



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: _____



1069568

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	Griffin, Charles N.
Well Name	Scrivner B1
Doc ID	1069568

Tops

Name	Top	Datum
Kansas City	4053	2706
Stark Shale	4204	2857
Bottom Kansas City	4296	2949
Fort Scott	4464	3117
Mississippian	4626	3279
Kinderhook	4970	3623
Viola	5056	3709
Simpson Sand	5087	3740
Arbuckle	5108	3761

ALLIED CEMENTING CO., LLC. 037815

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS

DATE <i>10-14-11</i>	SEC. <i>09</i>	TWP. <i>34s</i>	RANGE <i>08w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Scrubber</i> WELL# <i>B-1</i> LOCATION <i> Hwy 2 & Walker Rd, 3 1/2 mps</i>						COUNTY <i>Hagen</i>	STATE <i>KS</i>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *landmark*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *268*

CASING SIZE *8 1/4* DEPTH *267*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *250'* MINIMUM *-*

MEAS. LINE SHOE JOINT *NA*

CEMENT LEFT IN CSG. *20'*

PERFS.

DISPLACEMENT *15 3/4 Bbls Fresh H₂O*

OWNER *Charles N. Griffin*

CEMENT AMOUNT ORDERED *200sk class A + 3% cc + 2% gel*

EQUIPMENT

PUMP TRUCK CEMENTER *D Felio*

471-302 HELPER *R Gilley*

BULK TRUCK

364 DRIVER *D. Felio / J. Plautz*

BULK TRUCK

DRIVER

COMMON <i>class A</i>	<i>200sk @ 16.25</i>	<i>3250.⁰⁰</i>
POZMIX	@	
GEL	<i>4sk @ 21.25</i>	<i>85.⁰⁰</i>
CHLORIDE	<i>7sk @ 58.20</i>	<i>407.⁴⁰</i>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <i>211</i>	@ <i>2.25</i>	<i>474.⁷⁵</i>
MILEAGE <i>30.211.11</i>		<i>693.⁷⁰</i>
TOTAL		<i>4910.⁴⁵</i>

REMARKS:

Pipe on Bttm Break Casing Pump 3 Bbls (space) 12 x 200sk A - 342 cement Start Digging Fresh H₂O See Steady increase in PST, Blank pipe, Stop Pump at 15 3/4 Bbls total Digging, Shut in No 32 H₂O, Cement Did Circle

SERVICE

DEPTH OF JOB <i>267</i>		
PUMP TRUCK CHARGE		<i>1125.⁰⁰</i>
EXTRA FOOTAGE	@	
MILEAGE <i>30</i>	@	<i>210.⁰⁰</i>
MANIFOLD <i>NA</i>	@	
<i>Light Vehicle 30</i>	@	<i>120.⁰⁰</i>
	@	
TOTAL		<i>1455.⁰⁰</i>

CHARGE TO: *Charles N Griffin*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<i>None</i>	@	
	@	
	@	
	@	
	@	
TOTAL		

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

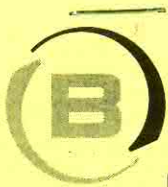
TOTAL CHARGES *6365.⁴⁵*

DISCOUNT _____ IF PAID IN 30 DAYS

4786.⁸⁷

PRINTED NAME _____

SIGNATURE



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 04979 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-25-2011	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: GRIFFIN MANAGEMENT		LEASE: SCRIVNER					WELL NO. B-1		
ADDRESS:		COUNTY: HARPER			STATE: Ks.				
CITY:		STATE:		SERVICE CREW: LESLEY, MATTEL, MCKASKEY					
AUTHORIZED BY:		JOB TYPE: CNW-5 1/2" L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
375810	2						10-25-11	AM	2:00
19903-19905	2							AM	3:00
19832-21010	2							AM	7:30
								AM	9:15
								AM	10:00
						MILES FROM STATION TO WELL	65		

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	
CP105	AA-2 CEMENT	SK	265		4,505.00	
CP105	AA-2 CEMENT	SK	50		850.00	
CC 102	CELL-FLAKE	lb	79		292.30	
CC 111	SALT	lb	1442		721.00	
CC 112	CEM. FRICTION REDUCER	lb	149		894.00	
CC 115	GAS-BLOK	lb	297		1,529.55	
CC 201	GILSONITE	lb	1575		1,055.25	
CF 607	LATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00	
CF 1251	AUTO FILL FLOAT SHOE, 5 1/2"	EA	1		360.00	
CF 1051	TURBOLIZER, 5 1/2"	EA	7		770.00	
CF 1901	BASKET 5 1/2"	EA	1		290.00	
2 704	CS-16, RCL 5 B.	GAL	1		35.00	
CC 151	MUDFLUSH	GAL	500		430.00	
E 100	PICKUP MILEAGE	MI	65		276.25	
E 101	HEAVY EQUIPMENT MILEAGE	MI	130		910.00	
E 113	BULK DELIVERY CHARGE	Tm	965		1,544.90	
CE 206	DEPTH CHARGE; 5001-10000	HR	1-4		2,880.00	
CE 240	BLENDING SERVICE CHARGE	SK	315		441.00	
CE 204	PLUG CONTAINER CHARGE	DB	1		250.00	
S 003	SERVICE SUPERVISOR	EA	1	175.00	175.00	
					SUB TOTAL	14,700.91
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.



DRILL STEM TEST REPORT

Prepared For: **Charles N Griffin**

PO Box 347
Pratt, KS 67124

ATTN: Bruce Reed

Scrivner B-1

9-34S-8W Harper,KS

Start Date: 2011.10.20 @ 11:58:19

End Date: 2011.10.20 @ 19:04:19

Job Ticket #: 43999 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Charles N Griffin

9-34S-8W Harper,KS

Scrivner B-1

DST # 1

Mississippi

2011.10.20



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Charles N Griffin

9-34S-8W Harper, KS

PO Box 347
Pratt, KS 67124

Scrivner B-1

Job Ticket: 43999

DST#: 1

ATTN: Bruce Reed

Test Start: 2011.10.20 @ 11:58:19

GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:41:04

Time Test Ended: 19:04:19

Test Type: Conventional Bottom Hole (Initial)

Tester: Leal Cason

Unit No: 45

Interval: **4628.00 ft (KB) To 4650.00 ft (KB) (TVD)**

Total Depth: 4650.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 1347.00 ft (KB)

1338.00 ft (CF)

KB to GR/CF: 9.00 ft

Serial #: 6798

Inside

Press@RunDepth: 24.86 psig @ 4629.00 ft (KB)

Start Date: 2011.10.20

End Date:

2011.10.20

Start Time: 11:58:20

End Time:

19:04:19

Capacity: 8000.00 psig

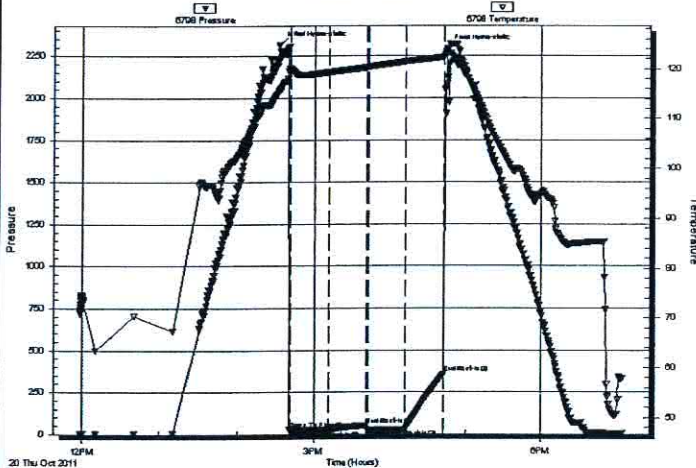
Last Calib.: 2011.10.20

Time On Btmr: 2011.10.20 @ 14:32:49

Time Off Btmr: 2011.10.20 @ 16:44:04

TEST COMMENT: IF: Fair Blow, 7 inches
IS: 3 inch Blow back
FF: Fair Blow, 8 inches
FS: 1 inch Blow back

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2317.21	115.60	Initial Hydro-static
9	25.55	120.08	Open To Flow (1)
39	23.63	119.31	Shut-In(1)
69	51.48	120.26	End Shut-In(1)
71	23.44	120.33	Open To Flow (2)
100	24.86	121.41	Shut-In(2)
130	357.94	122.34	End Shut-In(2)
132	2291.17	124.04	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	200 GIP	0.00
25.00	GOM 5%G 95%M	0.12

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

9-34S-8W Harper,KS

PO Box 347
Pratt, KS 67124

Scrivner B-1

Job Ticket: 43999

DST#: 1

ATTN: Bruce Reed

Test Start: 2011.10.20 @ 11:58:19

Tool Information

Drill Pipe:	Length: 4506.00 ft	Diameter: 3.80 inches	Volume: 63.21 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 119.00 ft	Diameter: 2.25 inches	Volume: 0.59 bbl	Weight to Pull Loose: 80000.00 lb
			<u>Total Volume: 63.80 bbl</u>	Tool Chased: ft
Drill Pipe Above KB:	17.00 ft			String Weight: Initial 54000.00 lb
Depth to Top Packer:	4628.00 ft			Final 54000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	22.00 ft			
Tool Length:	42.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4613.00	
Hydraulic tool	5.00			4618.00	
Packer	5.00			4623.00	20.00 Bottom Of Top Packer
Packer	5.00			4628.00	
Stubb	1.00			4629.00	
Recorder	0.00	6798	Inside	4629.00	
Recorder	0.00	8367	Outside	4629.00	
Perforations	18.00			4647.00	
Bullnose	3.00			4650.00	22.00 Bottom Packers & Anchor
Total Tool Length:	42.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N Griffin

9-34S-8W Harper,KS

PO Box 347
Pratt, KS 67124

Scrivner B-1

Job Ticket: 43999

DST#: 1

ATTN: Bruce Reed

Test Start: 2011.10.20 @ 11:58:19

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbf

Water Loss: 8.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 8000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
0.00	200 GIP	0.000
25.00	GCM5%G 95%M	0.123

Total Length: 25.00 ft

Total Volume: 0.123 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

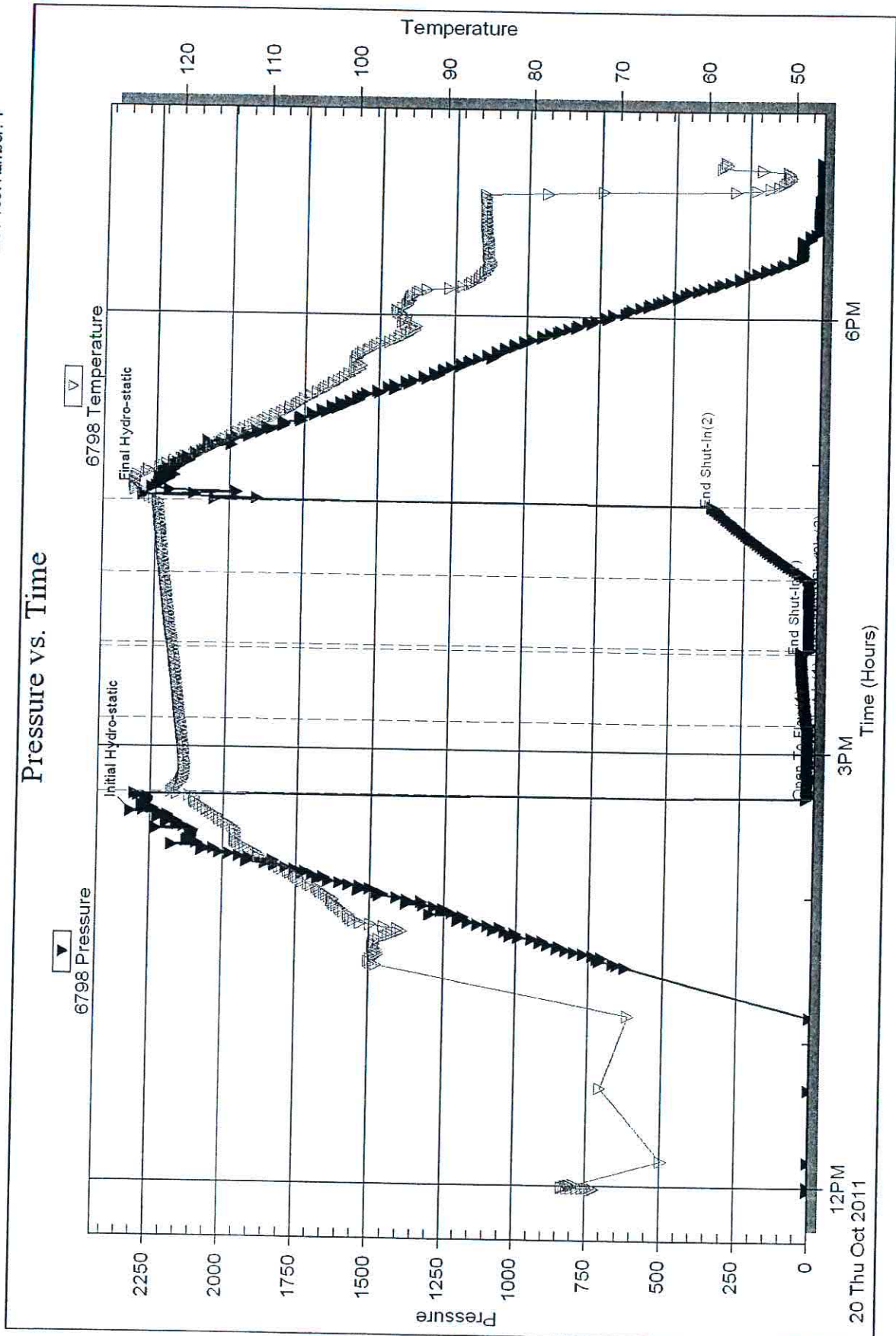
Serial #: 6798

Inside

Charles N Griffin

Scrivner B-1

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 43999

Printed: 2011.10.26 @ 16:44:51



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

Prepared For: **Charles N Griffin**

PO Box 347
Pratt, KS 67124

ATTN: Bruce Reed

Scrivner B-1

9-34S-8W Harper,KS

Start Date: 2011.10.21 @ 02:30:36

End Date: 2011.10.21 @ 12:13:36

Job Ticket #: 44000 DST #: 2

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Charles N Griffin

9-34S-8W Harper,KS

Scrivner B-1

DST # 2

Mississippi

2011.10.21



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Charles N Griffin

9-34S-8W Harper, KS

PO Box 347
Pratt, KS 67124

Scrivner B-1

Job Ticket: 44000

DST#: 2

ATTN: Bruce Reed

Test Start: 2011.10.21 @ 02:30:36

GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:59:06

Time Test Ended: 12:13:36

Test Type: Conventional Bottom Hole (Reset)

Tester: Leal Cason

Unit No: 45

Interval: **4654.00 ft (KB) To 4670.00 ft (KB) (TVD)**

Reference Elevations: 1347.00 ft (KB)

Total Depth: 4670.00 ft (KB) (TVD)

1338.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 9.00 ft

Serial #: 6798

Inside

Press@RunDepth: 67.97 psig @ 4655.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.10.21

End Date: 2011.10.21

Last Calib.: 2011.10.21

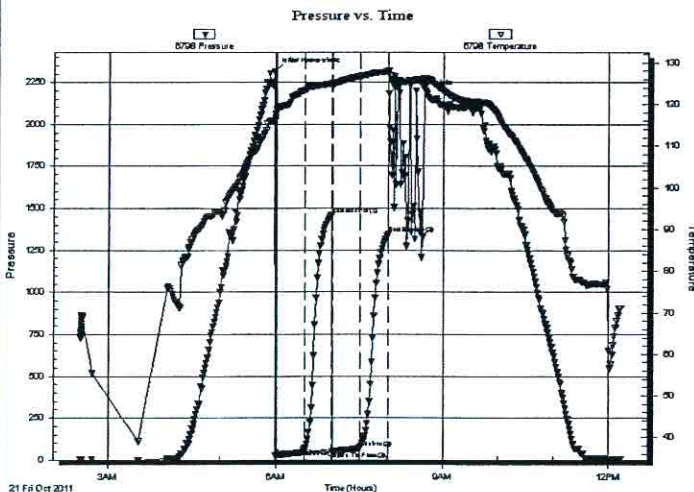
Start Time: 02:30:37

End Time: 12:13:36

Time On Btm: 2011.10.21 @ 05:58:06

Time Off Btm: 2011.10.21 @ 08:01:21

TEST COMMENT: IF: Weak Blow, 4 inches
IS: No Blow back
FF: Weak Blow, 3 inches
FS: No Blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2315.86	115.97	Initial Hydro-static
1	24.48	116.85	Open To Flow (1)
33	60.69	123.19	Shut-In(1)
62	1462.16	124.93	End Shut-In(1)
63	48.28	124.65	Open To Flow (2)
93	67.97	126.72	Shut-In(2)
123	1345.90	127.76	End Shut-In(2)
124	2182.13	128.14	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
65.00	SOCM 5%O 95%M	0.32

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

9-34S-8W Harper, KS

PO Box 347
Pratt, KS 67124

Scrivner B-1

Job Ticket: 44000

DST#: 2

ATTN: Bruce Reed

Test Start: 2011.10.21 @ 02:30:36

Tool Information

Drill Pipe:	Length: 4536.00 ft	Diameter: 3.80 inches	Volume: 63.63 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 119.00 ft	Diameter: 2.25 inches	Volume: 0.59 bbl	Weight to Pull Loose: 95000.00 lb
			<u>Total Volume: 64.22 bbl</u>	Tool Chased ft
Drill Pipe Above KB:	21.00 ft			String Weight: Initial 54000.00 lb
Depth to Top Packer:	4654.00 ft			Final 54000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	16.00 ft			
Tool Length:	36.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4639.00	
Hydraulic tool	5.00			4644.00	
Packer	5.00			4649.00	20.00 Bottom Of Top Packer
Packer	5.00			4654.00	
Stubb	1.00			4655.00	
Recorder	0.00	6798	Inside	4655.00	
Recorder	0.00	8367	Outside	4655.00	
Perforations	12.00			4667.00	
Bullnose	3.00			4670.00	16.00 Bottom Packers & Anchor
Total Tool Length:	36.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N Griffin

9-34S-8W Harper, KS

PO Box 347
Pratt, KS 67124

Scrivner B-1

Job Ticket: 44000

DST#: 2

ATTN: Bruce Reed

Test Start: 2011.10.21 @ 02:30:36

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 49.00 sec/qt

Water Loss: 8.98 in³

Resistivity: ohm.m

Salinity: 8000.00 ppm

Filter Cake: 0.20 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
65.00	SOCM 5%O 95%M	0.320

Total Length: 65.00 ft Total Volume: 0.320 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 6798

Inside

Charles N Griffin

Scrivner B-1

DST Test Number: 2

