



KANSAS CORPORATION COMMISSION 1062530
OIL & GAS CONSERVATION DIVISION

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: _____



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
_____ 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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	O'Brien Resources, LLC
Well Name	Goossen Trust 11 1
Doc ID	1062530

All Electric Logs Run

Composite
Dual Induction
Compensated Density/Neutron PE
Sonic
Micro

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 31, 2011

Heather Haynes
O'Brien Resources, LLC
PO BOX 6149
SHREVEPORT, LA 71136

Re: ACO1
API 15-193-20799-00-00
Goossen Trust 11 1
SE/4 Sec.11-10S-33W
Thomas County, Kansas

Dear Production Department:

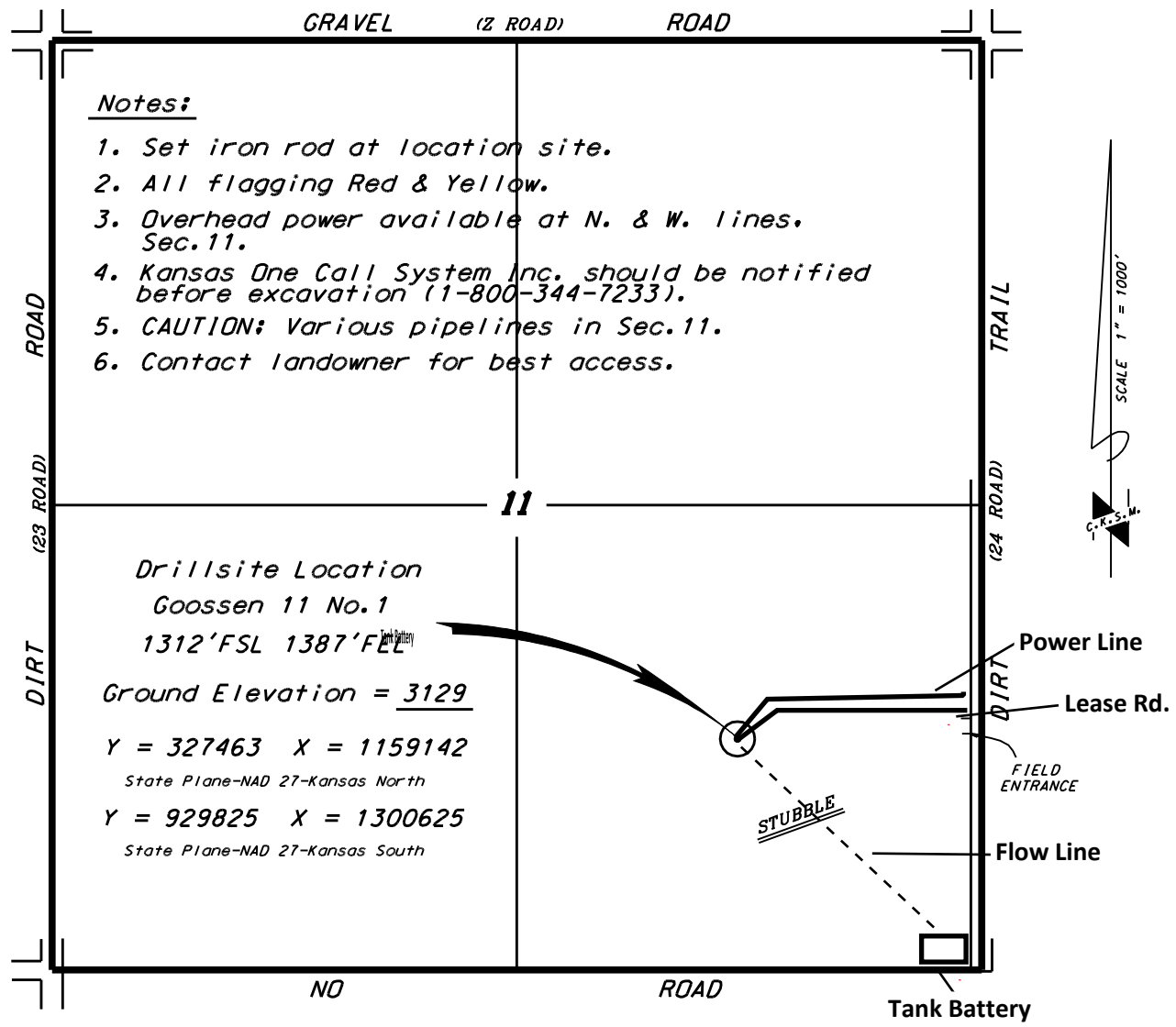
We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Heather Haynes

**O'BRIEN RESOURCES, LLC
GOOSSEN LEASE
SE.1/4, SECTION 11, T10S, R33W
THOMAS COUNTY, KANSAS**

*Ingress and egress to location as shown on this plat is per usage only and may not be legally opened for public use. Contact landowner, tenant and county road department for access.



Notes:

1. Set iron rod at location site.
2. All flagging Red & Yellow.
3. Overhead power available at N. & W. lines. Sec.11.
4. Kansas One Call System Inc. should be notified before excavation (1-800-344-7233).
5. CAUTION: Various pipelines in Sec.11.
6. Contact landowner for best access.

Drillsite Location
Goossen 11 No.1
1312'FSL 1387'FEL
Ground Elevation = 3129
Y = 327463 X = 1159142
State Plane-NAD 27-Kansas North
Y = 929825 X = 1300625
State Plane-NAD 27-Kansas South



*Controlling data is based upon the best maps and photographs available to us and upon a regular section of land containing 640 acres.
*Approximate section lines were determined using the normal standard of care of oilfield surveyors practicing in the state of Kansas. The section corners, which establish the precise section lines, were not necessarily located, and the exact location of the drillsite location in the section is not guaranteed. Therefore, the operator securing this service and accepting this plat and all other parties relying thereon agree to hold Central Kansas Oilfield Services, Inc., its officers and employees harmless from all losses, costs and expenses and said entities released from any liability from incidental or consequential damages.
*Elevations derived from National Geodetic Vertical Datum.

Date May 12, 2011



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 30767
LOCATION Oakley
FOREMAN Kelly Gabel
Fuzzy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-11-11	5960	Goosen trust 11 #1	11	105	33W	Thomas
CUSTOMER O'Brien Res LLC			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 4820 CASING SIZE & WEIGHT 4 1/2 10 1/2 #
CASING DEPTH 4822 DRILL PIPE _____ TUBING _____ OTHER DV tool @ 2664
SLURRY WEIGHT 14.7-11.8 SLURRY VOL 1.45-2.3 WATER gal/sk 6.9-12.3 CEMENT LEFT in CASING 42.62
DISPLACEMENT 76.00 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, rigged up to circulate on w/w Rig #10. Pumped 500 gal mud flush, 10 bbl KCL water, mix 125 SKS OWC. Wash pump clean release plug & displaced with 30 bbl H2O and 46 bbl mud. Lift press was 700# plug landed at 1500#, dropped DV Bomb, waited 15 min, opened DV tool @ 1200#, hooked up to rig to circulate between stages. Pump 50 Gal mud flush & 10 bbl KCL water, pumped 30 SKS in RH, mixed 500 SKS cement down 4 1/2 casing, washed out pump lines, released plug & displaced with 42 1/2 bbl H2O. 800# lift pressure landed plug & closed tool. Plug landed at 1500#, cement did circulate. approx 30 bbl

Thanks Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE		
5406	10	MILEAGE	2850.00	2850.00
5407A	31.0	Ton Mileage Delivery	5.00	50.00
1126	175 SKS	OWC	1.58	489.80
1131	530 SKS	60/40 POZ	21.48	3255.00
11183	3646 #	Bentonite	14.35	7605.50
1110A	875 #	Kal-seal	.24	875.04
1107	135 #	Flu-seal	.53	463.75
11446	1000 gal	Mud flush	2.60	353.78
1215	2 gal	KCL	1.00	1000.00
41156	1	4 1/2" AFU Floor shoe	35.70	71.40
4129	10	4 1/2" Cent	287.00	287.00
4103	3	4 1/2" baskets	46.00	4160.00
4283	1	4 1/2 DV tool w latch down	261.00	783.00
			Subtotal	22898.21
			Less 15.90	3434.24
			Subtotal	19463.97

241924

SALES TAX ESTIMATED TOTAL 20,468.82

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

ALLIED CEMENTING CO., LLC. 043368

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Dakley 10

DATE <u>6-3-11</u>	SEC. <u>11</u>	TWP. <u>10</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30pm</u>	JOB FINISH <u>6:00pm</u>
LEASE <u>Goossewell</u>	WELL # <u>1</u>	LOCATION <u>Dakley 1 Not I 70 to Rd F</u>			COUNTY <u>Thomas</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)		<u>SW 3/4 S winto</u>					

CONTRACTOR WW #10

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 3471

CASING SIZE 8 7/8 DEPTH 3471

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 21.25 bbl

OWNER same

CEMENT

AMOUNT ORDERED 215 sks com 3/2

220 gel

COMMON	<u>215 sks</u>	@	<u>16.29</u>	<u>3493.75</u>
POZMIX		@		
GEL	<u>45 sks</u>	@	<u>21.25</u>	<u>85.00</u>
CHLORIDE	<u>85 sks</u>	@	<u>58.20</u>	<u>465.60</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>227.50</u>	@	<u>2.23</u>	<u>500.75</u>
MILEAGE	<u>118 sk/mile</u>			<u>274.67</u>
TOTAL				<u>4829.77</u>

EQUIPMENT

PUMP TRUCK # 423/281 CEMENTER Larane HELPER Jerry

BULK TRUCK # 404 DRIVER Mike

BULK TRUCK # _____ DRIVER _____

REMARKS:

Mix 215 sks com 3/2

Displace 21.25 bbl water

Cement did circulate

Thank you

CHARGE TO: dBrien Resources

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 3471'

PUMP TRUCK CHARGE 1250.00

EXTRA FOOTAGE 47 @ .75 4465

MILEAGE 11 X 2 @ 7.00 154.00

MANIFOLD @ _____

Light vehicle mileage @ 4.00 88.00

TOTAL 1536.65

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "CEMENT AT

ALLIED CEMENTING CO., LLC. 043368

Federal Tax I.D.# 20-5975804

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RUSSELL, KANSAS 67665

SERVICE POINT:
Dakley 10

DATE <u>6-3-11</u>	SEC. <u>11</u>	TWP. <u>10</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30pm</u>	JOB FINISH <u>6:00pm</u>
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OLD OR <u>NEW</u> (Circle one)		<u>SW 3/4 S winto</u>					

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CASING SIZE 8 7/8 DEPTH 3471

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

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OWNER same

CEMENT

AMOUNT ORDERED 215 sks com 3/2

220 gel

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POZMIX		@		
GEL	<u>45 sks</u>	@	<u>21.25</u>	<u>85.00</u>
CHLORIDE	<u>85 sks</u>	@	<u>58.20</u>	<u>465.60</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
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HANDLING	<u>227.50</u>	@	<u>2.23</u>	<u>500.75</u>
MILEAGE	<u>118 sk/mile</u>			<u>274.67</u>
TOTAL				<u>4829.77</u>

EQUIPMENT

PUMP TRUCK # 423/281 CEMENTER Larane

BULK TRUCK # 404 DRIVER Mike

BULK TRUCK # DRIVER

REMARKS:

Mix 215 sks com 3/2

Displace 21.25 bbl water

Cement did circulate

Thank you

CHARGE TO: McBrien Resources

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 3471'

PUMP TRUCK CHARGE 1250.00

EXTRA FOOTAGE 47 @ .75 4465

MILEAGE 11 X 2 @ 7.00 154.00

MANIFOLD @ 4.00 88.00

Light vehicle mileage @

TOTAL 1536.65

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "CEMENT AT

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	O'BRIEN RESOURCES, LLC.	Job Number	M168
Well Name	GOOSSEN TRUST 11 #1	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4237-4268 L/KC 140' (H)	Well Operator	O'BRIEN RESOURCES, LLC.
Surface Location	SEC.11-10S-33W THOMAS CO.KS.	Report Date	2011/06/07
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 4237-4268 L/KC 140' (H)		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/06/07	Start Test Time	14:35:00
Final Test Date	2011/06/07	Final Test Time	20:10:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

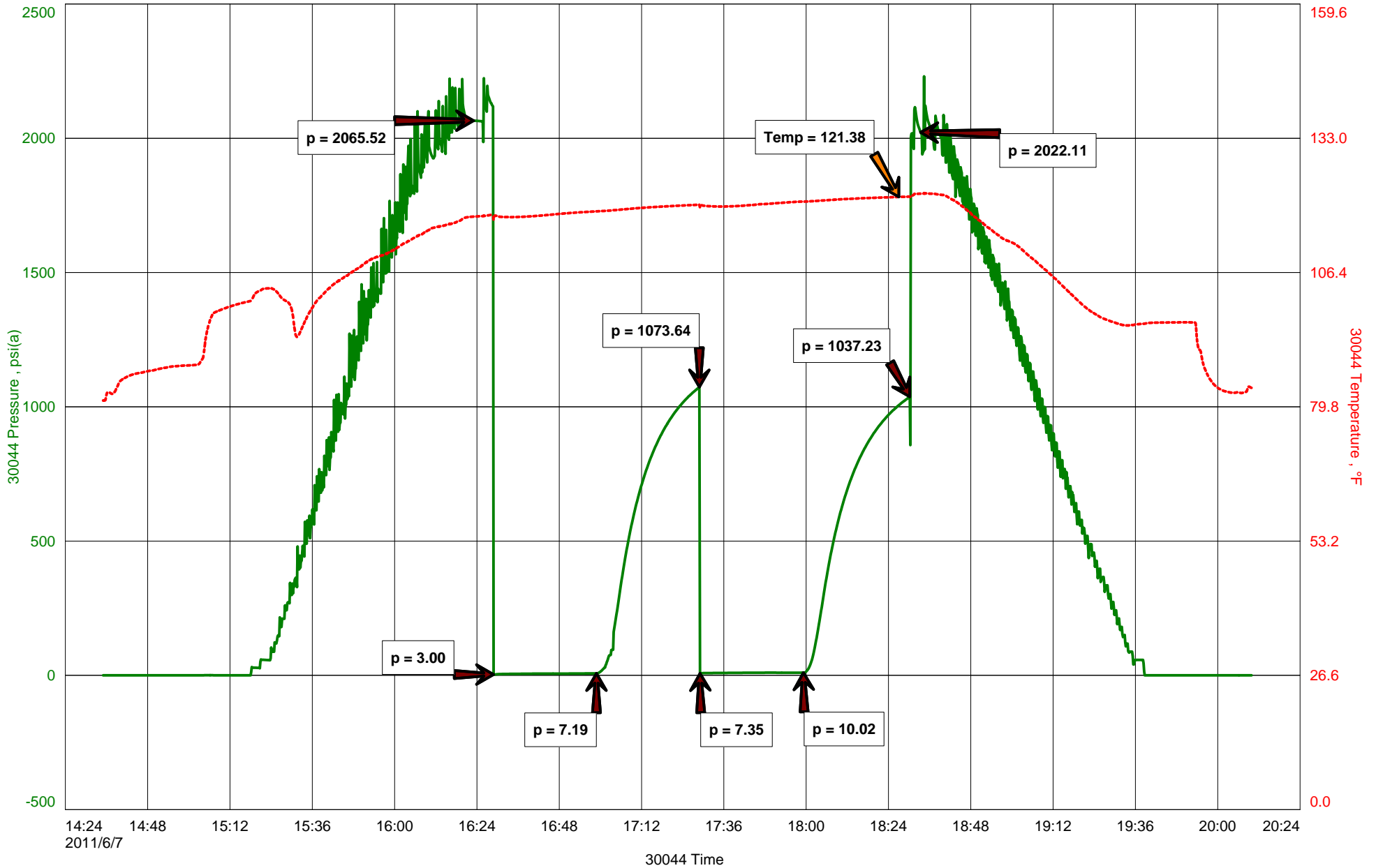
Test Results

Remarks

RECOVERED:
10' DM
10' TOTAL FLUID

TOOL SAMPLE: DM W/ OIL SPOTS

GOOSSEN TRUST 11 #1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	O'BRIEN RESOURCES, LLC.	Job Number	M169
Well Name	GOOSSEN TRUST 11 #1	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4270-4360 L/KC 160'/200'	Well Operator	O'BRIEN RESOURCES, LLC.
Surface Location	SEC.11-10S-33W THOMAS CO.KS.	Report Date	2011/06/08
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4270-4360 L/KC 160'/200'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/06/08	Start Test Time	07:45:00
Final Test Date	2011/06/08	Final Test Time	13:25:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

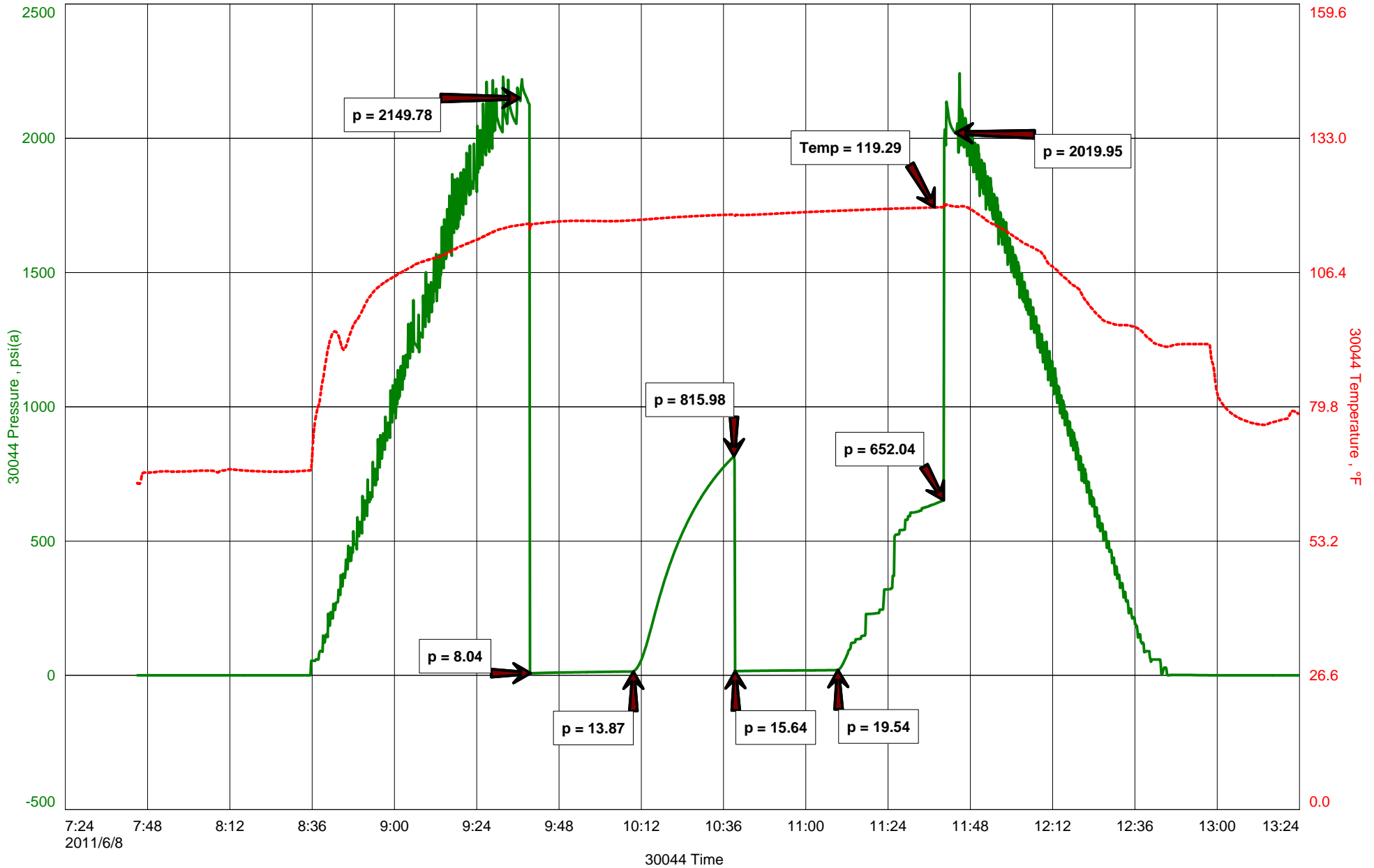
RECOVERED:
5' DM
5' TOTAL FLUID

TOOL SAMPLE: DRLG MUD

O'BRIEN RESOURCES, LLC.
DST#2 4270-4360 L/KC 160'/200'
Start Test Date: 2011/06/08
Final Test Date: 2011/06/08

GOOSSEN TRUST 11 #1
Formation: DST#2 4270-4360 L/KC 160'/200'
Pool: WILDCAT
Job Number: M169

GOOSSEN TRUST 11 #1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

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Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
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Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

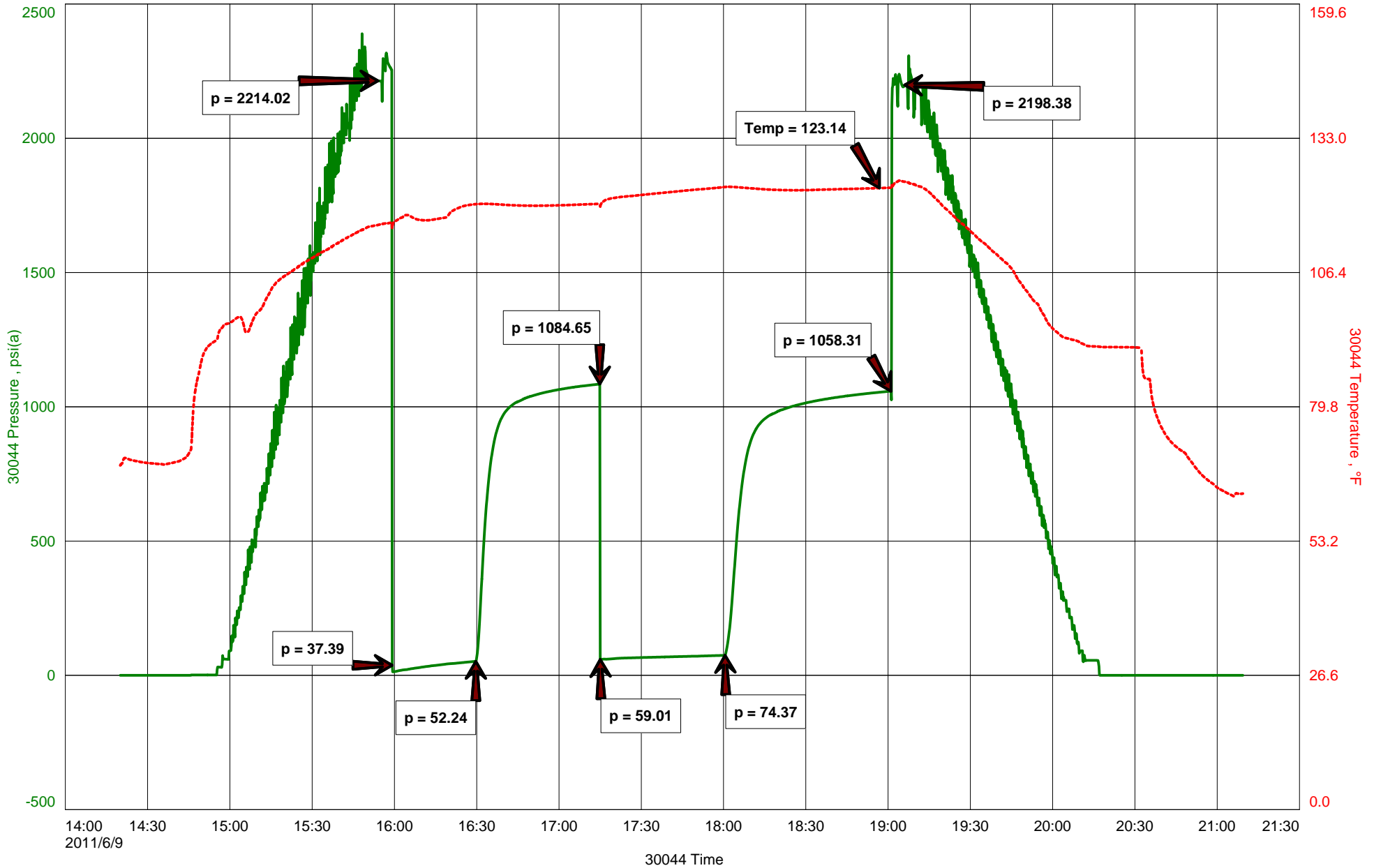
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

GOOSSEN TRUST 11 #1



DIAMOND TESTING

Pressure Survey Report

General Information

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Well Name	GOOSSEN TRUST 11 #1	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4502-4680 PAWNEE/JOHNSON	Well Operator	O'BRIEN RESOURCES, LLC.
Surface Location	SEC.11-10S-33W THOMAS CO.KS.	Report Date	2011/06/08
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4502-4680 PAWNEE/JOHNSON		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/06/09	Start Test Time	14:20:00
Final Test Date	2011/06/09	Final Test Time	21:10:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
150' WM 40% WTR, 60% MUD
150' TOTAL FLUID

CHLOR: 20,000 PPM
PH: 9.0
RW: .54 @ 66 DEG

TOOL SAMPLE: 60% WTR 40% MUD W/ A FEW SPOTS OF LIGHT OIL



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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.

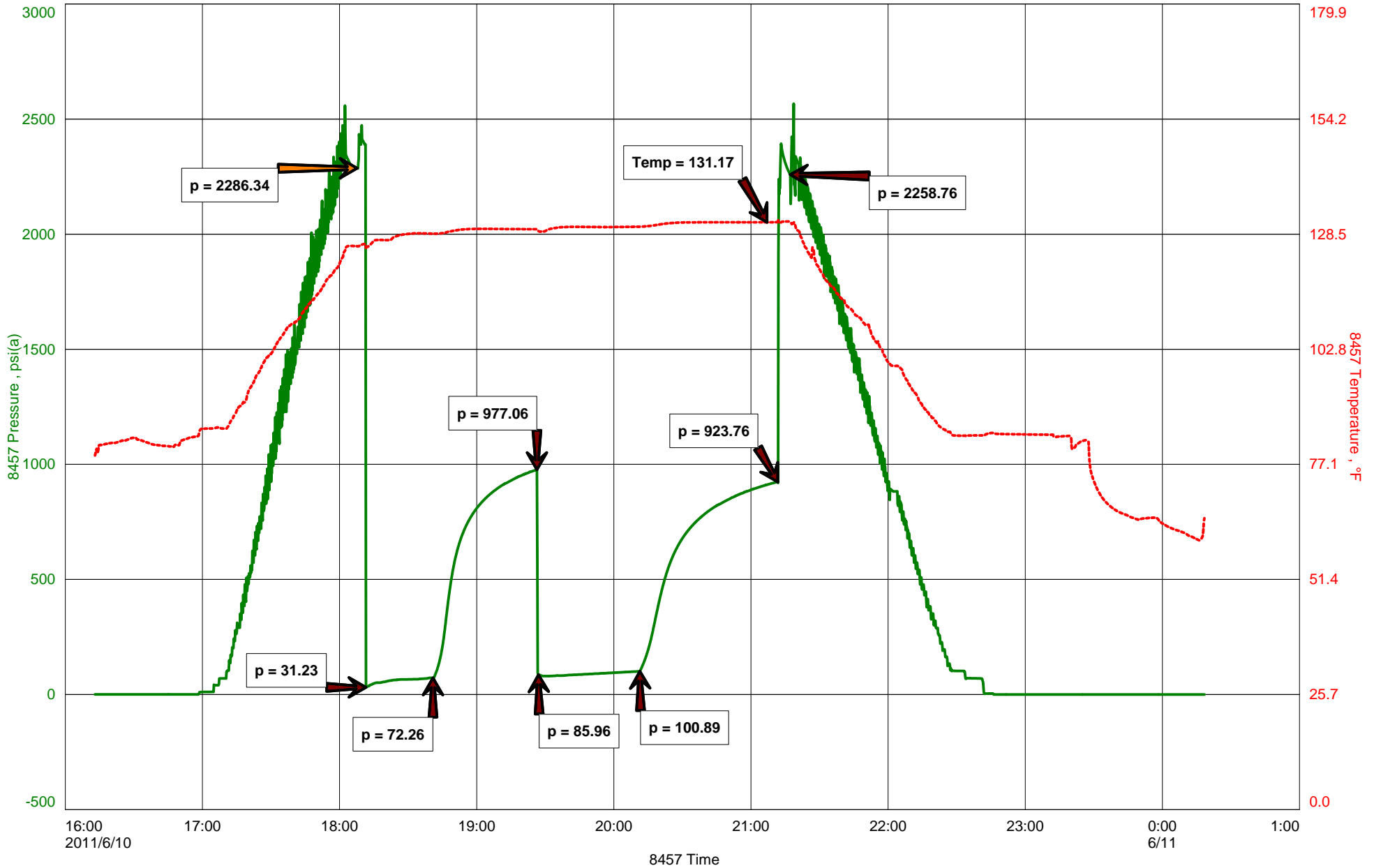
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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.

GOOSSEN TRUST 11 #1



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	O'BRIEN RESOURCES, LLC.	Job Number	M171
Well Name	GOOSSEN TRUST 11 #1	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4665-4724 MORROW SAND (STRADDLE)	Well Operator	O'BRIEN RESOURCES, LLC.
Surface Location	SEC.11-10S-33W THOMAS CO.KS.	Report Date	2011/06/11
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 4665-4724 MORROW SAND (STRADDLE)		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/06/10	Start Test Time	16:13:00
Final Test Date	2011/06/11	Final Test Time	00:19:00
		Well Fluid Type	01 Oil
Gauge Name	8457		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
103' GMCO 10% GAS, 65% OIL, 25% MUD
122' GHMCO 10% GAS, 45% OIL, 45% MUD
225' TOTAL FLUID

TOOL SAMPLE: 2% GAS, 88% OIL, 10% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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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