



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: _____



1064785

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 04800 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>07-09-11</u> DISTRICT <u>PRA TT KS</u>				NEW WELL <input 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>LUCAS UNIT 1-10</u> WELL NO.					
ADDRESS				COUNTY <u>BARTON</u> STATE <u>KS</u>					
CITY STATE				SERVICE CREW <u>Sullivan, Nelson, McCarty</u>					
AUTHORIZED BY				JOB TYPE: <u>CNW P.F.A</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>19834-20920</u>	<u>20 mi</u>						<u>9-9-11</u>		<u>6:00</u>
<u>19832-20010</u>	<u>30 mi</u>							AM	<u>8:40</u>
<u>37900</u>								AM	<u>9:00</u>
								AM	<u>10:00</u>
								AM	<u>10:30</u>
									<u>65</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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 per cont	SK	145		1,740 00
CC 200	cont get	lb	250		67 50
CC 102	coll hole	lb	37		136 90
E 100	pump on line	mi	15		276 25
E 101	Hydro. cont on line	mi	130		910 00
E 113	Bulk Delivery	TON	406		650 00
CE 201	Depth change 201-1000	SA	1		1,200 00
CE 240	Blowing - 201	SK	145		203 00
S 003	Schwieb Supercharge	TA	1		175 00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL

Thank you
DLS 4,229 38

SERVICE REPRESENTATIVE [Signature]
FIELD SERVICE ORDER NO.

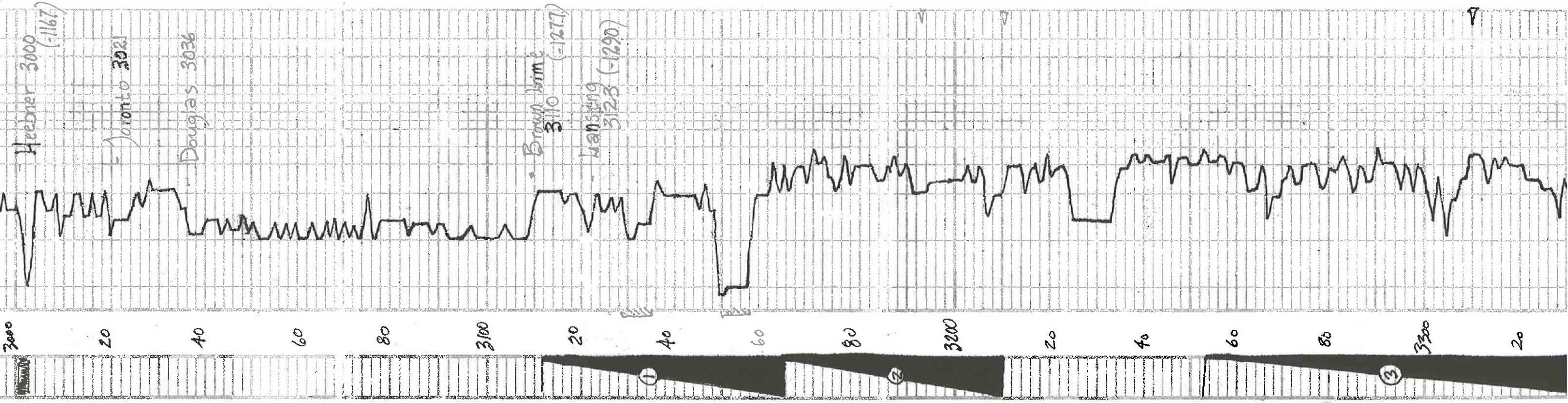
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>L.P. Dilling</i>	Lease No.	Date <i>09-08-11</i>
Lease <i>Lucas Unit</i>	Well # <i>1-10</i>	
Field Order # <i>4800</i>	Station <i>PRATT KS</i>	Casing <i>12"</i>
Type Job <i>Case P.T.A.</i>	Formation	Legal Description <i>10-19-12</i>
	Depth	County <i>Pratt</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
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	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert [Signature]</i>
Service Units <i>37900 19834 20920 19832 21010</i>		
Driver Names <i>Sullivan McKinnon McCarty</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:45</i>					<i>on loc softie making P.T.A.</i>
<i>9:05</i>			<i>5</i>	<i>3</i>	<i>1" plug @ 675' w/ 25' of 6/8" 12.75' cont</i>
			<i>6</i>		<i>cont</i>
			<i>5</i>		<i>rip</i>
<i>9:12</i>					<i>shot down</i>
<i>9:25</i>			<i>5</i>	<i>?</i>	<i>5" plug @ 380' w/ 80' sk</i>
			<i>20</i>		<i>cont</i>
<i>9:35</i>			<i>1/2</i>		<i>rip + shot down</i>
<i>9:50</i>			<i>6</i>	<i>2</i>	<i>3" plug @ 40' w/ 10' sk</i>
<i>10:00</i>			<i>8</i>		<i>plug R.4 w/ 20' sk</i>
					<i>JOB COMPLETE</i>
					<i>Thank you</i>



1833 KB -

1.5' blk carb. sh.

1.5' grey/mar brick red sh.

1.5' wh/ tan frags few med to gross to pack chng

1.5' v.c. soft silty sh

3.2'

1.5' grey-green-mar silty mica sh.

3.2'

1.5' grey mica silty dirty sand sh.

3.2'

1.5' tan-brown - slightly dy (dec)

Blow, strong BOB in 2 min. Final BOB in 4 min. Recovery 2967' GIP

120' OCM (10% oil 90% mud)

Pressure 151P 554 PSI
FSIP 686 "

1.5' grey tan frags few sub-oom golden brown sh. sfo. se. odor

1.5' em-buff oom, gal. oom, blk sh. to fo. frags

1.5' em blk chky to blk. pp. brn sh. to spiky fo. sh. dr.

DST #2, 3164-3210
25-20-X-X
Blow, weak built to 34"
Recovery 8' mud

Pressure 151P 357 PSI
IFP 7-13 95
FFP X
HSH 1514 PSI
-1512

1.5' em. grey oom/foe chky
in part - fo - gal. oom. o. (barren)

1.5' em - tan blk chky
dense poor silty sh.

blk - grey shute

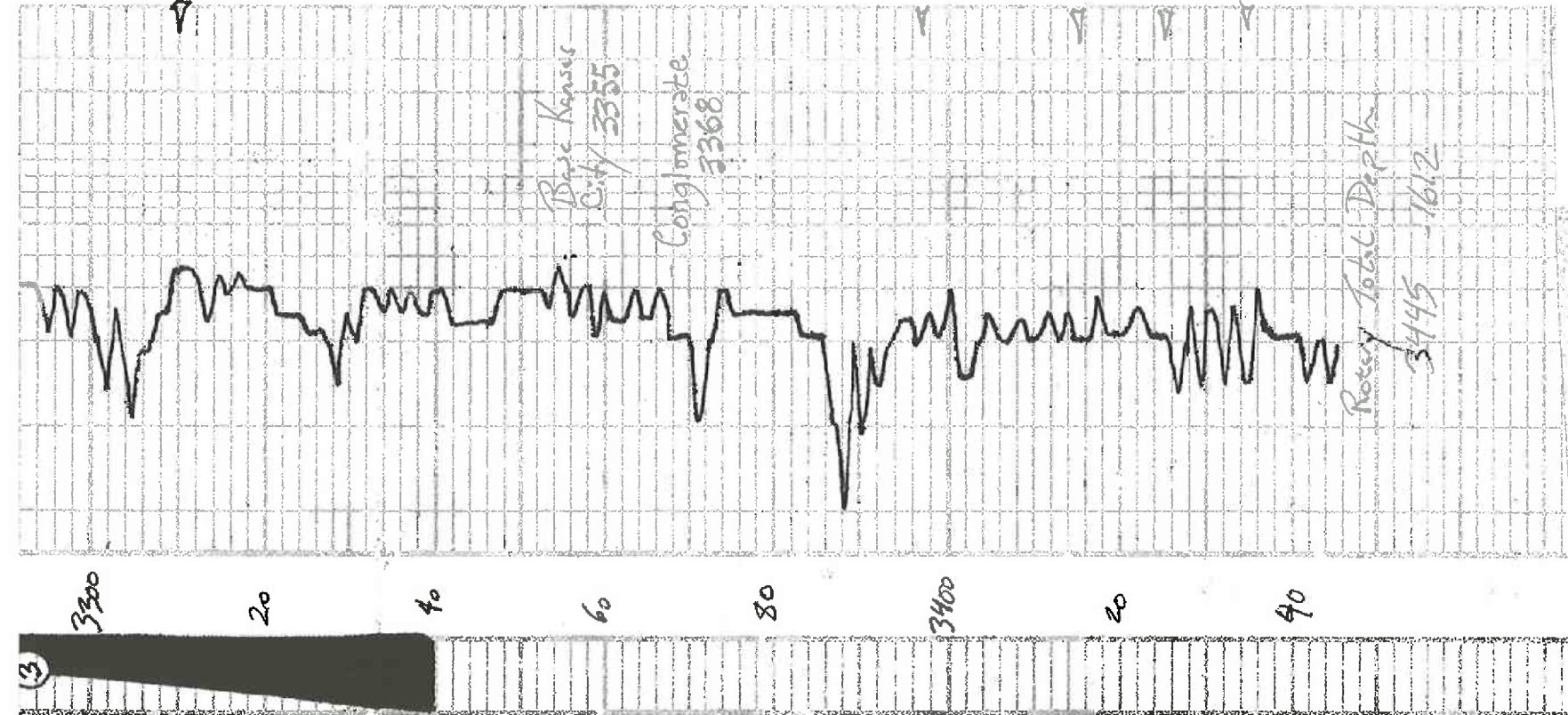
DST #3 3253-3340
30-30-30-70
Blow, weak built to 3"
Final built to 14"
Recovery 66' mud

Pressure 151P 624 PSI
FSIP 547 "
IFP 9-31 "
FFP 35-47 "
HSH 1551 "
-1550

1.5' em - tan oom, fo. oom, blk brn sh. to fo. blk. oom.

1.5' grey-green sh.

1.5' tan - oom blk. ool.



Pressure (psi)

FSIP 547 11
IFP 9-31 11
FFP 35-47 11
HSH 1551 11
-1550

DST # 4 3350-3415
30-30 - X - X
Blow; Weak
Recovery 5' mil
Pressure ISIP 25
FSIP X
IFP 10-15
FFP X
HSH 1657
-1657

LS: con - tan. con, fr. con. /
dk brn sh. 4 fo. No. sh.

gy - green sh.

LS: tan - con. tightly cont.
Cherty shale

LS: con - dk. gy. fxl. dark
pore, sil. 1/5

gy - gy. with green silty
Shale - M. con. in part

LS: con. fxl. dark cherty

Mar - gy - green sh.
ht. clay - dk. brown sh.
+ trans. band A

LS: tan - con. dk. brn sh. to dk.
+ orange - gy. A - abundant sh. v. c.

Shale, gy - dark grey
+ Orange - pink A

Chert: white con. bossy. N/S



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.

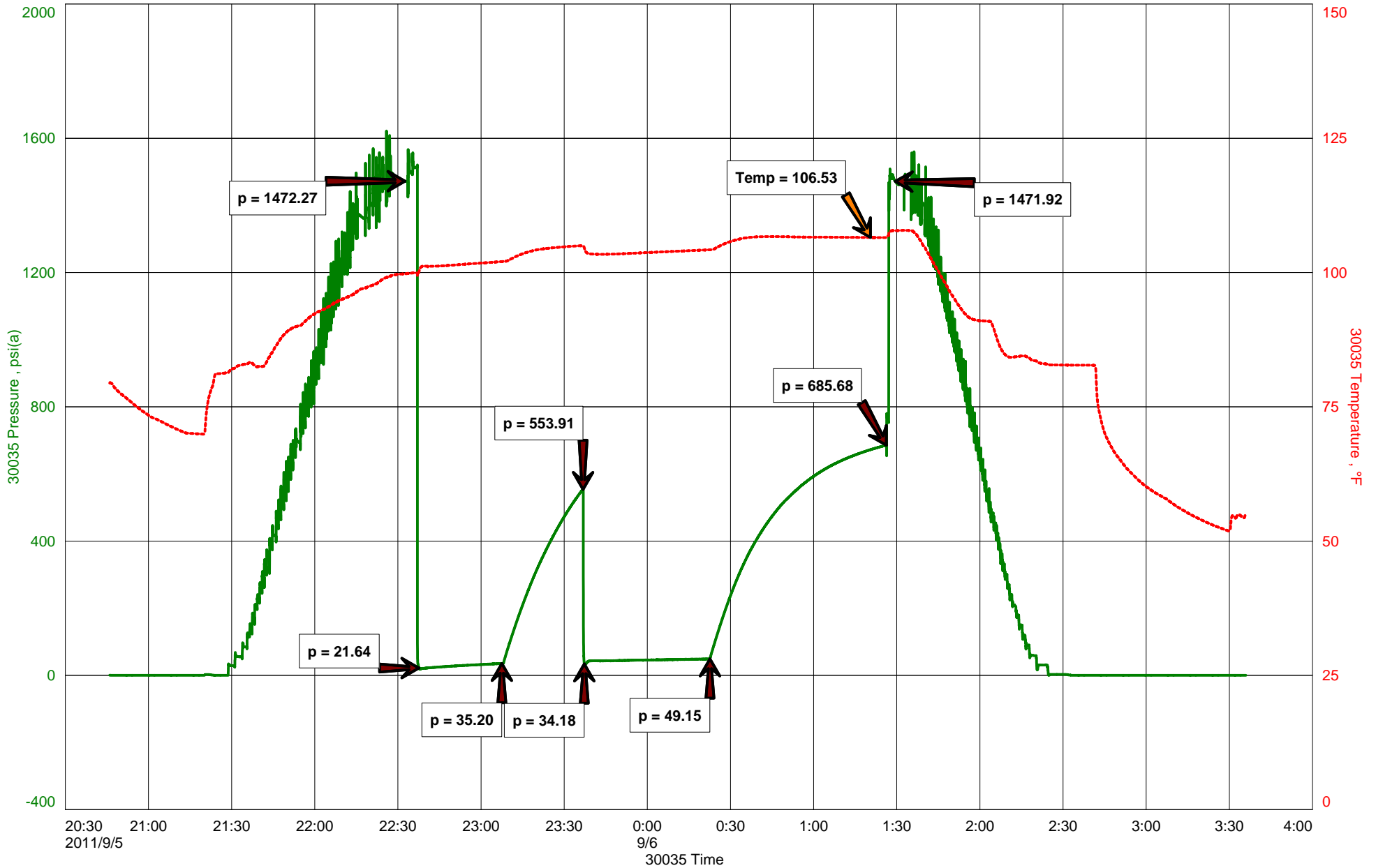
Blow: 1st Open: _____
2nd Open: _____

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.

Lucus Unit



Diamond Testing

General information Report

General Information

Company Name L.D. Drilling Inc

Contact	L.D. Davis	Job Number	S0019
Well Name	Lucus Unit	Representative	Jacob McCallie
Unique Well ID	DST #1 Lansing A-B 3112'-3164'	Well Operator	L.D. Davis
Surface Location	Sec 10-19S-12W Barton County	Report Date	2011/09/06
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Lansing A-B 3112'-3164'		
Well Fluid Type	01 Oil	Start Test Time	20:46:00
		Final Test Time	03:36:00
Start Test Date	2011/09/05		
Final Test Date	2011/09/06		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

2967' Gas in pipe
120' OC Mud 10% Oil 90% Mud
120' Total Recovered

TOOL SAMPLE:

1% Gas 19% Oil 80% 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

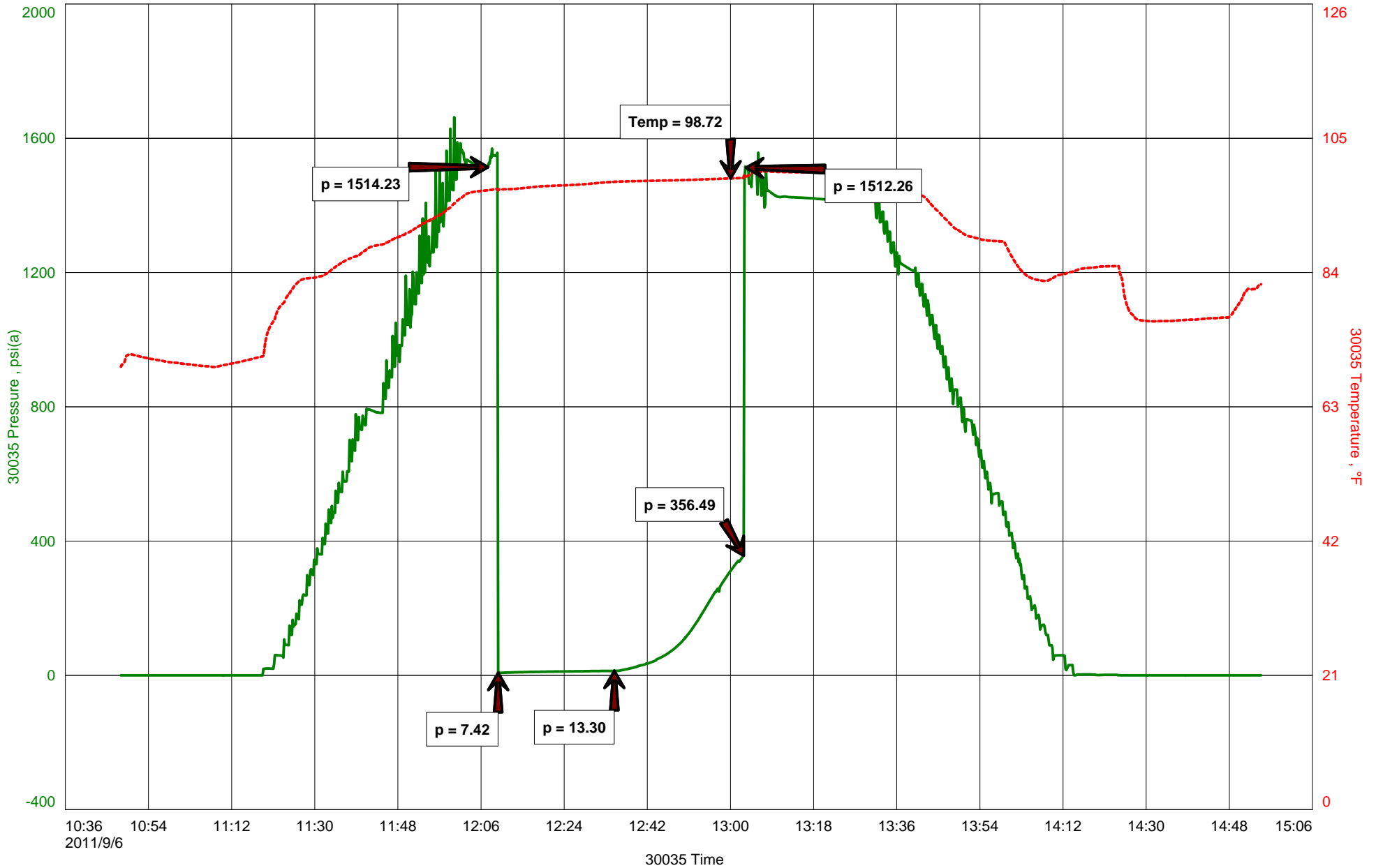
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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.

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L.D. Drilling Inc
DST# 2 Lansing C-F 3164-3210'
Start Test Date: 2011/09/06
Final Test Date: 2011/09/06

Lucus Unit 1-10
Formation: DST# 2 Lansing C-F 3164-3210'
Pool: Wildcat
Job Number: S0020

Lucus Unit 1-10



Diamond Testing

General information Report

General Information

Company Name L.D. Drilling Inc

Contact	L.D. Davis	Job Number	S0020
Well Name	Lucus Unit 1-10	Representative	Jacob McCallie
Unique Well ID	DST# 2 Lansing C-F 3164-3210'	Well Operator	L.D. Drilling Inc
Surface Location	SEC 10-19S-12W Barton County	Report Date	2011/09/06
Well License Number		Prepared By	Jacob McCallie
Field	Cheyenne View		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST# 2 Lansing C-F 3164-3210'		
Well Fluid Type	01 Oil	Start Test Time	10:48:00
		Final Test Time	14:55:00
Start Test Date	2011/09/06		
Final Test Date	2011/09/06		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
8' DM 100% DM
8' TOTAL FLUID

TOOL SAMPLE:
100% DM



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

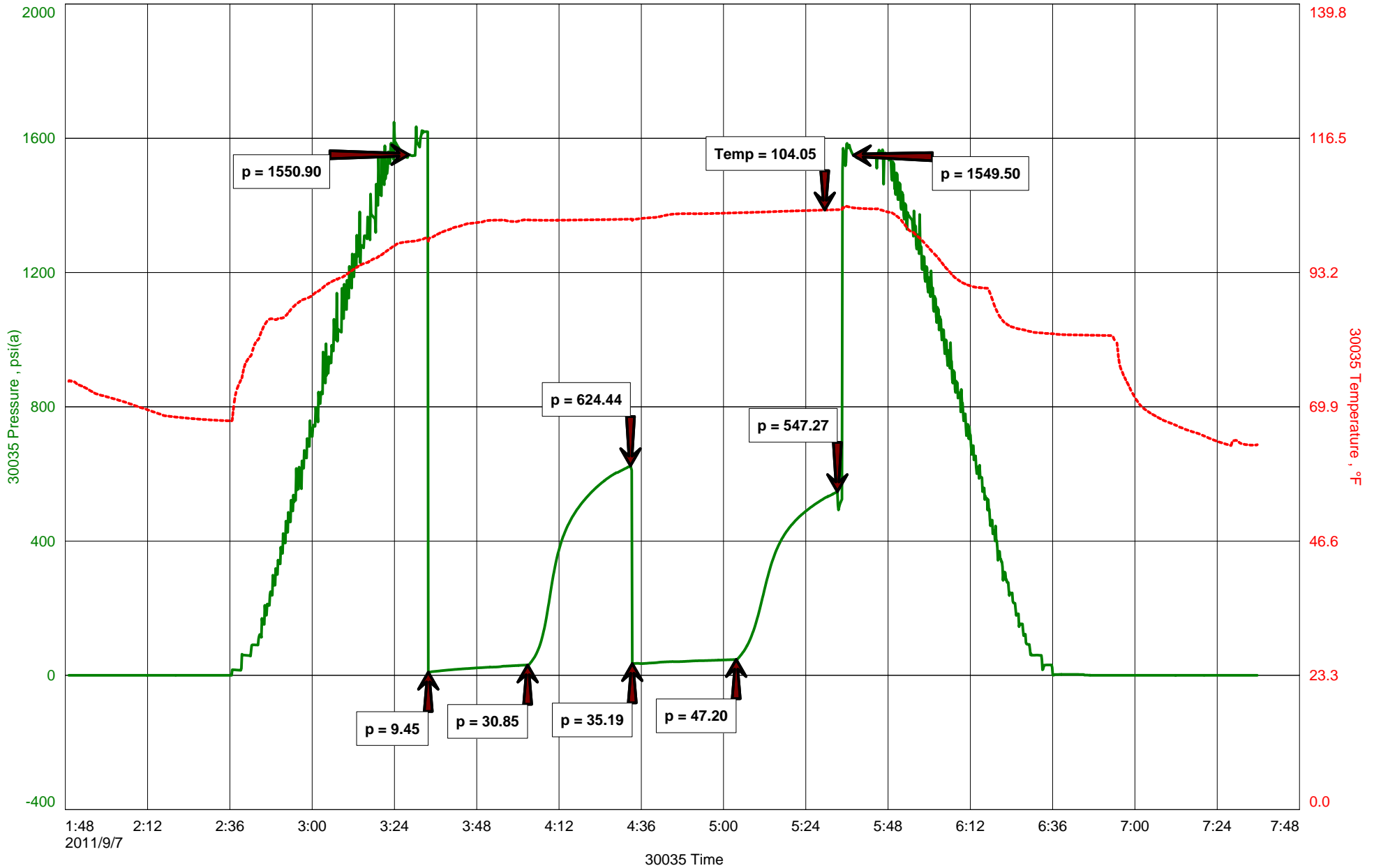
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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.

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L.D. Drilling Inc.
DST# 3 Lansing H-K 3253-3340'
Start Test Date: 2011/09/07
Final Test Date: 2011/09/07

Lucus Unit 1-10
Formation: DST# 3 Lansing H-K 3253-3340'
Pool: Wildcat
Job Number: S0021

Lucus Unit 1-10



Diamond Testing

General information Report

General Information

Company Name L.D. Drilling Inc.

Contact	L.D. Davis	Job Number	S0021
Well Name	Lucus Unit 1-10	Representative	Jacob McCallie
Unique Well ID	DST# 3 Lansing H-K 3253-3340'	Well Operator	L.D. Drilling Inc
Surface Location	SEC. 10-19S-12W Barton County	Report Date	2011/09/07
Well License Number		Prepared By	Jacob McCallie
Field	Cheyenne View		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST# 3 Lansing H-K 3253-3340'		
Well Fluid Type	01 Oil	Start Test Time	01:49:00
		Final Test Time	07:36:00
Start Test Date	2011/09/07		
Final Test Date	2011/09/07		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
66' DM 100% DM
66' TOTAL FLUID

TOOL SAMPLE: 100% DM



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.

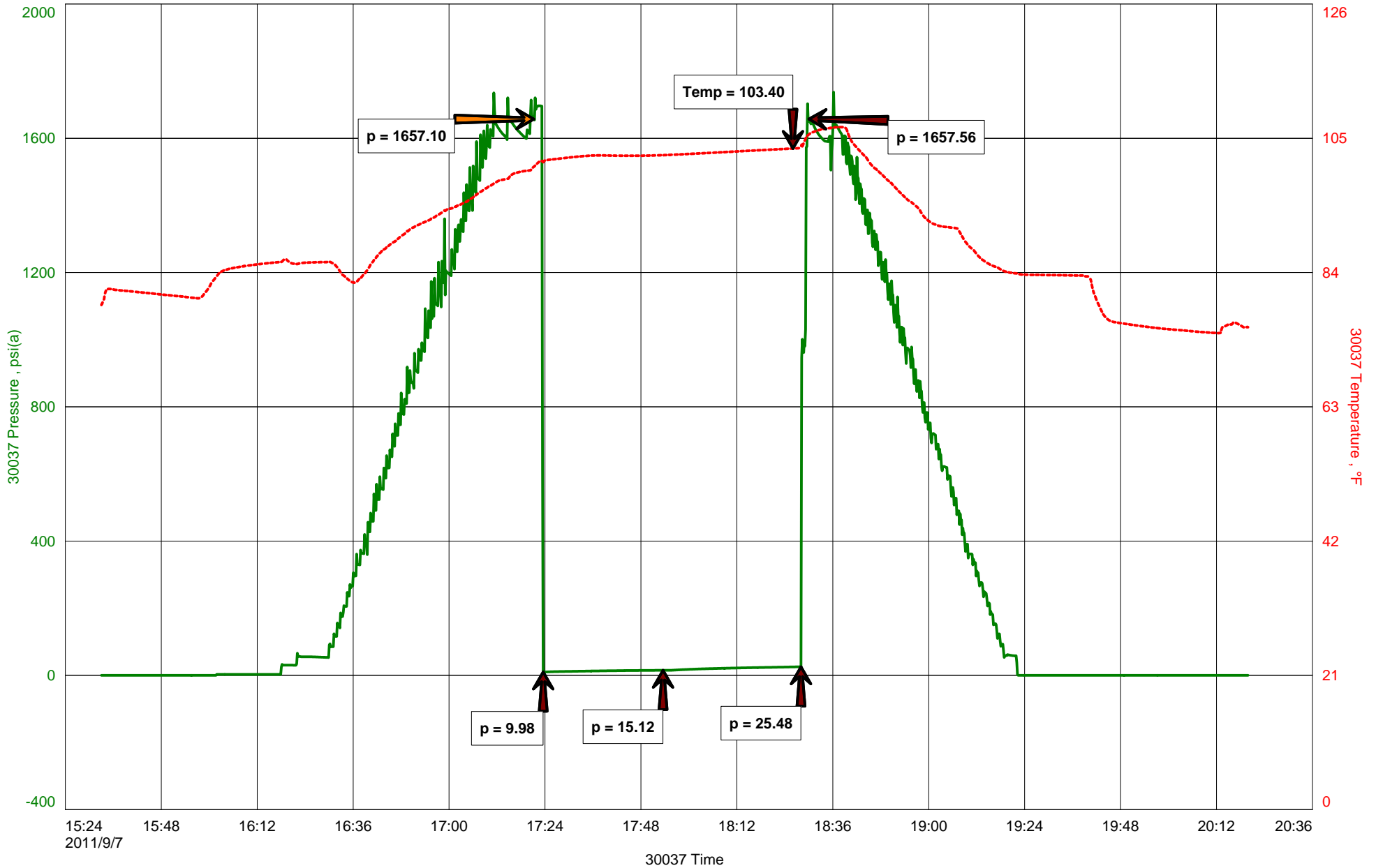
Blow: 1st Open: _____
2nd Open: _____

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.

Lucus Unit 1-10



Diamond Testing

General information Report

General Information

Company Name L.D. Drilling Inc

Contact

L.D. Davis

Well Name

Lucus Unit 1-10

Job Number

S0022

Unique Well ID

DST#4 Congl. 3350-3415'

Representative

Jacob McCallie

Surface Location

Sec. 10-19S-12W Barton County

Well Operator

L.D. Davis

Well License Number

Report Date

2011/09/07

Field

Cheyenne View

Prepared By

Jacob McCallie

Well Type

Vertical

Test Type

Drill Stem Test

Formation

DST#4 Congl. 3350-3415'

Well Fluid Type

01 Oil

Start Test Time

15:33:00

Start Test Date

2011/09/07

Final Test Time

20:20:00

Final Test Date

2011/09/07

Gauge Name

30037

Gauge Serial Number

Test Results

RECOVERED:

5' Drilling Mud

5' TOTAL FLUID

TOOL SAMPLE:

100% Drilling Mud