



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
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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
<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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Foster Trust 1-17
Doc ID	1063670

Tops

Name	Top	Datum
Heebner	3906	-1018
Lansing	3941	-1053
Hushpuckney	4222	-1334
Base KC	4266	-1378
Marmaton	4306	-1418
Pawnee	4394	-1506
Ft. Scott	4426	-1538
Cherokee	4447	-1559
Johnson	4523	-1635
Morrow	4553	-1665
Mississippian	4585	-1697

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

September 26, 2011

Jay Schweikert  
Lario Oil & Gas Company  
301 S MARKET ST  
WICHITA, KS 67202-3805

Re: ACO1  
API 15-063-21943-00-00  
Foster Trust 1-17  
NE/4 Sec.17-14S-31W  
Gove 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,  
Jay Schweikert



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 244206

Invoice Date: 09/15/2011 Terms: 20/20/30,n/30

Page 1

LARIO OIL & GAS  
301 S. MARKET ST.  
WICHITA KS 67202  
(316) 265-5611

FOSTER TRUST 1-17  
282010  
17-14-31  
09-12-2011  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	150.00	16.8000	2520.00
1102	CALCIUM CHLORIDE (50#)	423.00	.8400	355.32
1118B	PREMIUM GEL / BENTONITE	282.00	.2400	67.68
4432	8 5/8" WOODEN PLUG	1.00	.0000	.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-588.60
9999-130	CASH DISCOUNT	-297.00

Description	Hours	Unit Price	Total
463 CEMENT PUMP (SURFACE)	1.00	1025.00	1025.00
463 EQUIPMENT MILEAGE (ONE WAY)	10.00	5.00	50.00
463 MIN. BULK DELIVERY	1.00	410.00	410.00

*APC 11-216*  
*BCP*

Acc	Excl	File	OK TO PAY
GC			
KG			DR
HY			MM
PV			DM
DD			

SEP 19 2011

Amount Due 4664.91 if paid after 10/15/2011

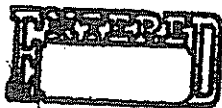
Parts:	2943.00	Freight:	.00	Tax:	189.53	AR	3731.93
Labor:	.00	Misc:	.00	Total:	3731.93		
Sublt:	-885.60	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC



TICKET NUMBER 28210

LOCATION Oakley KS

FOREMAN Fuzzy

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-12-11	4793	Foster Trust 1-17	17	14	31	Gove
CUSTOMER			OAKLEY			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			463	Miles S		
STATE			439	Cody R		
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 220' CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 221' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 4.5 CEMENT LEFT in CASING 15'  
 DISPLACEMENT 13.1 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Duff #4. Rig up & circulate  
Mix 150 SKS CLASS 'A' 3% rock 2% gel. Drop plug  
and displace 13.1 BBLs. Cement did circulate  
approx 5 BBLs to pit

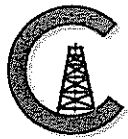
Thanks Fuzzy  
Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1025 <sup>00</sup>	1025 <sup>00</sup>
5406	10	MILEAGE	5 <sup>00</sup>	50 <sup>00</sup>
5407	7.05	Top Mileage Delivery (min)	410 <sup>00</sup>	410 <sup>00</sup>
11045	150 SKS	CLASS 'A' cement	1680 <sup>00</sup>	2520 <sup>00</sup>
1102	423 #	Calcium Chloride	84	35532
1118B	282 #	Bentonite	24	6768
4432	1	8 5/8 plug	96 <sup>00</sup>	N/C
		sub total		4428 <sup>00</sup>
		less 20% disc		8856 <sup>00</sup>
		sub total		3542 <sup>40</sup>
		244206	SALES TAX	18953
			ESTIMATED TOTAL	3731.93

Ravin 3737

AUTHORIZATION Rick Wheeler TITLE \_\_\_\_\_ DATE 9-12-11

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.



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 244448

Invoice Date: 09/23/2011 Terms: 15/15/30,n/30

Page 1

LARIO OIL & GAS  
301 S. MARKET ST.  
WICHITA KS 67202  
(316)265-5611

FOSTER TRUST1-11  
28245  
11-14-31  
09-21-2011  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	205.00	14.3500	2941.75
1118B	PREMIUM GEL / BENTONITE	705.00	.2400	169.20
1107	FLO-SEAL (25#)	51.00	2.6600	135.66
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-501.39
9999-130	CASH DISCOUNT	-256.50

Description	Hours	Unit Price	Total
463 P & A NEW WELL	1.00	1250.00	1250.00
463 EQUIPMENT MILEAGE (ONE WAY)	10.00	5.00	50.00
463 MIN. BULK DELIVERY	1.00	410.00	410.00

OK TO PAY					
Acct	Expl	File			
CC			SEP 28 2011		
KG					
HY					
PV					
DD	IS	KF	GV	SF	DM

Amount Due 5321.69 if paid after 10/23/2011

Parts:	3342.61	Freight:	.00	Tax:	228.72	AR	4523.44
Labor:	.00	Misc:	.00	Total:	4523.44		
Sublt:	-757.89	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC



TICKET NUMBER 28245

LOCATION Oakley

FOREMAN Fuzz 4

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-21-11	4793	Foster Trust 1-11	11	14	31	Gove
CUSTOMER Hario Oil + Gas			OAKLEY 205 46 1/2 N WIN			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			463	Cetin B		
STATE			439	Cecil P		
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4680' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 4 1/2 TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.2 SLURRY VOL 1.40 WATER gal/sk 6.7 CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Duke #4 Risup and plugs ordered.  
25 SKS @ 2380'  
100 SKS @ 1410'  
40 SKS @ 270'  
10 SKS @ 40' w/plug  
30 SKS RH

Thanks Fuzz 4  
Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250 <sup>00</sup>	1250 <sup>00</sup>
5406	10	MILEAGE	5 <sup>00</sup>	50 <sup>00</sup>
5407	8.82	Tow mileage Delivery (min)	410 <sup>00</sup>	410 <sup>00</sup>
1131	205 SKS	60/40 pos	14 <sup>35</sup>	2941 <sup>75</sup>
1118B	705 #	Bentonite	.24	169 <sup>20</sup>
1107	51 #	celloclake	2 <sup>56</sup>	135 <sup>66</sup>
4432	1	8 7/8 wood cup plug	96 <sup>00</sup>	96 <sup>00</sup>
		subtotal		5052 <sup>61</sup>
		less 1590 discount		757 <sup>89</sup>
		subtotal		4294 <sup>72</sup>
		244448	SALES TAX	228.72
			ESTIMATED TOTAL	4523.44

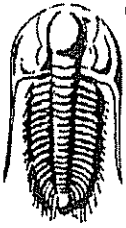
Ravin 3737

AUTHORIZATION \_\_\_\_\_

TITLE Rich Wheeler 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.





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Lario Oil And Gas

301 S. Market St.  
Wichita Ks 67202

ATTN: Tim Lauer

Foster Trust 1-17

17/14s/34w Gove KS

Job Ticket: 43207

DST#: 1

Test Start: 2011.09.17 @ 06:43:15

### GENERAL INFORMATION:

Formation: **Lansing D**

Deviated: **No Whipstock** ft (KB)

Time Tool Opened: 09:23:00

Time Test Ended: 13:57:15

Test Type: **Conventional Bottom Hole**

Tester: **Mike Roberts**

Unit No: **48**

Interval: **4010.00 ft (KB) To 4035.00 ft (KB) (TVD)**

Total Depth: **4035.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** Hole Condition: **Fair**

Reference Elevations: **2898.00 ft (KB)**

**2888.00 ft (CF)**

KB to GR/CF: **10.00 ft**

Serial #: **6669**

Outside

Press@RunDepth: **21.52 psig @ 4011.00 ft (KB)**

Start Date: **2011.09.17**

End Date:

**2011.09.17**

Start Time: **06:43:15**

End Time:

**13:57:15**

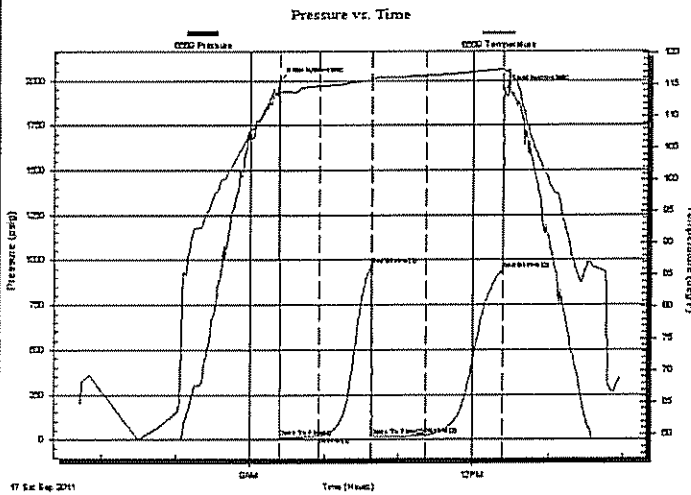
Capacity: **8000.00 psig**

Last Calib.: **2011.09.17**

Time On Btrc: **2011.09.17 @ 09:22:45**

Time Off Btrc: **2011.09.17 @ 12:24:15**

TEST COMMENT: IF: Built to 2" blow  
IS: No return blow  
FF: Built to weak surface blow  
FS: No return blow



### PRESSURE SUMMARY

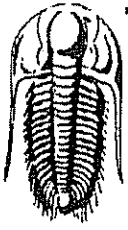
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1995.51	114.07	Initial Hydro-static
1	11.89	113.78	Open To Flow (1)
33	16.41	114.85	Shut-In(1)
76	970.35	115.69	End Shut-In(1)
76	16.30	115.65	Open To Flow (2)
120	21.52	116.40	Shut-In(2)
181	945.35	117.35	End Shut-In(2)
182	1949.67	117.42	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
2.00	free oil	0.03
23.00	ocm 10%o 90%m	0.32

### Gas Rates

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



**TRILOBITE  
TESTING, INC.**

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

Lario Oil And Gas

Foster Trust 1-17

301 S. Market St.  
Wichita Ks 67202

17/14s/34w Gove KS

ATTN: Tim Lauer

Job Ticket: 43207

DST#: 1

Test Start: 2011.09.17 @ 06:43:15

**Mud and Cushion Information**

Mud Type: Gel Chem  
Mud Weight: 9.00 lb/gal  
Viscosity: 56.00 sec/qt  
Water Loss: 8.00 in<sup>3</sup>  
Resistivity: 0.00 ohm.m  
Salinity: 2200.00 ppm  
Filter Cake: 1.00 inches

Cushion Type:  
Cushion Length: ft  
Cushion Volume: bbl  
Gas Cushion Type:  
Gas Cushion Pressure: psig

Oil API: 0 deg API  
Water Salinity: 0 ppm

**Recovery Information**

Recovery Table

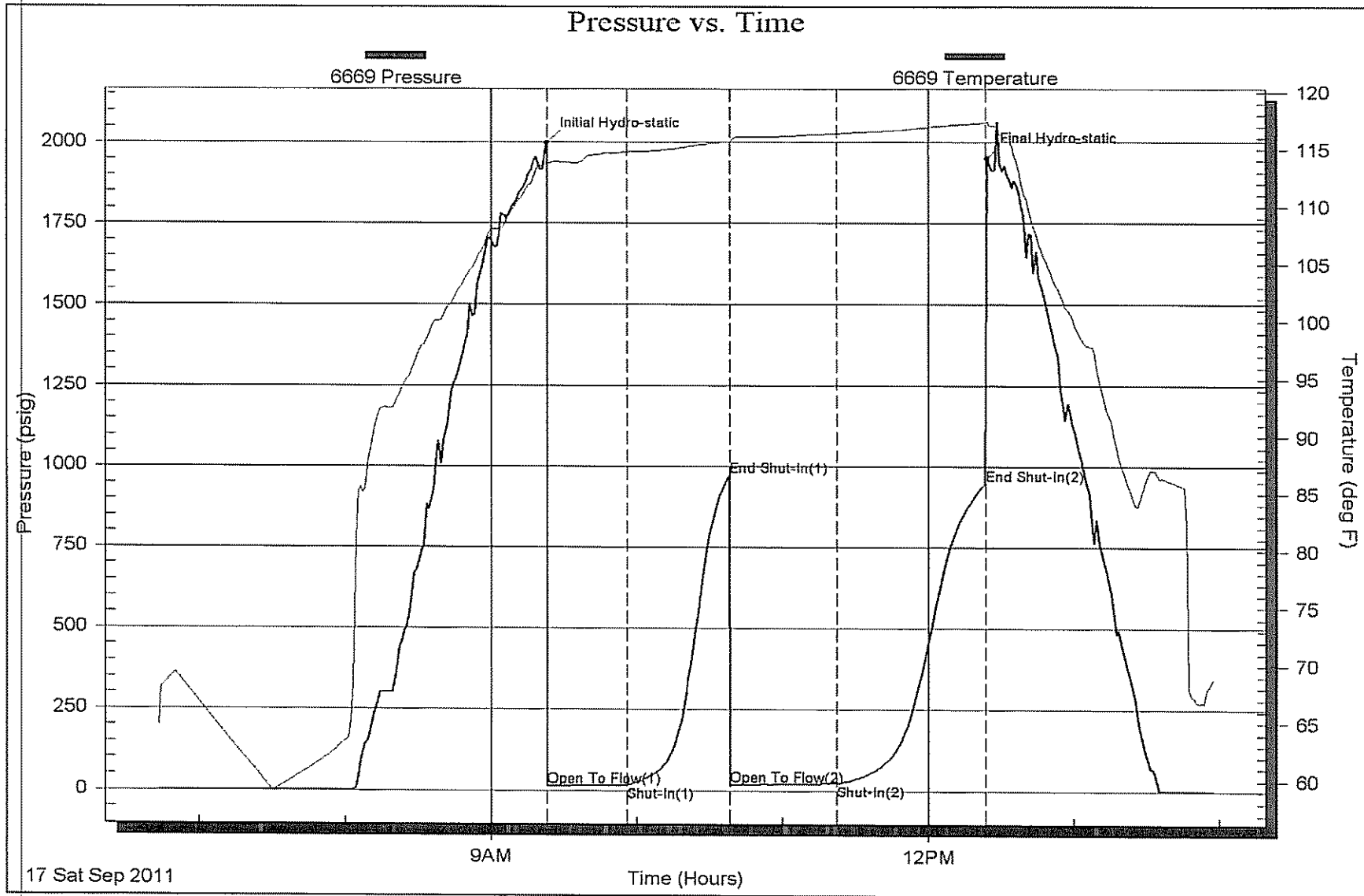
Length ft	Description	Volume bbl
2.00	free oil	0.028
23.00	ocm 10%o 90%m	0.323

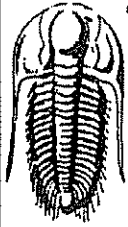
Total Length: 25.00 ft      Total Volume: 0.351 bbl

Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:

Laboratory Name:      Laboratory Location:

Recovery Comments:





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Lario Oil And Gas  
301 S. Market St.  
Witchita Ks 67202  
ATTN: Tim Lauer

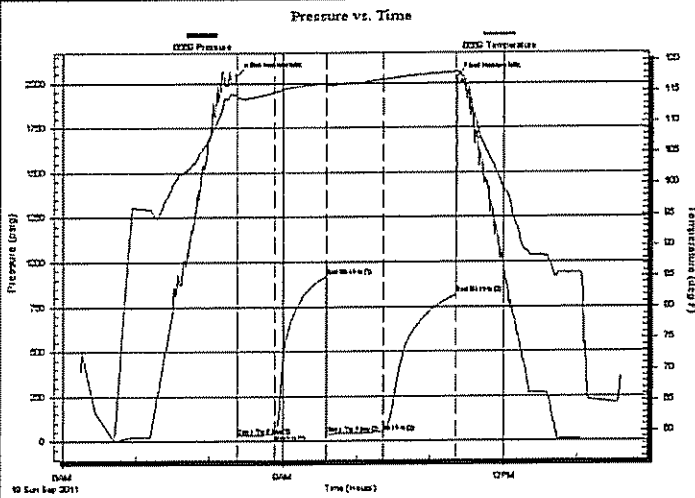
**Foster Trust 1-17**  
**17/14s/34w Gove KS**  
Job Ticket: 43208      DST#: 2  
Test Start: 2011.09.18 @ 06:15:15

### GENERAL INFORMATION:

Formation: H&I	Test Type: Conventional Bottom Hole
Deviated: No Whipstock      ft (KB)	Tester: Mike Roberts
Time Tool Opened: 08:22:45	Unit No: 48
Time Test Ended: 13:36:00	Reference Elevations: 2898.00 ft (KB)
Interval: 4092.00 ft (KB) To 4160.00 ft (KB) (TVD)	2888.00 ft (CF)
Total Depth: 4160.00 ft (KB) (TVD)	KB to GR/CF: 10.00 ft
Hole Diameter: 7.88 inches	Hole Condition: Fair

<b>Serial #: 6669</b> Outside	Capacity: 8000.00 psig
Press@RunDepth: 48.38 psig @ 4132.00 ft (KB)	Last Calib.: 2011.09.18
Start Date: 2011.09.18      End Date: 2011.09.18	Time On Blmt: 2011.09.18 @ 08:22:30
Start Time: 06:15:15      End Time: 13:36:00	Time Off Blmt: 2011.09.18 @ 11:22:00

TEST COMMENT: IF: Built to 2" blow  
IS: No return blow  
FF: Built to 1/2" blow died to weak surface blow  
FS: No return blow



### PRESSURE SUMMARY

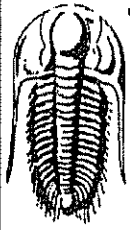
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2043.03	114.54	Initial Hydro-static
1	30.60	113.52	Open To Flow (1)
31	40.39	114.76	Shut-In(1)
73	920.31	116.14	End Shut-In(1)
73	42.13	115.93	Open To Flow (2)
119	48.38	116.83	Shut-In(2)
179	817.18	118.04	End Shut-In(2)
180	2033.56	118.28	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
40.00	ocm 6%o 94%m	0.56

### Gas Rates

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



**TRILOBITE  
TESTING, INC.**

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

Lario Oil And Gas

Foster Trust 1-17

301 S. Market St.  
Wichita Ks 67202

17/14s/34w Gove KS

Job Ticket: 43208

DST#: 2

ATTN: Tim Lauer

Test Start: 2011.09.18 @ 06:15:15

**Mud and Cushion Information**

Mud Type: Gel Chem  
Mud Weight: 9.00 lb/gal  
Viscosity: 55.00 sec/qt  
Water Loss: 7.20 in<sup>3</sup>  
Resistivity: 0.00 ohm.m  
Salinity: 2500.00 ppm  
Filter Cake: 1.00 inches

Cushion Type:  
Cushion Length: ft  
Cushion Volume: bbl  
Gas Cushion Type:  
Gas Cushion Pressure: psig

Oil API: 0 deg API  
Water Salinity: 0 ppm

**Recovery Information**

Recovery Table

Length ft	Description	Volume bbl
40.00	ocm 6%o 94%m	0.561

Total Length: 40.00 ft      Total Volume: 0.561 bbl

Num Fluid Samples: 0

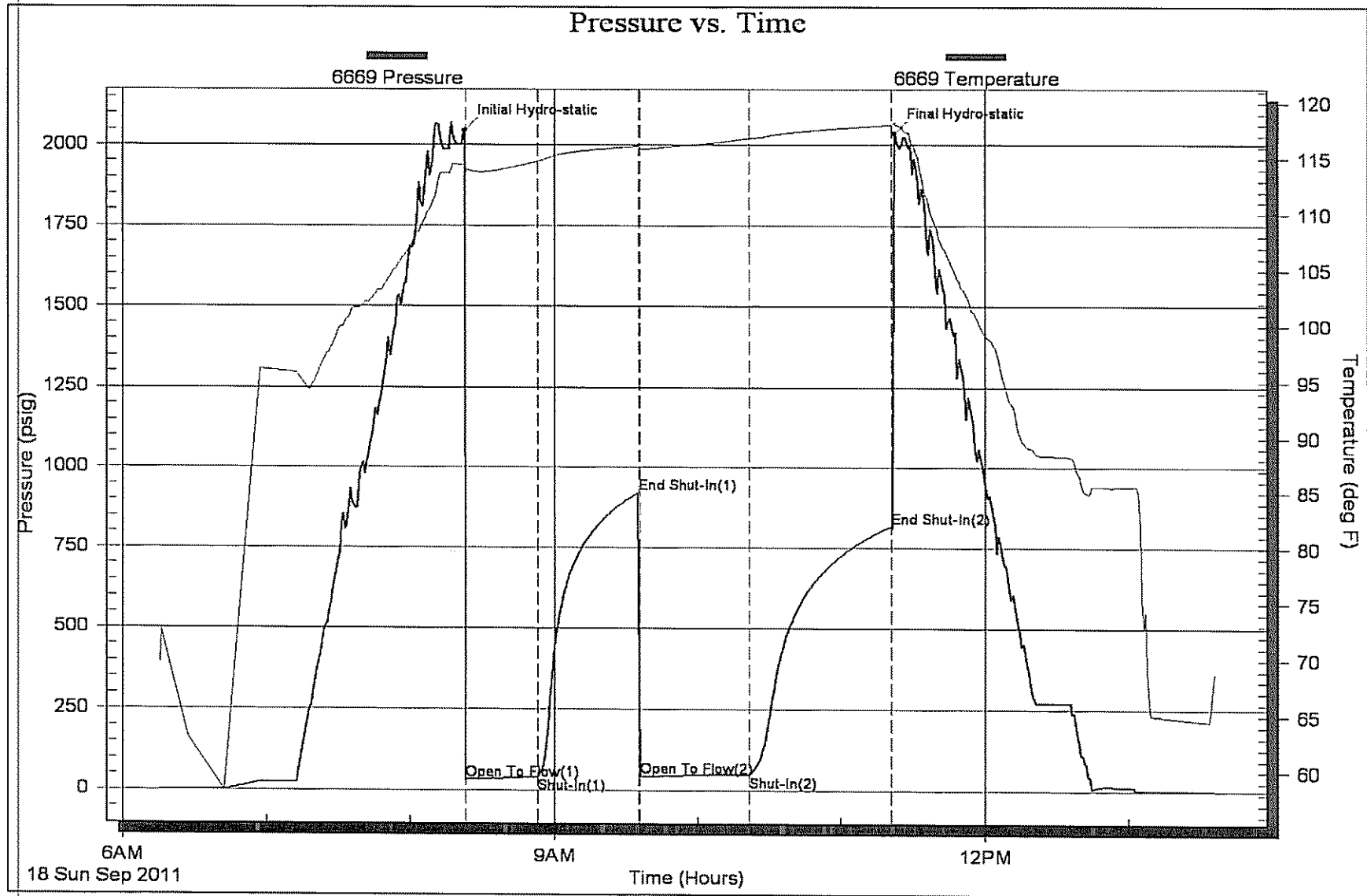
Num Gas Bombs: 0

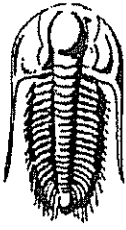
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Lario Oil And Gas

301 S. Market St.  
Wichita Ks 67202

ATTN: Tim Lauer

Foster Trust 1-17

17114s/34w Gove KS

Job Ticket: 43209

DST#: 3

Test Start: 2011.09.20 @ 05:00:15

## GENERAL INFORMATION:

Formation: **Cherokee & Johnson**

Deviated: No Whipstock ft (KB)

Time Tool Opened: 07:39:45

Time Test Ended: 11:52:15

Test Type: Conventional Bottom Hole (Reset)

Tester: Mike Roberts

Unit No: 48

Interval: 4474.00 ft (KB) To 4554.00 ft (KB) (TVD)

Total Depth: 4554.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2898.00 ft (KB)

2888.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8358

Outside

Press@RunDepth: 50.53 psig @ 4543.00 ft (KB)

Start Date: 2011.09.20

End Date:

2011.09.20

Start Time: 05:00:15

End Time:

11:52:15

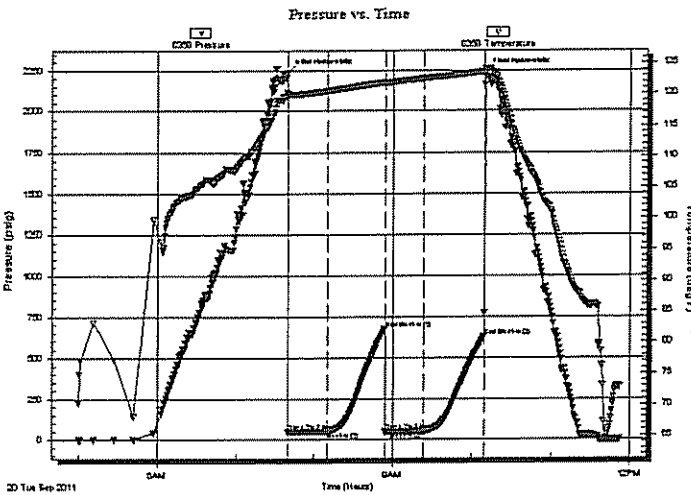
Capacity: 8000.00 psig

Last Calib.: 2011.09.20

Time On Btm: 2011.09.20 @ 07:39:30

Time Off Btm: 2011.09.20 @ 10:10:15

TEST COMMENT: IF:Weak surface blow that died in 6 min  
IS:No return blow  
FF:No blow  
FS:No return blow



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2236.48	120.17	Initial Hydro-static
1	48.77	119.67	Open To Flow (1)
31	49.34	120.45	Shut-In(1)
75	671.19	121.86	End Shut-In(1)
75	50.30	121.67	Open To Flow (2)
105	50.53	122.50	Shut-In(2)
150	625.18	123.58	End Shut-In(2)
151	2236.96	124.12	Final Hydro-static

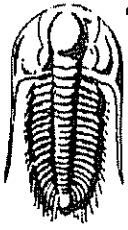
## Recovery

Length (ft)	Description	Volume (bbl)
5.00	m 100 %m	0.07

\* Recovery from multiple tests

## Gas Rates

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



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Lario Oil And Gas

**Foster Trust 1-17**

301 S. Market St.  
Wichita Ks 67202

**17/14s/34w Gove KS**

ATTN: Tim Lauer

Job Ticket: 43209

DST#: 3

Test Start: 2011.09.20 @ 05:00:15

## Mud and Cushion Information

Mud Type: Gel Chem  
Mud Weight: 9.00 lb/gal  
Viscosity: 58.00 sec/qt  
Water Loss: 8.00 in<sup>3</sup>  
Resistivity: 10.40 ohm.m  
Salinity: 4000.00 ppm  
Filter Cake: 1.00 inches

Cushion Type:  
Cushion Length: ft  
Cushion Volume: bbl  
Gas Cushion Type:  
Gas Cushion Pressure: psig

Oil API: 0 deg API  
Water Salinity: 0 ppm

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	m 100 %m	0.070

Total Length: 5.00 ft      Total Volume: 0.070 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



