



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: _____



1062683

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	JENISCH 1-34
Doc ID	1062683

Tops

Name	Top	Datum
ANHYDRITE	754	+1125
BASE ANHYDRITE	779	+1100
HEEBNER	2955	-1076
TORONTO	2969	-1090
DOUGLAS	2981	-1102
BROWN LIME	3045	-1166
LANSING	3063	-1184
BASE KANSAS CITY	3310	-1431
ARBUCKLE	3323	-1444



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 04394 A

34-165-12W

DATE _____ TICKET NO. _____

DATE OF JOB: 8-4-11	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: Jenisch		WELL NO.: 1-34					
ADDRESS:		COUNTY: Barton	STATE: Kansas						
CITY:		SERVICE CREW: C. Messick, M. Natta, M. Lawrence, J. McCosh		STATE:					
AUTHORIZED BY:		JOB TYPE: C.N.W. - Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
37216	.5						8-4-11	AM	10:00
						ARRIVED AT JOB		AM/PM	1:30
19903-19905	.5					START OPERATION		AM/PM	3:02
						FINISH OPERATION		AM/PM	3:00
19960-19918	.5					RELEASED	8-4-11	AM/PM	3:30
						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
P CP 103	60/40 Poz Cement	sk	275		\$ 3,300.00
P CC 102	Cellulose	Lb	88		\$ 325.60
P CC 109	Calcium Chloride	Lb	903		\$ 984.15
P CF 153	Wooden Plug, 8 5/8"	ea	1		\$ 160.00
P E 100	Pickup Mileage	Mi	75		\$ 318.75
P E 101	Heavy Equipment Mileage	Mi	150		\$ 1,050.00
P E 113	Bulk Delivery	tm	889		\$ 1,422.60
P CE 200	Cement Pump: 0 Feet To 500 Feet	hrs	4		\$ 1,000.00
P CE 240	Blending and Mixing Service	sk	275		\$ 385.00
P CE 504	Plug Container	Job	1		\$ 250.00
P 5003	Service Supervisor	hrs	8		\$ 175.00

SUB TOTAL
DLS \$ 7,374.26

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *[Signature]*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer L.D. Drilling, Incorporated	Lease No. Lease	Date 8-4-11
Lease Jenisch	Well # 1-34	
Field Order # 4394	Station Pratt, Kansas	Casing 8 5/8" 24 Lb.
Type Job C.N.W. - Longstring	Depth 349 Feet	County Barton
	Formation	State Kansas
		Legal Description 34-165-12W

PIPE DATA		PERFORATING DATA		CEMENT PUMPED USED		TREATMENT RESUME	
Casing Size 8 5/8" 24 Lb./Ft.	Tubing Size 2 3/4" 9.5 Lb./Ft.	Shots/Ft	275 sacks	60/40 Poz cement	RATE	PRESS	ISIP
Depth 349 Feet	Depth	From	78 Gal	38 Calcium Chloride	Max	25 Lb/st	5 Min.
Volume 2.2 Bbl	Volume	From	To 14.81 Gal	5.18 Gal	Min	1.2 CK FT	10 Min.
Max Press 300 PSI	Max Press	From	To		Avg		15 Min.
Well Connection Plug on liner	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 32 Feet	Packer Depth	From	To	Flush 21 Bbl. Fresh Water	Gas Volume		Total Load

Customer Representative Jim Nichols	Station Manager David Scott	Treater Clarence R. Messick
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Service Units	37,216	19,903	19,905	19,960	19,918			
Driver Names	Messick	Mattal	McCaskey	Lawrence				

Time P.M.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:15					Trucks on location and hold safety meeting
1:30					Petromark Drilling start to run 8 Joints new 24 Lb./Ft. 8 5/8" casing.
2:00					Casing in well. Circulate for 30 minutes.
2:30	300			5	Start Fresh Water Pre-Flush.
			10	5	Start mixing 275 sacks 60/40 Poz cement.
	-0-		69		stop pumping. Shut in well. Release Wooden Plug. Open Well.
	100			5	Start Fresh Water Displacement.
3:00	300		21		Plugdown. Shut in well.
					Wash up pump truck.
3:45					Job Complete.
					Thank You
					Clarence R. Messick, Milto, Milto, Jeffery



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 04713 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>8-10-11</u> DISTRICT <u>Pratt</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</u>		LEASE <u>Jenisch</u>		WELL NO. <u>1-24</u>					
ADDRESS		COUNTY <u>Barton</u>		STATE <u>KS</u>					
CITY STATE		SERVICE CREW <u>Orlando, Mitchell, McCaskey</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW-5% L.S.</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>27283</u>	<u>1</u>						<u>8-10-11</u>		<u>7:30</u>
<u>27463</u>	<u>1</u>					ARRIVED AT JOB		AM	<u>2:30</u>
<u>19959-21010</u>	<u>1</u>					START OPERATION		AM	<u>6:30</u>
						FINISH OPERATION		AM	<u>7:30</u>
						RELEASED		AM	<u>8:00</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).

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
CP105	AA Cement	sk	125		2125.00
CP103	60/40 Puz	sk	30		360.00
CC102	Cellulose	lb	32		118.40
CC105	No-Foamer	lb	30		120.00
CC111	Salt	lb	523		286.50
CC112	Friction Reducer	lb	36		216.00
CC115	Gas Blok	lb	118		607.70
CC201	Gilsonite	lb	625		418.75
CF103	TOP Rubber plug 5/2	ea	1		105.00
CF251	Guide Sleeve 5/2	ea	1		250.00
CF1451	Insert float Valve 5/2	ea	1		215.00
CF1651	Turbulizer 5/2	ea	6		660.00
CC151	Mud Clash	gal	1000		860.00
E100	Pickup Mileage	mi	25		318.75
E101	Heavy Equipment Mileage	mi	150		1050.00
E113	Bulk Material	Tm	540		864.00
CE204	Depth Charge	ea	1		2160.00
CE240	Cement Service Charge	sk	155		217.00
CE504	Plug Container	ea	1		250.00
S003	Service Supervisor	ea	1		175.00
SUB TOTAL					<u>8987.91</u>

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____

Customer L.D. Drilling	Lease No.	Date 8-10-11	
Lease Jenisch	Well # 1-34		
Field Order # 4713	Station Pratt	Casing 5 1/2	Depth 3428
Type Job CNW-5 1/2 L.S.	Formation	County Barber	State KS
		Legal Description 34-16-12	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	125	Acid	RATE	PRESS	ISIP	
Depth 3428	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 233	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 83.3	Gas Volume		Total Load	

Customer Representative Jim	Station Manager Dave Scott	Treater Steve Orlando
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Service Units	2727	27463	17757	21010				
Driver Names	D.L. Drilling	McC...						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00 AM					On location Safety Meeting Run 8351.54 14" casing Centralize K-3-5-7-9-11 Shut In at 14"
6:55	300		24	5	Mud flush
6:57	300		5	5	H2O
7:00	250		30	5	Mix 12554 (AA) conc @ 15.3/gal Wash pump & line (1 hour) Release plug
7:15	0	0	0	0	Start H2O displacement
7:26	200		65	6	L.P. pressure
7:28	400		73	5	Slow rate
7:30 AM	1500		83.3	4	Plug Down - Hold
					Plug RH @ 3000 60/40pc
					Job complete Thanks Steve



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 Jenisch #1-34

FIELD Beaver South

LOCATION G-NW-SE (1980' FSL, 1980' FEL)

SEC 34 TWSP 16^S RGE 12^W

COUNTY Barton STATE Kansas

ELEVATIONS:

KB 1879

DF _____

GL 1874

Measurements Are All From -KB-

CONTRACTOR Petromark Drilling Co. (rig #2)

SPUD 8-3-2011 COMP 8-9-2011

RTD 3425 LTD 3426

MUD UP 2700+ TYPE MUD chemical displaced

CASING

SURFACE 8 7/8" 344

PRODUCTION 5 1/2" 3424

ELECTRICAL SURVEYS

By John Koch DIL

GN, CDL & MR

SAMPLES SAVED FROM 2800 TO _____

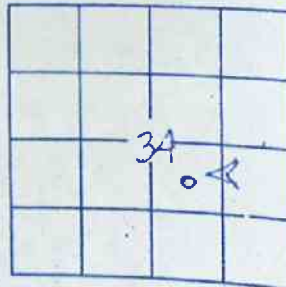
DRILLING TIME KEPT FROM 2800 TO RTD

SAMPLES EXAMINED FROM 2800 TO 2

GEOLOGICAL SUPERVISION FROM 2880 TO _____

GEOLOGIST ON WELL Jim Musgrove

FORMATION TOPS	LOG	SAMPLES
anhydrite	754 +1125	
Base anhydrite	779 +1100	
Heebner	2955 -1076	
Toronto	2969 -1090	
Douglas	2981 -1102	
Broken lime	3045 -1166	
Wensing	3063 -1184	
Base Kansas City	3310 -1431	
Orbuckite	3323 -1444	
RTD	3425 -1546	
LTP	3426 -1547	



REMARKS

5 1/2" production casing was set and cemented

James C. Musgrove
Petroleum Geologist

7505

LEGEND

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

LOG 7702

LITHOLOGY

DEPTH

DRILLING TIME
Logarithmic Scale)

30
20
15
10
5
4
3
2
1
.5

SAMPLE DESCRIPTIONS

REMARKS

20

40

60

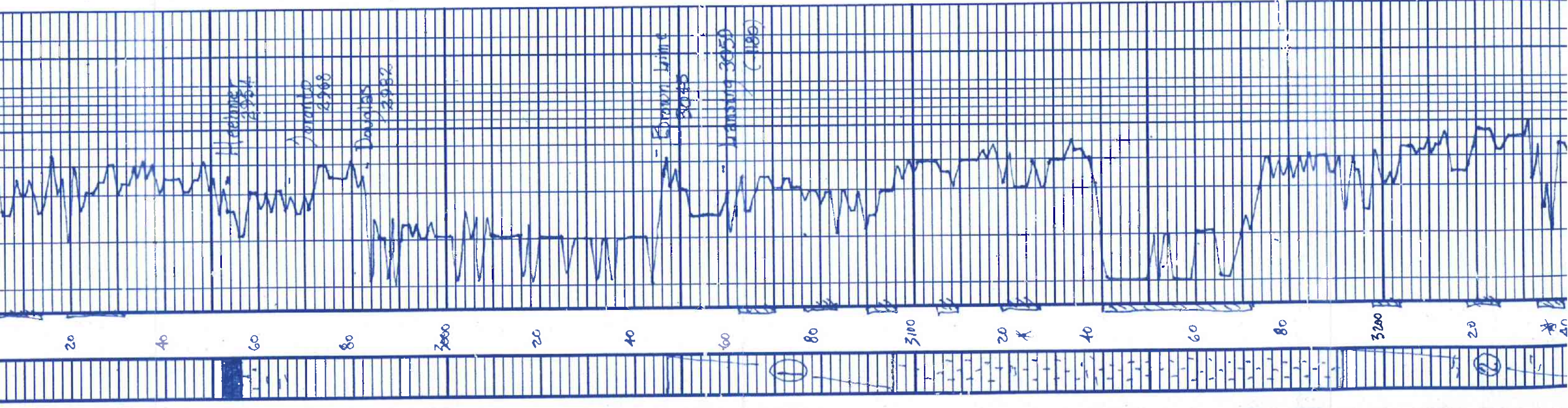
80

2900

100% carb sh

20% w/h gray - 60% w/h green
pore 45% w/h

27



lsy. w/ crin. clay, thin sh. floor of 2' in floor sp. sh. sh.

lsy. tan/clay. sand. 80m; 2' DL brown sp. sh. sh. n.s.s. no odor

lsy. tan = gray = sh. sh. 1-2' gray

blk carb. sh.

gray / greenish gray sh.

lsy. w/ carb. foss in pore; 2' sh. n.s.s. no odor

sl. gray; v. fine mica; 1-2' sh. sh.

sl. gray / greenish gray; mica; shaly; floor vis. g. sh.

lsy. sand sh. 2' gray = soft silty sh.

lsy. tan brown - dense

gray / greenish gray sh.

lsy. tan foss; fair; 2' for sh. & sat; sh. g. odor

lsy. tan

lsy. tan / w/ carb. oil; slightly sh. pore; sh. light brown sh. n.s.s. no odor

lsy. w/ carb. oil; slightly sh. pore; sh. fr. golden brown sh. n.s.s. no odor

lsy. tan / tan; com. good carb. sh. brown sh. sh. n.s.s. no odor

lsy. tan / tan; com. good carb. sh. brown sh. sh. n.s.s. no odor

lsy. tan = brown - slightly sh. (dense)

blk carb. sh.

lsy. w/ carb. oil; sh. sh. 1' sh. for golden brown sh. n.s.s. no odor

lsy. tan; com. good carb. sh. brown sh. sh. n.s.s. no odor

lsy. tan; com. good carb. sh. brown sh. sh. n.s.s. no odor

lsy. tan; com. good carb. sh. brown sh. sh. n.s.s. no odor

Dist # 1 3047-3095

30-30-45-45

Blow; fair (5')

2nd opening; fair (5')

Recovery; 60 mudd

120' muddy water

pressures; Isip 708

55: P 724 "

Isip 56-89 "

559 54-115 "

NISN

1484 1451 "

Dist # 2 3191-3250

30-30-45-45

Blow; fair (4')

2nd opening; good (7')

Recovery; 80 gas in pipe

80 mudd cut

(45% oil; 40% mud)

150 gal

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: JENISCH 1-34

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface:

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D1002

Test Unit:

Start Date: 2011/08/07 Start Time: 13:30:00

End Date: 2011/08/07 End Time: 18:45:00

Report Date: 2011/08/07 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

Remarks:

RECOVERY: 65' DRILLING MUD, 120' WATER



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: _____

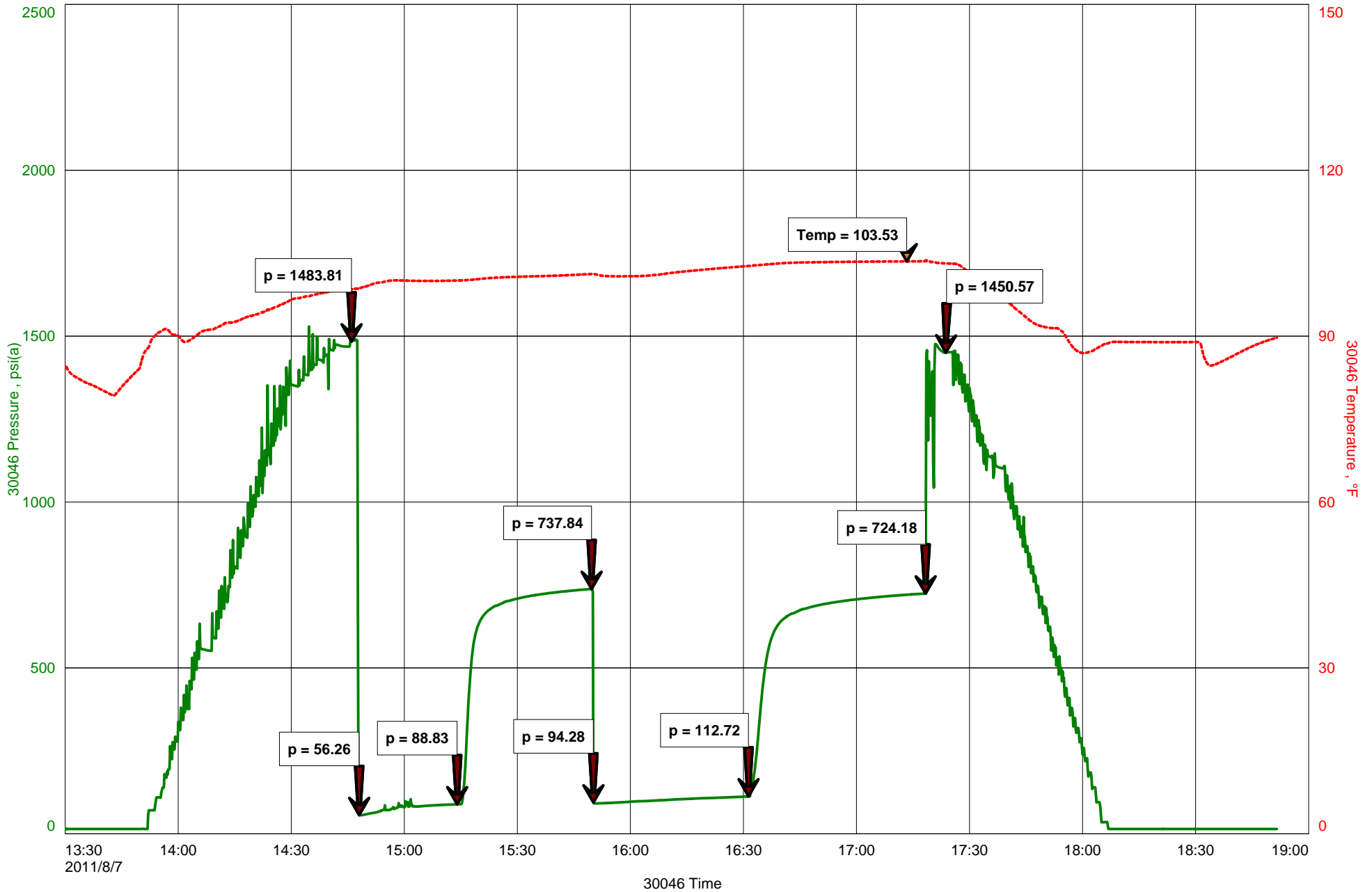
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Remarks: _____

	Price Job
	Other Charges
	Insurance
	Total

	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.

JENISCH 1-34



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: JENISCH 1-34

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S34/16S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JONN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D1003

Test Unit:

Start Date: 2011/08/08 Start Time: 10:30:00

End Date: 2011/08/08 End Time: 14:40:00

Report Date: 2011/08/08 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

Remarks:

RECOVERY: 300' GAS IN PIPE, 80' GAS+MUD CUT 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: _____

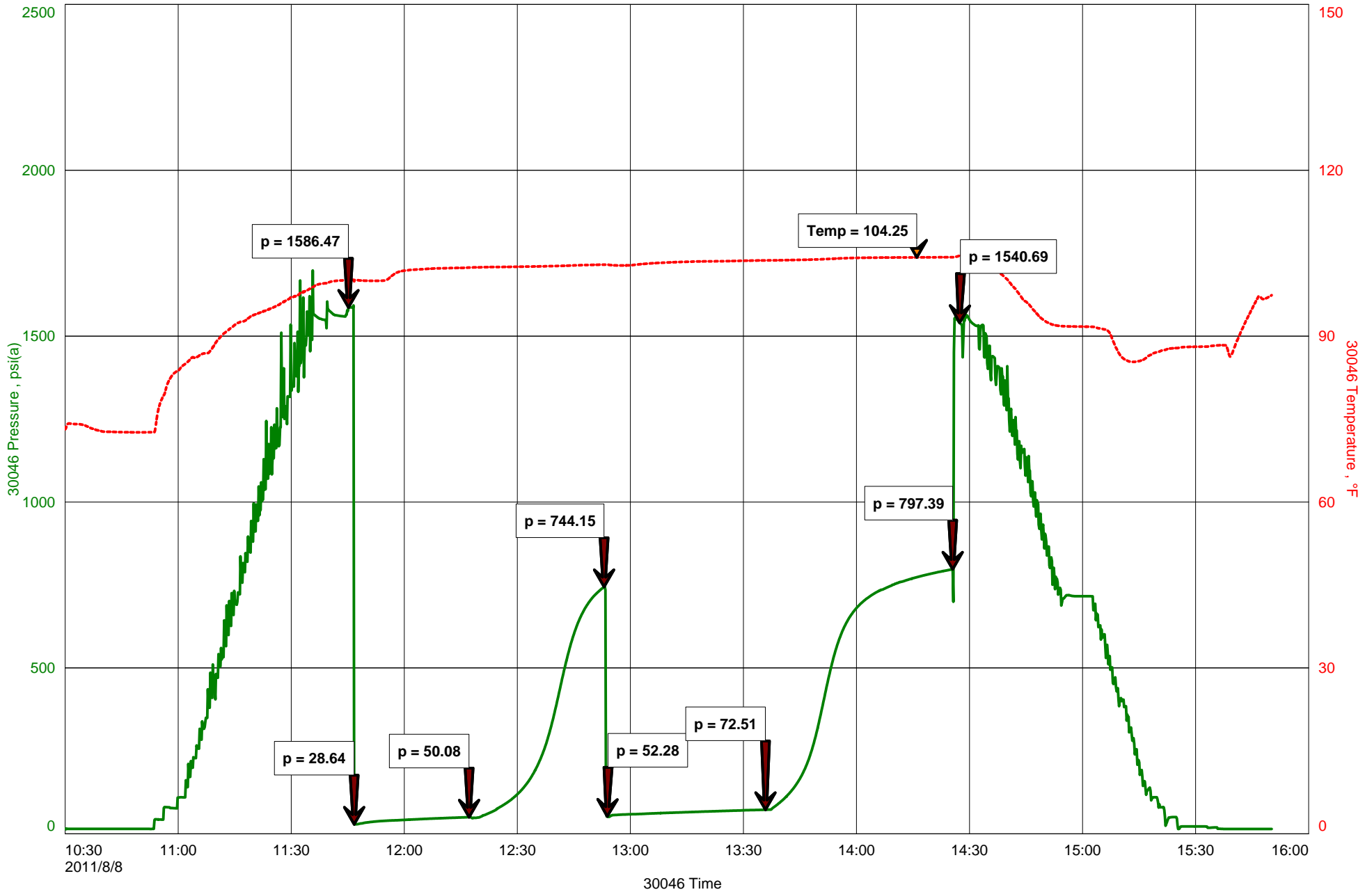
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

JENISCH 1-34



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: JENISCH 1-34

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S34/16S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D1004

Test Unit:

Start Date: 2011/08/09 Start Time: 01:45:00

End Date: 2011/08/09 End Time: 07:25:00

Report Date: 2011/08/09 Prepared By: JOHN RIEDL

Remarks: Qualified By: JIM MUSGROVE

RECOVERY: 30' OIL, 120, OILO CUT MUD, 360' MUDDY WATER



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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JENISCH 1-34

