole
 Tester: Shane McBride
 Unit No: 55
 Reference Elevations: 3247.00 ft (KB)
 3242.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 6771 Outside
 Press @ Run Depth: 31.89 psig @ 4658.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2011.04.27 End Date: 2011.04.28 Last Calib.: 2011.04.28
 Start Time: 21:05:59 End Time: 02:58:14 Time On Btm: 2011.04.27 @ 23:13:14
 Time Off Btm: 2011.04.28 @ 01:00:14

TEST COMMENT: Weak blow died in 6 min.
 No return
 No blow
 No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2402.04	115.10	Initial Hydro-static
1	25.47	114.09	Open To Flow (1)
17	27.40	114.04	Shut-In(1)
46	460.74	115.36	End Shut-In(1)
46	29.79	115.24	Open To Flow (2)
74	31.89	116.28	Shut-In(2)
106	156.71	117.35	End Shut-In(2)
107	2345.69	118.80	Final Hydro-static

Recovery

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

Gas Rates

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



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FLUID SUMMARY

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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: 47.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.57 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 4500.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	heavy mud 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:

