



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Shakespeare Oil Co. Inc.
202 West Main Street
Salem IL
62881
ATTN: Pat Deenihan

Pope 1-20

20-13-32w Logan Co K

Job Ticket: 43277

DST#: 3

Test Start: 2011.07.29 @ 17:00:15

GENERAL INFORMATION:

Formation: **Lansing "D"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 18:58:30

Time Test Ended: 22:21:00

Test Type: Conventional Bottom Hole

Tester: Mike Roberts

Unit No: 48

Interval: 4080.00 ft (KB) To 4102.00 ft (KB) (TVD)

Reference Elevations: 3039.00 ft (KB)

Total Depth: 4080.00 ft (KB) (TVD)

3034.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 5.00 ft

Serial #: 6669 Outside

Press @ Run Depth: 24.88 psig @ 4097.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.07.29 End Date: 2011.07.29

Last Calib.: 2011.07.29

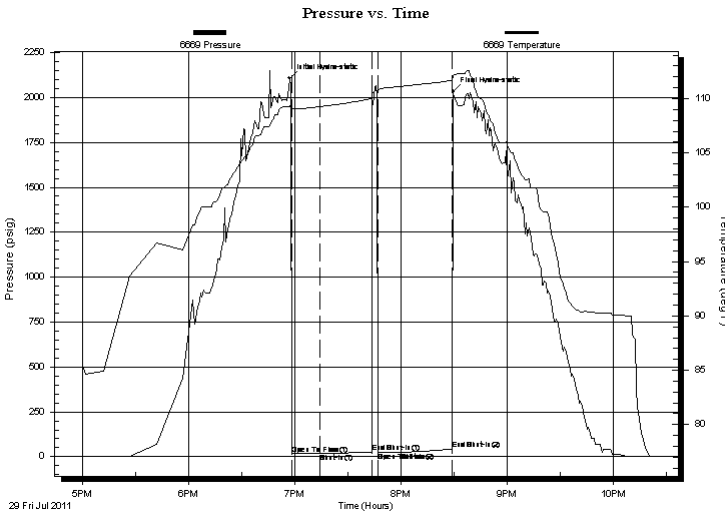
Start Time: 17:00:15 End Time: 22:21:00

Time On Btm: 2011.07.29 @ 18:57:15

Time Off Btm: 2011.07.29 @ 20:29:30

TEST COMMENT: IF: Blew and died instantly
IS: No return blow
FF: Flushed tool-- blew -- died instantly
FS: No return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2106.24	109.30	Initial Hydro-static
2	15.04	109.16	Open To Flow (1)
17	17.79	109.26	Shut-In(1)
47	26.73	109.99	End Shut-In(1)
50	24.79	110.65	Open To Flow (2)
63	24.88	111.12	Shut-In(2)
92	42.83	111.66	End Shut-In(2)
93	2033.19	112.13	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	mud	0.02

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: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	mud	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

