



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: _____



1062647

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	POPP 1-10
Doc ID	1062647

Tops

Name	Top	Datum
ANHYDRITE	915	+1019
BASE ANHYDRITE	948	+986
TOPEKA	2844	-910
HEEBNER	3075	-1141
TORONTO	3090	-1156
LANSING	3143	-1209
BASE KANSAS CITY	3364	-1430
CONGLOMERATE	3373	-1439
ARBUCKLE	3418	-1484



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET

1718 04332 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-17-11		DISTRICT: PRATT, KS		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:			
CUSTOMER: LID DRILLING				LEASE: POPP				WELL NO. 1-10			
ADDRESS:				COUNTY: BARTON				STATE: KS			
CITY:				STATE:				SERVICE CREW: HC, MATHIAS, MCCASKEY			
AUTHORIZED BY:				JOB TYPE: CNW-SURFACE							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME	
19907		19831	4				7-16			2230	
		19862	12				7-17			0130	
19889	4									0230	
19842	4									0300	
										0330	
						MILES FROM STATION TO WELL: 75					

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP103	60/40 POL	SK	325		3900.00	
CC102	CELLULOSIC	lb.	87		303.45	
CC109	CALCIUM CHLORIDE	lb.	840		882.00	
CF153	8-3/8 WOOD PLUG	EA	1		160.00	
E100	PICKUP MILE	mile	75		318.75	
E101	TRUCK MILE	mile	150		1050.00	
E113	BLANK DELIVERY	TM	1050		1680.00	
CE200	PUMP CHARGE	EA	1		1000.00	
CE240	BLENDING CHARGE	SK	325		435.00	
CE504	PLUG CONTRACTOR	EA	1		250.00	
5003	SURFACE SUPERVISOR	EA	1		175.00	
					SUB TOTAL	8037.38

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE: K. GORDNEY	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Jim Mill</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>LD DRILLING</i>	Lease No.	Date <i>7-17-11</i>
Lease <i>POPP</i>	Well # <i>1-10</i>	
Field Order # <i>4332</i>	Station <i>PRATT, KS</i>	Casing <i>8 5/8</i>
		Depth <i>431</i>
Type Job <i>CNW - SURFACE</i>	Formation <i>433-TD</i>	Legal Description <i>10-16-14</i>
		County <i>BRAYTON</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>4 1/2</i>	<i>4 1/2</i>							5 Min.
Depth	Depth	From	To	Pre Pad	Max			
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative <i>LD</i>	Station Manager <i>SCOTTY</i>	Treater <i>GORSTLEY</i>
Service Units <i>19907</i>	<i>19889-19892</i>	<i>19831-19862</i>
Driver Names <i>LDG</i>	<i>MARTIN</i>	<i>MCCOY</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0130</i>					<i>ON LOCATION</i>
					<i>RUN 421' 8 5/8" CSE - 10 TIS</i>
					<i>TRAP BOTTOM - BIRCH OIL</i>
					<i>MIX CEMENT</i>
<i>0230</i>	<i>200</i>		<i>70</i>	<i>6</i>	<i>375 SK 60/40 P02</i>
					<i>2% CEL, 3% CC, 1/4" CELLFIBRE</i>
					<i>STOP - RELEASE WOOD PLUG</i>
	<i>0</i>		<i>0</i>	<i>6</i>	<i>START DESP</i>
<i>0300</i>	<i>200</i>		<i>26</i>	<i>6</i>	<i>PLUG DOWN</i>
					<i>CONC 10 bbl CEMENT</i>
					<i>TO P.T.</i>
<i>6330</i>					<i>JOB COMPLETE</i>
					<i>HEVIN</i>



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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET

1718 04384 A

10-165-14W

DATE _____ TICKET NO. _____

DATE OF JOB <u>7-22-11</u> DISTRICT <u>Pratt, Kansas</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:				
CUSTOMER <u>L. D. Drilling, Incorporated</u>		LEASE <u>Popp</u>		WELL NO. <u>1-10</u>		
ADDRESS		COUNTY <u>Barton</u>		STATE <u>Kansas</u>		
CITY STATE		SERVICE CREW <u>C. Messick; L. Wiser; J. Brungardt</u>				
AUTHORIZED BY		JOB TYPE: <u>C.N.W. - Longstring</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>7-22-11</u> DATE <u>7-22-11</u> AM <u>2:30</u> TIME
<u>37,216</u>	<u>1</u>					ARRIVED AT JOB <u>6:00</u> AM/PM
<u>27,463</u>	<u>1</u>					START OPERATION <u>9:00</u> AM/PM
						FINISH OPERATION <u>10:00</u> AM/PM
<u>19,832-21010</u>	<u>1</u>					RELEASED <u>7-22-11</u> AM/PM <u>10:30</u>
						MILES FROM STATION TO WELL <u>75</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P CP 105	AA 2 Blend Cement	SK	175	\$	2,975.00
P CP 103	60/40 Poz Blend Cement	SK	30	\$	360.00
P CC 102	Cellflite	Lb	44	\$	162.80
P CC 105	Deframer	Lb	42	\$	168.00
P CC 111	Salt (Fine)	Lb	797	\$	398.50
P CC 112	Cement Friction Reducer	Lb	50	\$	300.00
P CC 115	Gas Blok	Lb	165	\$	849.75
P CC 201	Gilsonite	Lb	875	\$	586.25
P CF 102	Top Rubber Plug, 4 1/2"	ea	1	\$	80.00
P CF 250	Regular Guide Shoe, 4 1/2"	ea	1	\$	225.00
P CF 1450	Insert Float Valve, 4 1/2"	ea	1	\$	200.00
P CF 1650	Turbolizer, 4 1/2"	ea	6	\$	510.00
P CC 151	Mud Flush	Gal	1,000	\$	860.00

SUB TOTAL

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET

1718 04385 A

10-165-14W

DATE _____ TICKET NO. _____

DATE OF JOB: T-22-11		DISTRICT: Pratt, Kansas		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:		
CUSTOMER: L.D. Drilling, Incorporated				LEASE: Popp				WELL NO.:		-10
ADDRESS:				COUNTY: Barton		STATE: Kansas				
CITY:				STATE:		SERVICE CREW: C. Messick; L. Wiser; J. Brundardt				
AUTHORIZED BY:				JOB TYPE: C.N.W. - Longstring						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME	
						ARRIVED AT JOB		AM	PM	
						START OPERATION		AM	PM	
						FINISH OPERATION		AM	PM	
						RELEASED		AM	PM	
						MILES FROM STATION TO WELL				

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P E 100	Pickup Mileage	mi	75	\$	318 75
P E 101	Heavy Equipment Mileage	mi	150	\$	1,050 00
P E 113	Built Delivery	tm	716	\$	1,146 00
P CE 204	Cement Pump: 3,000 Feet To 4,000 Feet	hrs	4	\$	2,160 00
P CE 240	Blending and Mixing Service	sh	205	\$	287 00
P CE 504	Plug Container	Job	1	\$	250 00
P S 603	Service Supervisor	hrs	8	\$	175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		10,319 00
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <i>Lawrence R. Miller</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Steve Cook #369</i>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO.

Customer L.D. Drilling, Incorporated	Lease No.	Date 7-22-11
Lease Popp	Well # 1-10	
Field Order # 4384	Station Pratt, Kansas	Casing 4 1/2 11.6 Lb.
Type Job C.N.W - Longstring	Depth 3448 Feet	County Barton
	Formation	State Kansas
		Legal Description 10-165-14W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2	Tubing Size 4 1/2	Shots/Ft 175	From 258	Fluid AA2 with Defoamer, 18 Gas Blt	Rate 5.8	Pressure 322	ISIP 3	Slip Friction Reducer, Cell
Depth 3448 Feet	Depth	From	To	Max 108	Avg 5.44	Min 1.36	5 Min. 25 Lb/st. flate	
Volume 53.4 Bbl.	Volume	From	To	RTAC			10 Min.	
Max Press 1000 PSI	Max Press	From	To				15 Min.	
Well Connection 1 1/2" Continer	Annulus Vol.	From	To	Flush 53 Bbl. Fresh Water	HHP Used Rat Hole		Annulus Pressure	
Plug Depth 342 Feet	Packer Depth	From	To		Gas Volume		Total Load	

Customer Representative: Jim Nichols Station Manager: David Scott Treater: Clarence R. Messick

Service Units	37,216	27,463	19,832	21,010					
Driver Names	Messick	Wiser	Brungardt						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:00					Trucks on location and hold safety meeting.
6:30					Petromark Drilling start to run Regular Guide Shoe, Shoe Joint with Auto Fill Insert screwed into collar and a total of 79 Joints now 11.6 Lb./Ft. 4 1/2" casing. A Turbulizer was installed on collars # 1, 3, 5, 7, 9, and # 11.
8:00					Casing in well. Circulate for 1 Hour.
9:06	3500				Shut in well. Pressure Test. Open Well.
9:08	300			6	Start Fresh Water Pre-Flush.
	350		20	6	Start Mud Flush.
	400		44	6	Start Fresh Water Spacer.
9:20	500		64	5	Start mixing 175 sacks AA2 cement.
	-0-		106		Stop pumping. Shut in well. Wash pump and lines. Release Top Rubber Plug. Open Well.
9:31	100			6.5	Start Fresh Water Displacement.
			37	5	Start to lift cement.
9:40	600		53		Plug down.
	1,700				Pressure up.
					Release pressure. Insert hold.
	-0-		7	3	Plug Rat Hole.
					Wash up pump truck.
10:30					Job Complete.
					Thank You
					Clarence Lucas, Treater

GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: POPP 1-10

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S10/16S/14W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D995

Test Unit:

Start Date: 2011/07/20 Start Time: 00:30:00

End Date: 2011/07/20 End Time: 05:50:00

Report Date: 2011/07/20 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

Remarks:

RECOVERY: 90' DRILLING MUD IN DRILL COLLARS



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: _____

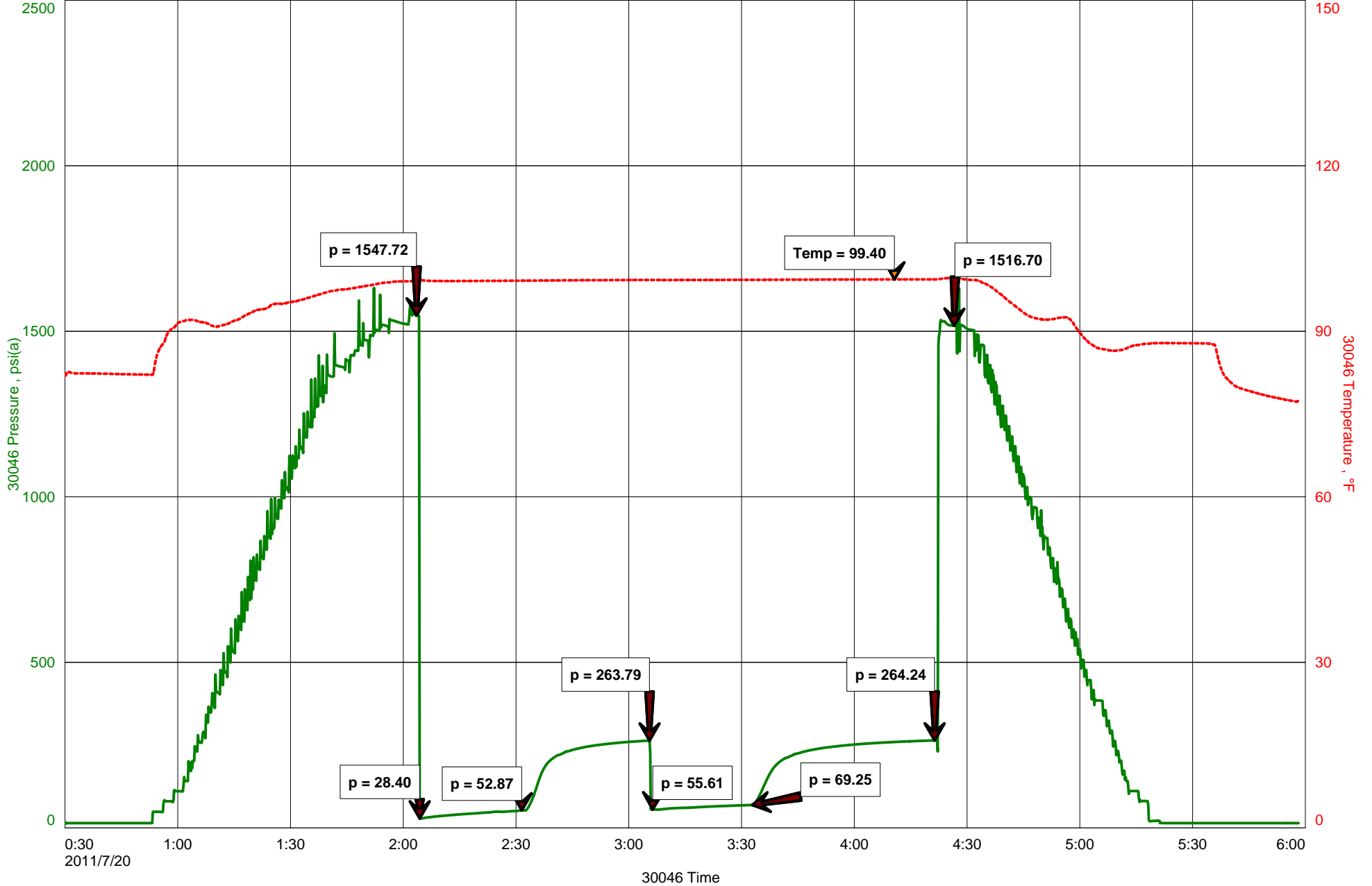
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.	

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.

POPP 1-10



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: POPP 1-10

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S10/16S/14W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D996

Test Unit:

Start Date: 2011/07/20 Start Time: 12:00:00

End Date: 2011/07/20 End Time: 16:30:00

Report Date: 2011/07/20 Prepared By: JOHN RIEDL

Remarks: Qualified By: JIM MUSGROVE

RECOVERY: 30' VERY SLIGHTLY OIL CUT MUD IN COLLARS



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: _____

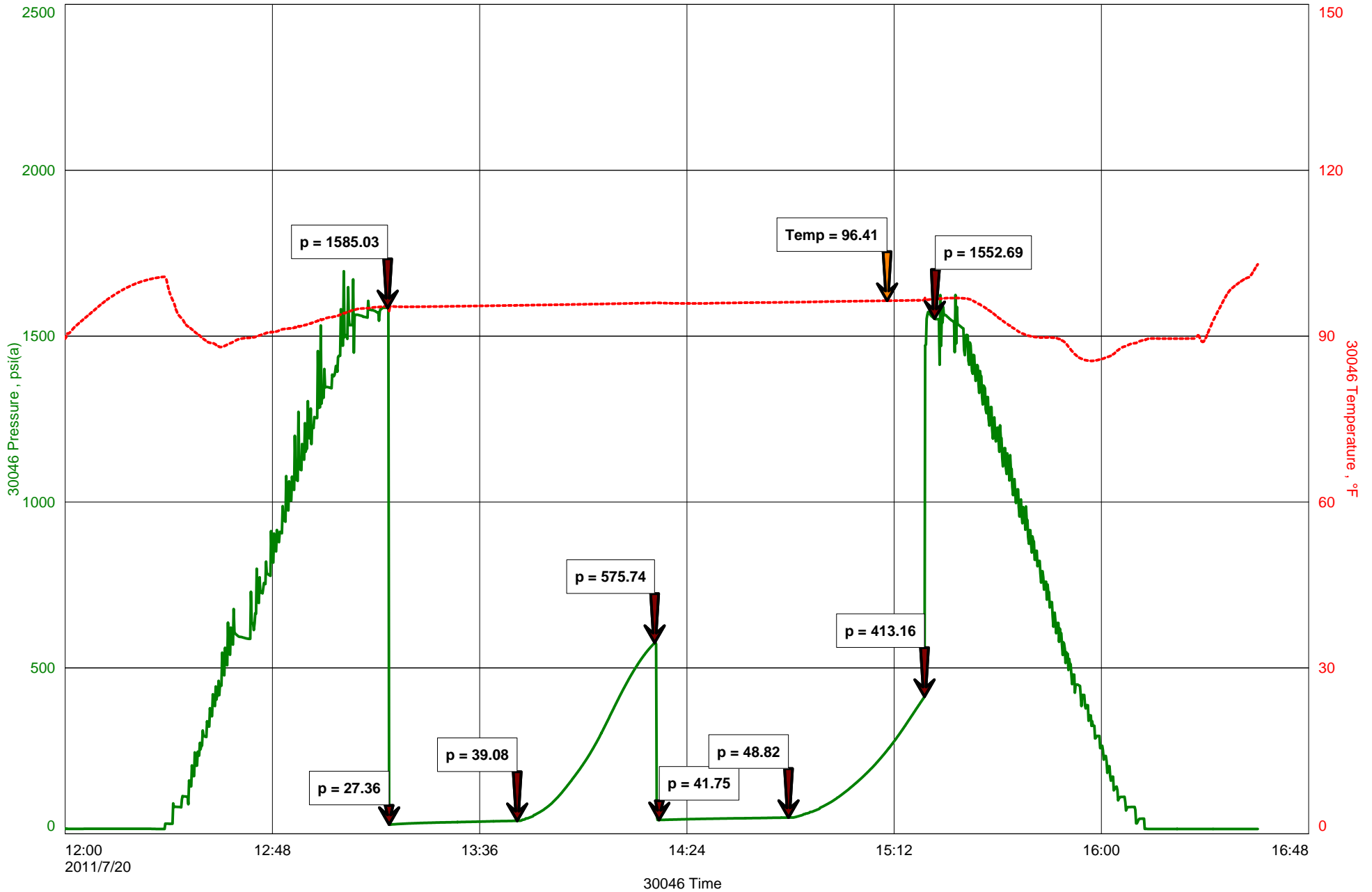
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.	

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.

POPP 1-10



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: POPP 1-10

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S10/16S/14W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D997

Test Unit:

Start Date: 2011/07/21 Start Time: 04:40:00

End Date: 2011/07/21 End Time: 10:10:00

Report Date: 2011/07/21 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

Remarks:

RECOVERY: 130' GASSY OIL, 20' MUDCUT GASSY OIL



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: _____

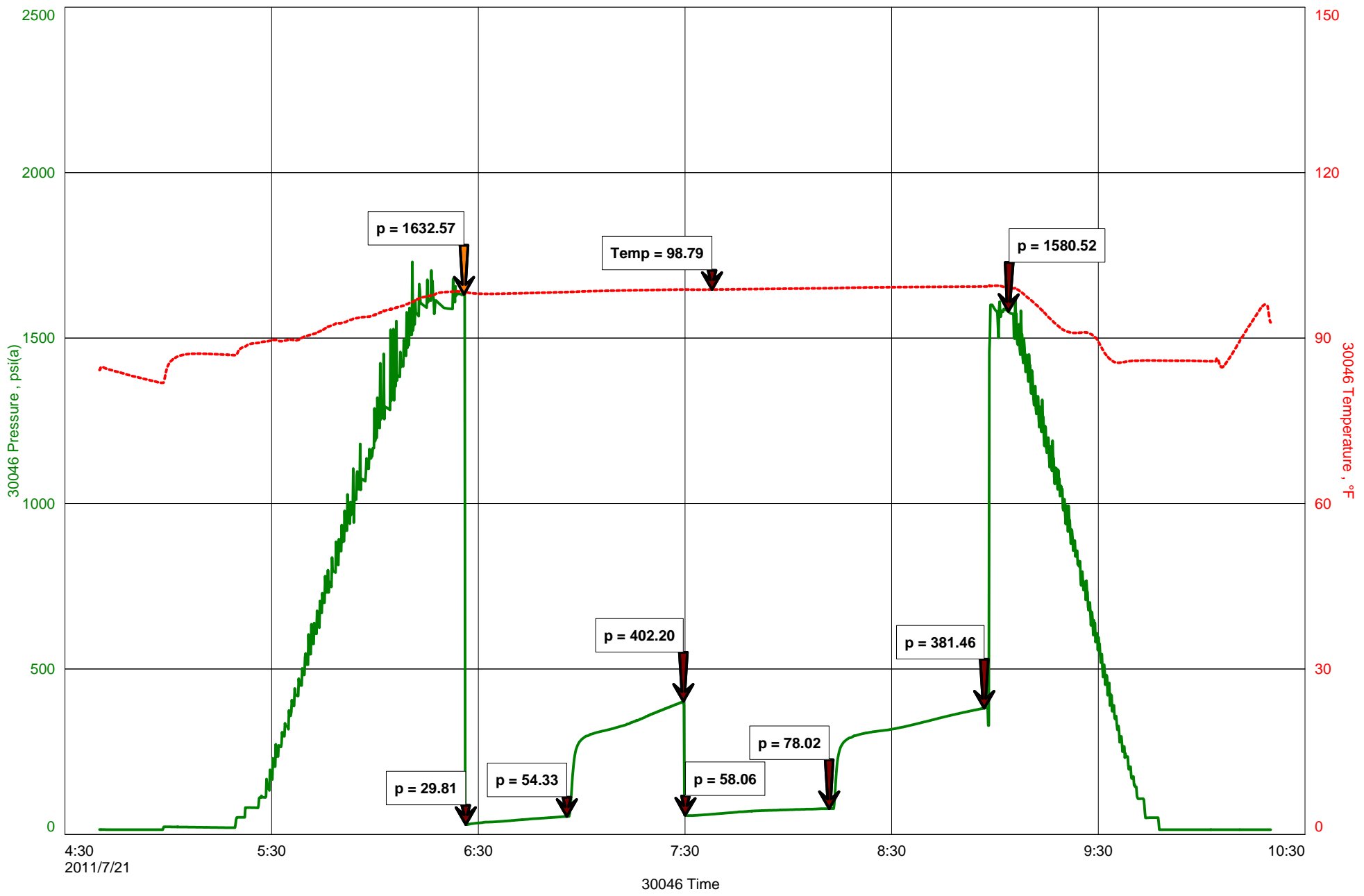
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.	

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.

POPP 1-10





James C. Musgrove
Petroleum Geologist

Office (620) 588-4250 212 Main St. • P.O. Box 215 • Claflin, KS 67525 Home (620) 587-3444

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY LD Drilling Inc.
LEASE Popp # 1-10
FIELD Nuss South
LOCATION NW-NW-NW
SEC 10 TWP 16^S RGE 14^W
COUNTY Barton STATE Kansas

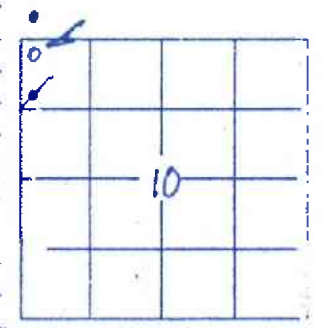
ELEVATIONS
KB 1934
DF _____
GL 1929
Measurements Are All From -KB-

CONTRACTOR Petromark Drilling Co. (rig #2)
SPUD 7-16-2011 COMP 7-22-2011
RTD 3450 LTD 3449
MUD UP 2700 TYPE MUD chemical displaced

CASING
SURFACE 8 3/8" e 42k
PRODUCTION 4 1/2" e
ELECTRICAL SURVEYS
By LOG TECH
Dust induction, Dust compensated
Density log & micro

SAMPLES SAVED FROM 2800 TO _____
DRILLING TIME KEPT FROM 2800 TO _____
SAMPLES EXAMINED FROM 2800 TO _____
GEOLOGICAL SUPERVISION FROM 2970 TO _____
GEOLOGIST ON WELL Jim Musgrove

FORMATION TOPS	LOG	SAMPLES
anhydrite	915	+1019
Base anhydrite	948	+986
Topeka	2844	-910
Heebner	3075	-1141
Toronto	3090	-1156
Mansing	3143	-1209
Base Kansas City	3364	-1430
Conglomerate	3373	-1439
Arbuckle	3418	-1484
RTD	3450	-1516
LTD	3449	-1515

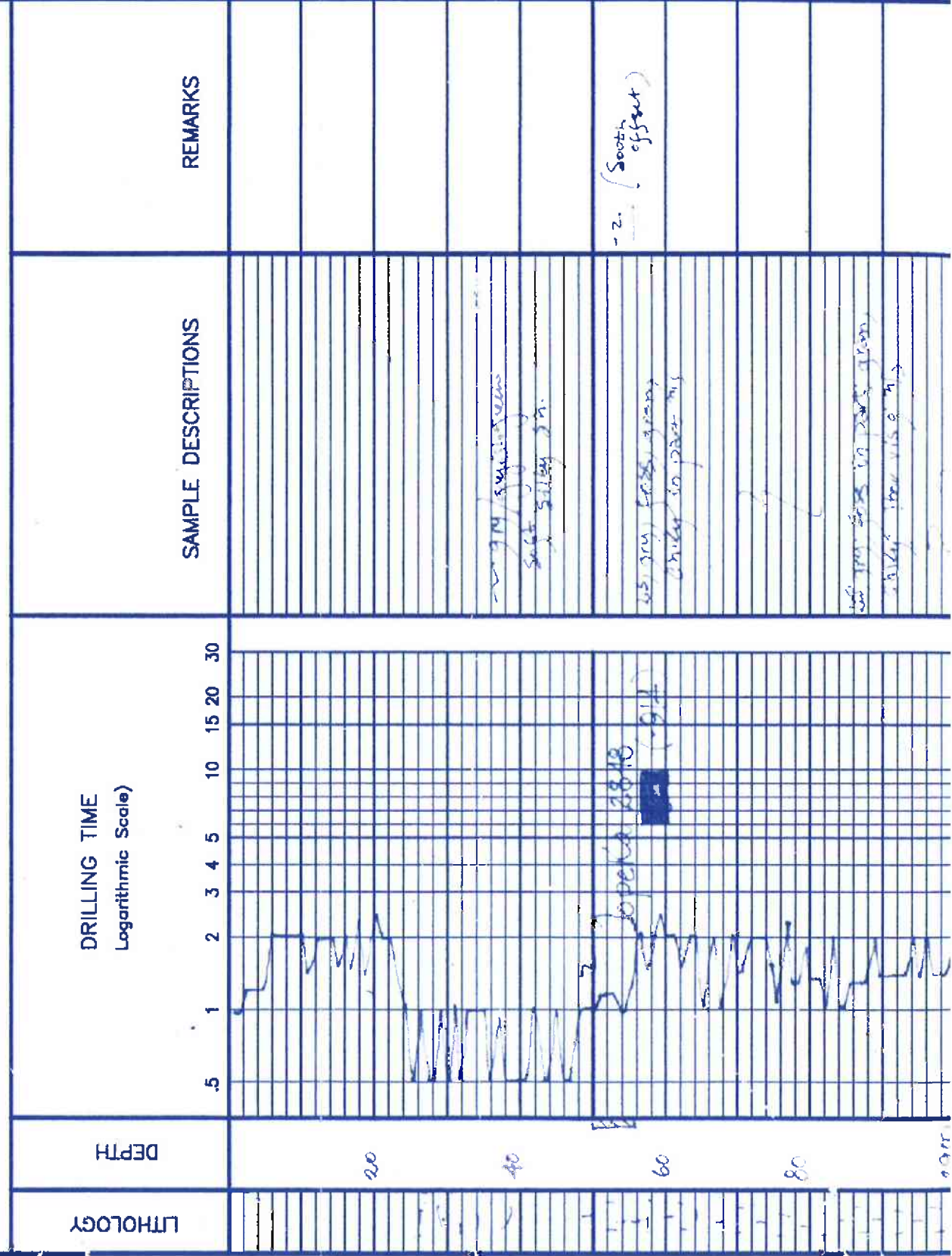


REMARKS

4 1/2" production casing was set and cemented.
Respectfully submitted,
James C. Musgrove
Petroleum Geologist

LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Carb sh
- Limestone
- Ool. Lime
- Chert
- Dolomite



LOG 7702

7:55

1585-1553

15' gray, sandy, silty clay
poor sh. to sh. no odor

13' gray, sandy, clay, good odor
hard

11' blue gray sh.

15' gray, waxy, sub. congl. (cherty)
poor vis. ████ poor light blue
sh. to sh. no odor

13' (5' 1/2" x 1/4") fess. ash
sh. to sh. no odor

10' brown sh. to sh. no odor
brown sh. to sh. no odor

15' gray (10' 1/2") clay, cherty
poor vis. w. (1' 1/2" poor light
brown sh. to sh. no odor)

11' blue gray sh.

13' congl. sh. slightly cherty
brown sh. to sh. no odor

15' tan/brown - dense

10' brown sh
(1' 1/2")

10' blue hard red soft sh. to sh.
w. yellow

odor

10' blue clay, silty, sh. to sh. no odor
poor vis. to sh. no odor

10' clay, brown, f. med. x. sh.
end of cement to sh. no odor

10' loose silty gray

10' sh. to sh. no odor
sh. to sh. no odor

10' sh. to sh. no odor

DST #3 3278-3360

30-30-45-45

Blow: good (6")

2nd opening - good (5")

RECOVERY: 130 clean gray

oil

20' mud cut oil

(10' to 11' 10' gas)

80' oil

Pressures: ISIP 402

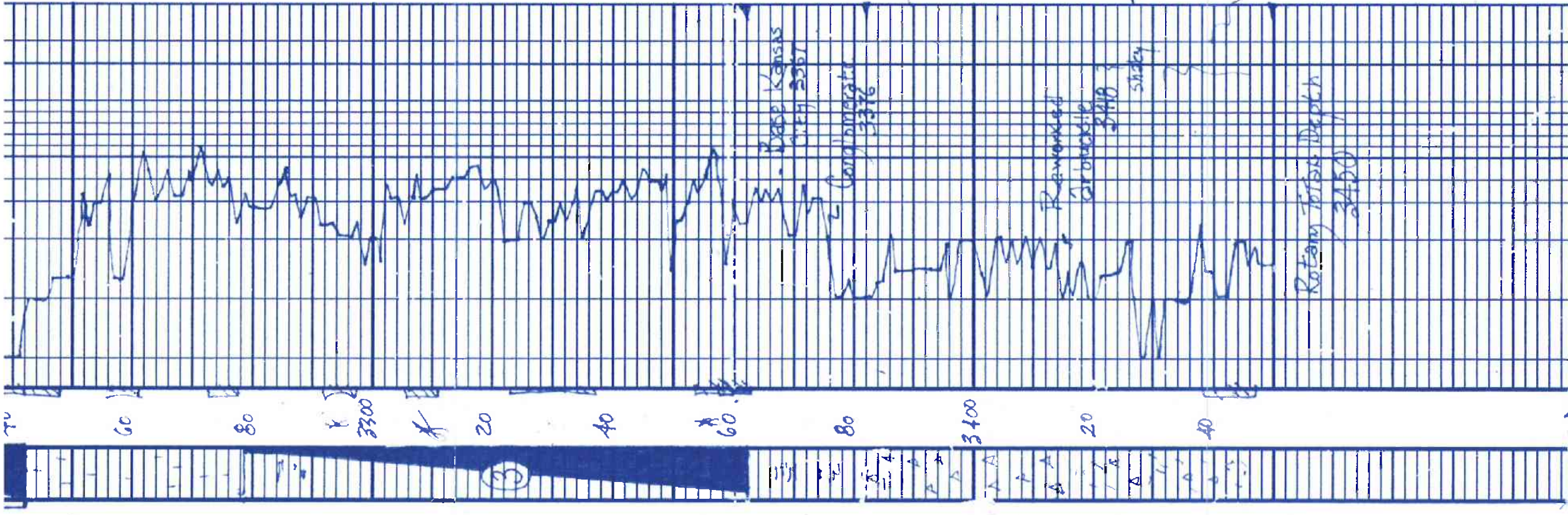
ISIP 382

ISIP 30-54

ISIP 58-78

1637-1581

(1448)



3