



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1071732
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1071732

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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ATTACHMENT TO ACO-1

Casey #3
N/2 NE SE SE
 Sec. 35-10S-19W
 Rooks County, KS

	SAMPLE TOPS	LOG TOPS
ANHYDRITE	1461 (+679)	1458 (+682)
BASE ANH	1488 (+652)	1487 (+651)
TOPEKA	3076 (-936)	3076 (-936)
HEEBNER	3295 (-1155)	3295 (-1155)
TORONTO	3310 (-1170)	3310 (-1170)
LANSING	3334 (-1194)	3334 (-1194)
MUNCIE CREEK		
BKC	3555 (-1415)	3554 (-1414)
CONG Lm	3582 (-1442)	3580 (-1440)
CONG Chert	3593 (-1453)	3594 (-1454)
RTD	3640 (-1500)	
LTD		3640 (-1500)

DST #1 3092 - 3117' **Zone: TOPEKA**
Times: **30-45-45-60**
1st open: **Very Weak blow – ½"**
2nd open: **Dead at 1st, then blew 7 min and died**
Rec.: **45' SI OCWM (20% oil, 30% wtr, 50% mud)**
IHP: **1490 FHP: 1422**
IFP: **41-47 FFP: 48-60**
ISIP: **637 FSIP: 617 TEMP: 99F**

DST #2 3210 - 3400 **Zone: Oread – Lans C zone**
Times: **30-45-45-60**
1st open: **Good blow – 10", No BB**
2nd open: **Wk blow**
Rec.: **108' OCM (10% oil, 90% mud)**
IHP: **1660 FHP: 1631**
IFP: **148-160 FFP: 163-172**
ISIP: **878 FSIP: 857 TEMP: 104F**

DST #3 3396 - 3420 **Zone: Lans G zone**
Times: **30-45-45-60**
1st open: **Wk Blow inc to 3", No BB**
2nd open: **Dead throughout, No BB**
Rec.: **4' CO; 68' O&MCW (15% oil, 15% mud, 70% Wtr-CI – 30,000 ppm)**
 Tool Sample – 10% mud, 30% oil, 60% wtr
IHP: **1674 FHP: 1641**
IFP: **40-56 FFP: 58-71**
ISIP: **300 FSIP: 295 TEMP: 107F**

DST #4 3447 - 3576 **Zone:** Lans H – L zone
Times: 30-45-45-60
1st open: Wk Blow - surf blow, No BB
2nd open: Very Wk blow inc to 1.5", No BB
Rec.: 10' Mud w/tract of oil on top (100% w/trace oil)
 Tool - 20% oil, 80% mud
IHP: 1786 **FHP:** 1734
IFP: 95-100 **FFP:** 98-103
ISIP: 371 **FSIP:** 299 **TEMP:** 104F

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

January 12, 2012

Patrick T. Canaday
Vess Oil Corporation
1700 WATERFRONT PKWY BLDG 500
WICHITA, KS 67206-6619

Re: ACO1
API 15-163-23980-00-00
Casey 3
SE/4 Sec.35-10S-19W
Rooks 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,
Patrick T. Canaday



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (817) 546-7282
 Fax: (817) 246-3361

OCT 11 2011

INVOICE

Invoice Number: 128738
 Invoice Date: Sep 29, 2011
 Page: 1

Bill To:
Vess Oil Corp. 1700 Waterfront Parkway Bldg. #500 Wichita, KS 67226

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Vess	Younger #2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Russell	Sep 29, 2011	10/29/11

Quantity	Item	Description	Unit Price	Amount
3.00	MAT	Gel	21.25	63.75
180.00	MAT	ASC	19.00	3,420.00
500.00	MAT	WFR-2	1.10	550.00
183.00	SER	Handling	2.25	411.75
30.00	SER	Mileage 183 sx @.11 per sk per mi	20.13	603.90
1.00	SER	Production String	2,225.00	2,225.00
60.00	SER	Pump Truck Mileage	7.00	420.00
60.00	SER	Light Vehicle Mileage	4.00	240.00
1.00	EQP	5.5 Port Collar	1,820.00	1,820.00
1.00	EQP	5.5 Packer Shoe	1,621.00	1,621.00
8.00	EQP	5.5 Centralizer	34.00	272.00
2.00	EQP	5.5 Basket	236.00	472.00
1.00	EQP	5.5 Latch Down Plug	194.00	194.00
1.00	CEMENTER	Shane Poche		
1.00	OPER ASSIST	Mark Radke		

Subtotal	12,313.40
Sales Tax	530.00
Total Invoice Amount	12,843.40
Payment/Credit Applied	< 2,841.85 >
TOTAL	12,843.40

10,001.55

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 2,841.85

ONLY IF PAID ON OR BEFORE

Oct 24, 2011

ALLIED CEMENTING CO., LLC. 038331

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell

DATE <u>9/22/14</u>	SEC <u>7</u>	TWP <u>10.5</u>	RANGE <u>16 W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:15p</u>	JOB FINISH <u>10:15pm</u>
LEASE <u>Wanger</u>	WELL # <u>2</u>	LOCATION <u>Codal Rs. 1E Sinto</u>			COUNTY <u>Rooper</u>	STATE <u>Ks.</u>	
OLD OR NEW (Circle one)							

CONTRACTOR <u>Woodcock Maverick Drilling</u>	OWNER
TYPE OF JOB <u>Production Start</u>	
HOLE SIZE <u>5 7/8</u>	T.D. <u>3892</u>
CASING SIZE <u>5 7/8</u>	DEPTH <u>3462.76</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL Port Collar	DEPTH <u>1170</u>
PRES. MAX <u>1500 psi</u>	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>51.5 bbl</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Shane</u>	
# <u>409</u> HELPER <u>Todd</u>	
BULK TRUCK	
# <u>410</u> DRIVER <u>Mark</u>	
BULK TRUCK	
#	DRIVER

CEMENT			
AMOUNT ORDERED <u>150 ASC 108.5011 22.61</u>			
<u>500 Gal WFR-2</u>			
COMMON	@		
POZMIX	@		
GEL <u>3</u>	@ <u>21.25</u>	<u>63.75</u>	
CHLORIDE	@		
ASC <u>180</u>	@ <u>19.05</u>	<u>3429.00</u>	
	@		
<u>WFR-2 500 Gal</u>	@ <u>11.16</u>	<u>5580.00</u>	
	@		
	@		
	@		
HANDLING <u>183</u>	@ <u>2.25</u>	<u>411.75</u>	
MILEAGE <u>1.11/16/mile</u>		<u>603.90</u>	
			TOTAL <u>5049.40</u>

REMARKS:

Red Hole 3000 Mower Hole 15' stop
Insert @
Run Pipe to Bottom Foot Circulation
Set packer shoe @ 1000 psi
Mixed Cement shot down
Washed Pump + Circ
Displaced 51.5 bbl
Coupled @ 1500 psi
Float Held!

CHARGE TO: Vess Oil
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>2225.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>60</u>	@ <u>7.00</u>	<u>420.00</u>
MANIFOLD	@	
	@	
<u>con 60</u>	@ <u>4.00</u>	<u>240.00</u>
TOTAL <u>2885.00</u>		

PLUG & FLOAT EQUIPMENT

<u>500 Port Collar</u>	@	<u>1820.00</u>
<u>500 Packer Shoe</u>	@	<u>1621.00</u>
<u>Red 8 - Centralizers</u>	@ <u>34.00</u>	<u>272.00</u>
<u>Red 2 - Basket</u>	@ <u>23.00</u>	<u>472.00</u>
<u>Blue Latch down</u>	@	<u>194.00</u>
TOTAL <u>4379.00</u>		

SALES TAX (If Any) _____
TOTAL CHARGES 12,313.40
DISCOUNT 5/2 IF PAID IN 30 DAYS

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.

PRINTED NAME Roger Martin

SIGNATURE [Signature]

ALLIED CEMENTING CO., LLC. 038288

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell Ks

DATE <u>9-20-2011</u>	SEC. <u>7</u>	TWP. <u>10 S</u>	RANGE <u>16 W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30 AM</u>	JOB FINISH <u>10:00 PM</u>
LEASE <u>YOUNGER</u>	WELL # <u>2</u>	LOCATION <u>CADILL Ks, 1 E ON K-18</u>			COUNTY <u>ROCKS,</u>	STATE <u>KANSAS</u>	
OLD OR (NEW) (Circle one)		TO RD 25 YAS 1/4 EAS INTO					

CONTRACTOR Maverick Drilling Rig #
 TYPE OF JOB Cement Surface
 HOLE SIZE 12 7/4 T.D. 233
 CASING SIZE 8 5/8 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 13 3/4 BBL

OWNER
 CEMENT
 AMOUNT ORDERED 160 sx Comm.
3% cc
2% GEL

COMMON	<u>160</u>	@ <u>16.25</u>	<u>2600.00</u>
POZMIX		@	
GBL	<u>3</u>	@ <u>21.25</u>	<u>63.75</u>
CHLORIDE	<u>5</u>	@ <u>58.20</u>	<u>291.00</u>
ASC		@	

EQUIPMENT

PUMP TRUCK CEMENTER Glen
 # 417 HELPER Woody
 BULK TRUCK
 # 482 DRIVER Ron
 BULK TRUCK
 # DRIVER

HANDLING	<u>168</u>	@ <u>2.25</u>	<u>378.00</u>
MILEAGE	<u>111/10/10/10</u>	@ <u>17</u>	<u>314.16</u>
TOTAL			<u>3646.91</u>

REMARKS:

Ran 5 JTS 8 5/8 csg Set @
Received Circulation & Cement
w/ 160 sx Cam 3 1/2 Displace
13 3/4 BBL H₂O & Shut in @ 300 #

Cement Did Circulate to Surface

THANKS

CHARGE TO: Vess Oil Corporation
 STREET
 CITY STATE ZIP

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE	@		
MILEAGE	<u>34</u>	@ <u>7.00</u>	<u>238.00</u>
MANIFOLD	@		
	@		
<u>600</u>	<u>34</u>	@ <u>4.00</u>	<u>136.00</u>

TOTAL 1499.00

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL

SALES TAX (If Any)

TOTAL CHARGES 5145.91

DISCOUNT 50/20 IF PAID IN 30 DAYS

PRINTED NAME Jeremy Stuckey

SIGNATURE [Signature]

DATE

GENERAL INFORMATION

Client Information:

Company: VESS OIL CORP

Contact: BILL HORIGAN

Phone: Fax: e-mail:

Site Information:

Contact: JOHN RIEDL

Phone: Fax: e-mail:

Well Information:

Name: YOUNGER #2

Operator: VESS OIL CORP

Location-Downhole:

Location-Surface: S7/10S/16W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: ROGER MARTIN

Test Type: CONVENTIONAL Job Number: D1022

Test Unit:

Start Date: 2011/09/23 Start Time: 11:00:00

End Date: 2011/09/23 End Time: 16:40:00

Report Date: 2011/09/23 Prepared By: JOHN RIEDL

Qualified By: ROGER MARTIN

Remarks:

RECOVERY: 30' 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: _____

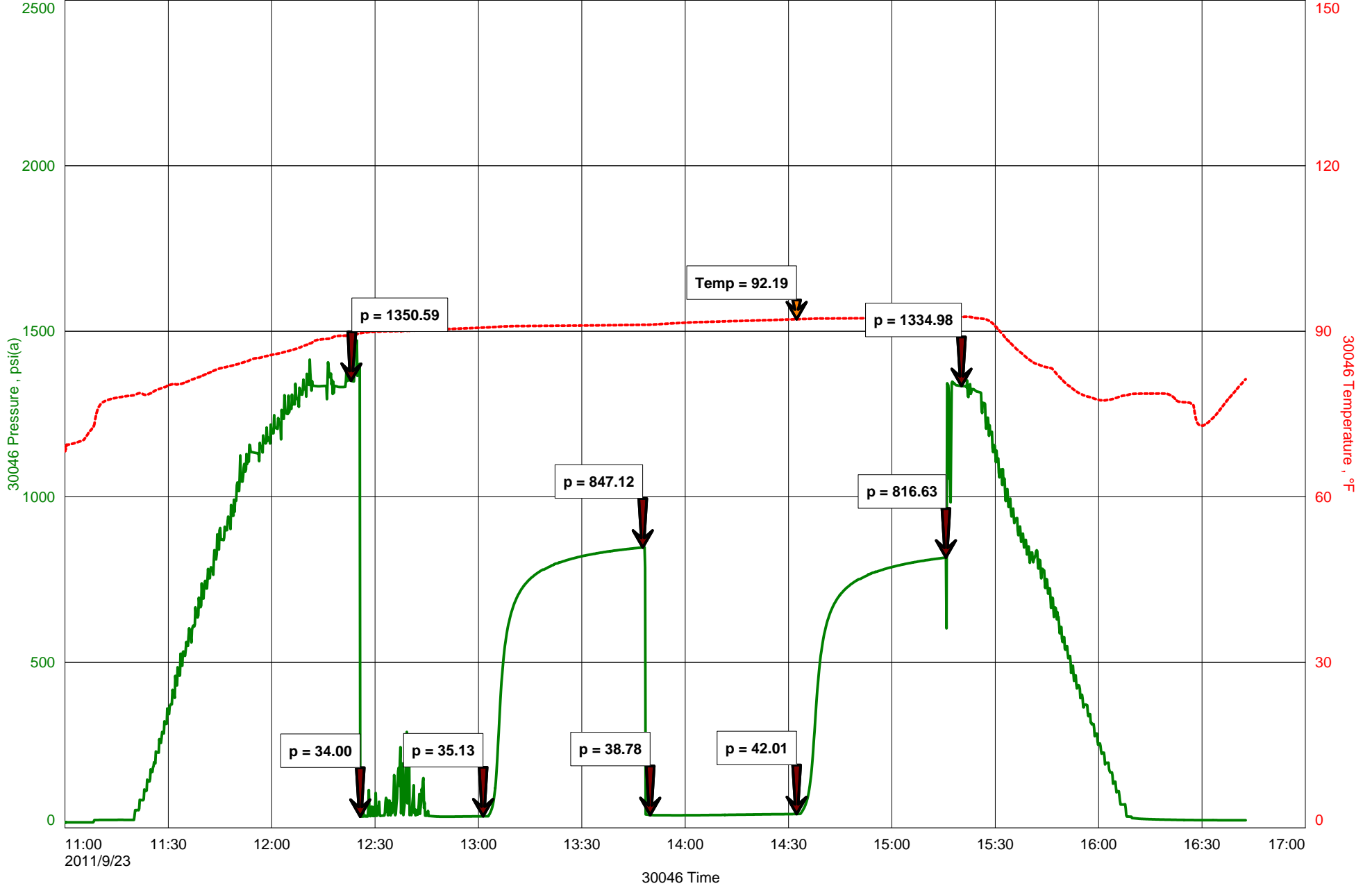
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.	

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.

YOUNGER #2



GENERAL INFORMATION

Client Information:

Company: VESS OIL CORP

Contact: BILL HORIIGAN

Phone: Fax: e-mail:

Site Information:

Contact: ROGER MARTIN

Phone: Fax: e-mail:

Well Information:

Name: YOUNGER #1

Operator: VESS OIL CORP

Location-Downhole:

Location-Surface: S7/10S/16W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: ROGER MARTIN

Test Type: CONVENTIONAL Job Number: D1023

Test Unit:

Start Date: 2011/09/24 Start Time: 04:20:00

End Date: 2011/09/21 End Time: 10:00:00

Report Date: 2011/09/24 Prepared By: JOHN RIEDL

Remarks: Qualified By: ROGER MARTIN

RECOVERY: 6' CLEAN OIL, 85' SLIGHTLY MUD CUT 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: _____

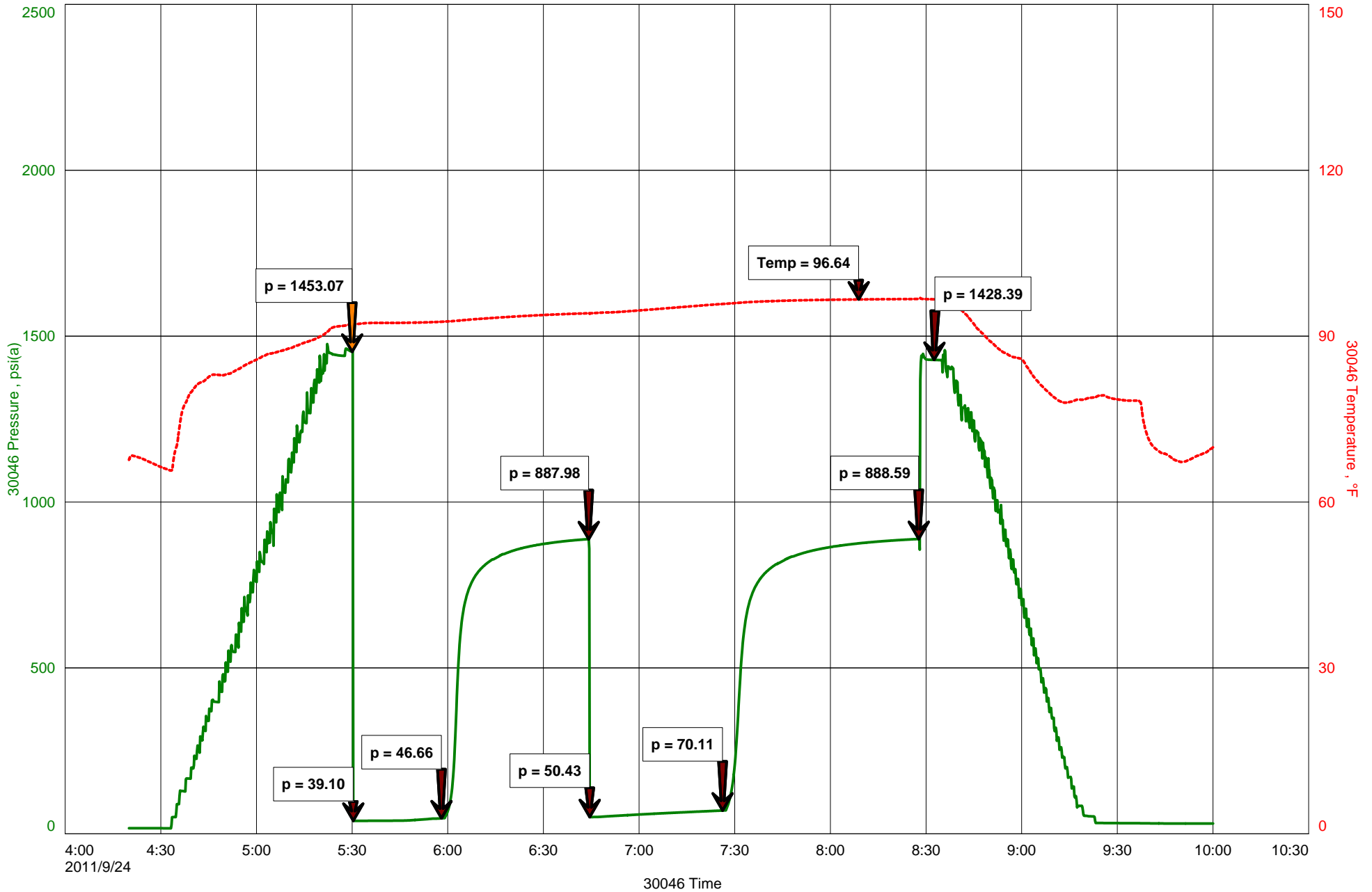
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.	

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.

YOUNGER #1



GENERAL INFORMATION

Client Information:

Company: VESS OIL CORP

Contact: BILL HORIGAN

Phone: Fax: e-mail:

Site Information:

Contact: ROGER MARTIN

Phone: Fax: e-mail:

Well Information:

Name: YOUNGER #2

Operator: VESS OIL CORP

Location-Downhole:

Location-Surface: S7/10S/16W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: ROGER MARTIN

Test Type: CONVENTIONAL Job Number: D1024

Test Unit:

Start Date: 2011/09/24 Start Time: 22:30:00

End Date: 2011/09/25 End Time: 05:30:00

Report Date: 2011/09/25 Prepared By: JOHN RIEDL

Remarks: Qualified By: ROGER MARTIN

RECOVERY: 500' GAS IN PIPE, 150'GAS+OIL CUT MUD, 400'SLIGHTLY MUD CUT GASSY OIL



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

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

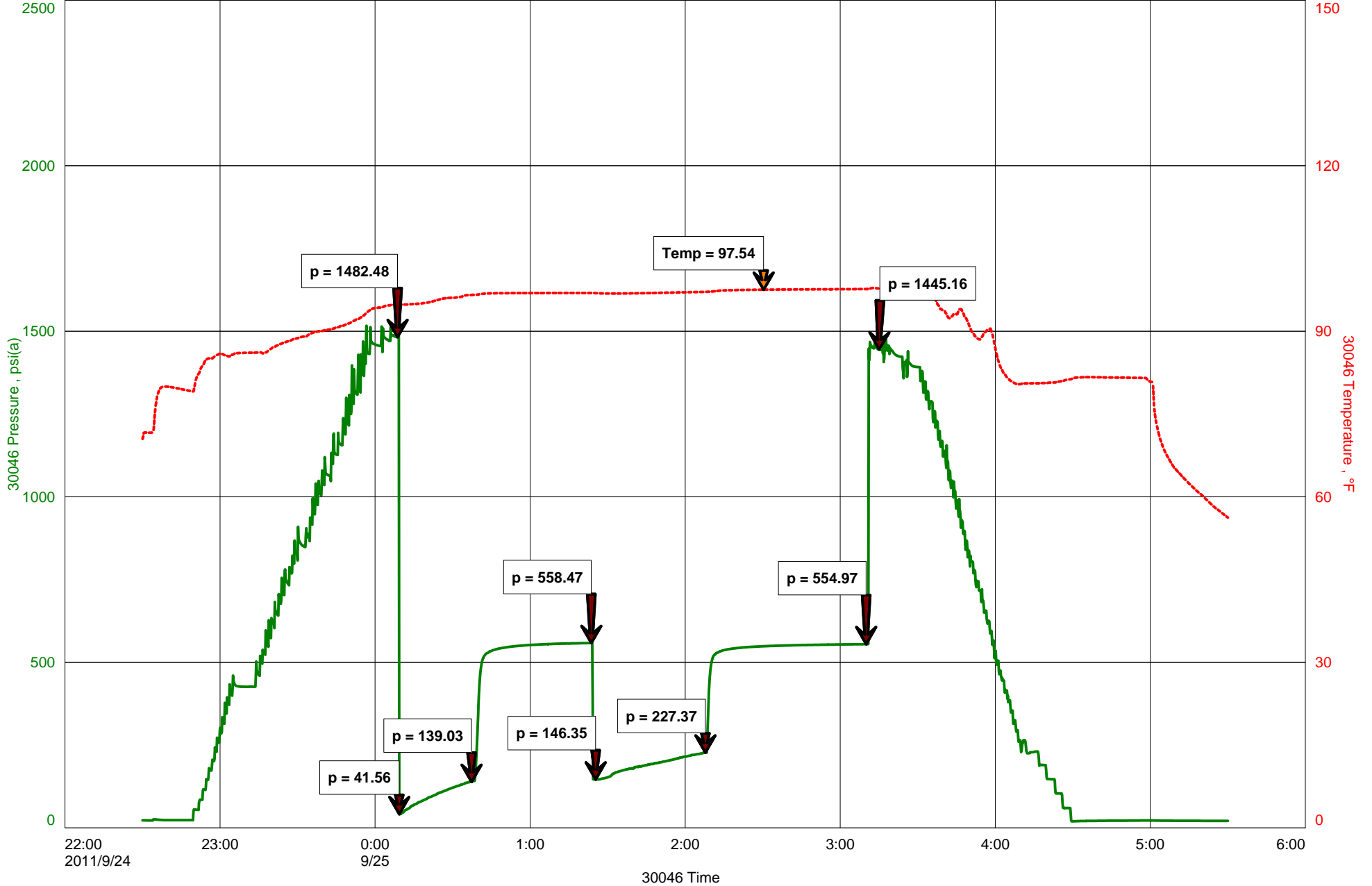
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

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

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

YOUNGER #2



GENERAL INFORMATION

Client Information:

Company: VESS OIL CORP

Contact: BILL HORIGAN

Phone: Fax: e-mail:

Site Information:

Contact: ROGER MARTIN

Phone: Fax: e-mail:

Well Information:

Name: YOUNGER #2

Operator: VESS OIL CORP

Location-Downhole:

Location-Surface: S7/10S/16W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: ROGER MARTIN

Test Type: CONVENTIONAL Job Number: D1025

Test Unit:

Start Date: 2011/09/25 Start Time: 17:30:00

End Date: 2011/09/26 End Time: 00:10:00

Report Date: 1025/01/01 Prepared By: JOHN RIEDL

Remarks: Qualified By: ROGER MARTIN

RECOVERY: 560' GAS IN PIPE, 480' GAS + WATER CUT MUDDY OIL, 370' MUDDY WATER



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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: _____

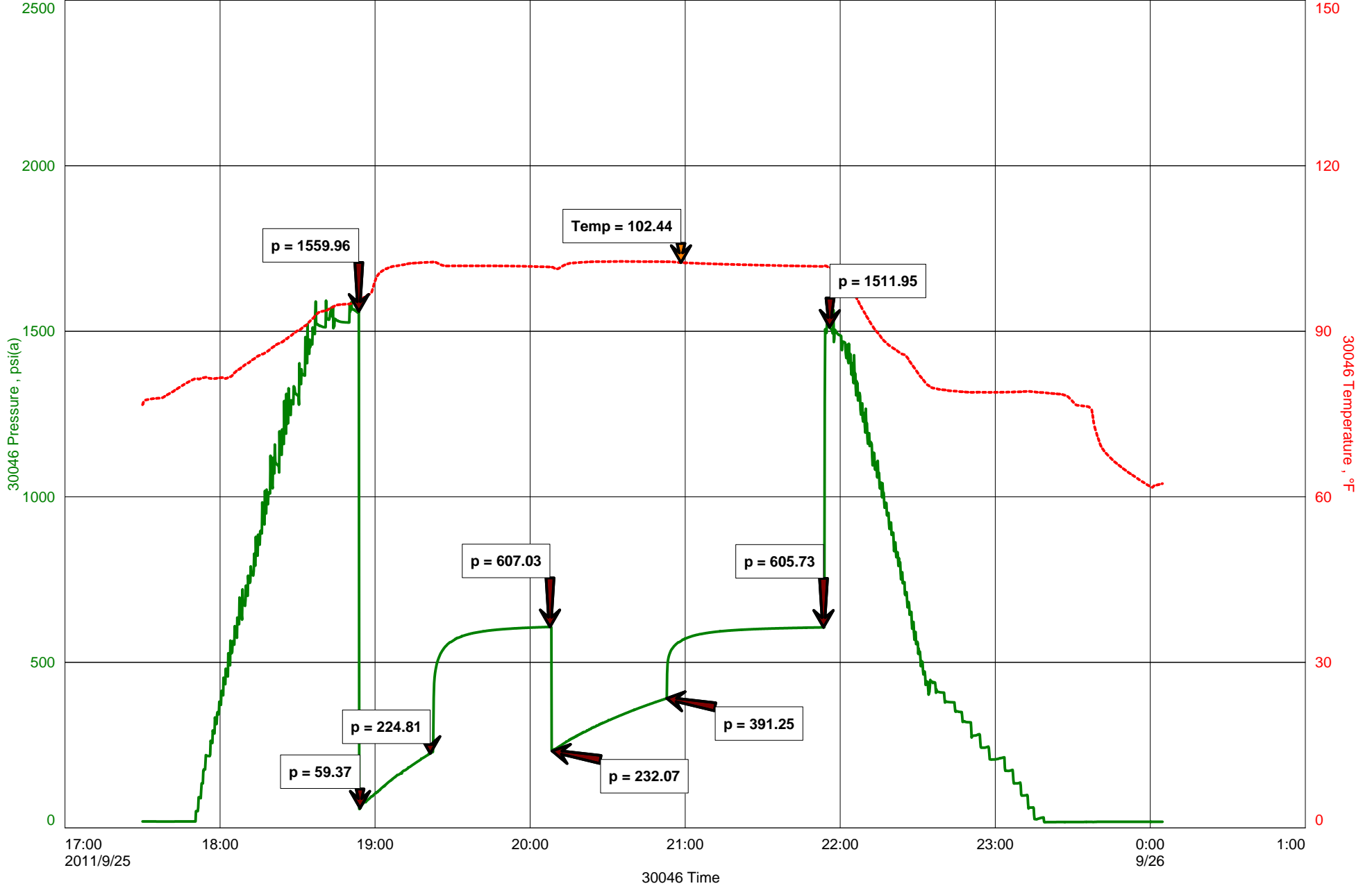
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

YOUNGER #2



GENERAL INFORMATION

Client Information:

Company: VESS OIL CORP

Contact: BILL HORIGAN

Phone: Fax: e-mail:

Site Information:

Contact: ROGER MARTIN

Phone: Fax: e-mail:

Well Information:

Name: YOUNGER #2

Operator: VESS OIL CORP

Location-Downhole:

Location-Surface: S7/16/10W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: ROGER MARTIN

Test Type: CONVENTIONAL Job Number: D1026

Test Unit:

Start Date: 2011/09/26 Start Time: 19:10:00

End Date: 2011/09/26 End Time: 20:15:00

Report Date: 2011/09/25 Prepared By: JOHN RIEDL

Qualified By: ROGER MARTIN

Remarks:

RECOVERY: 70' GAS IN PIPE, 50' GAS+OIL CUT MUD



DIAMOND TESTING

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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: _____

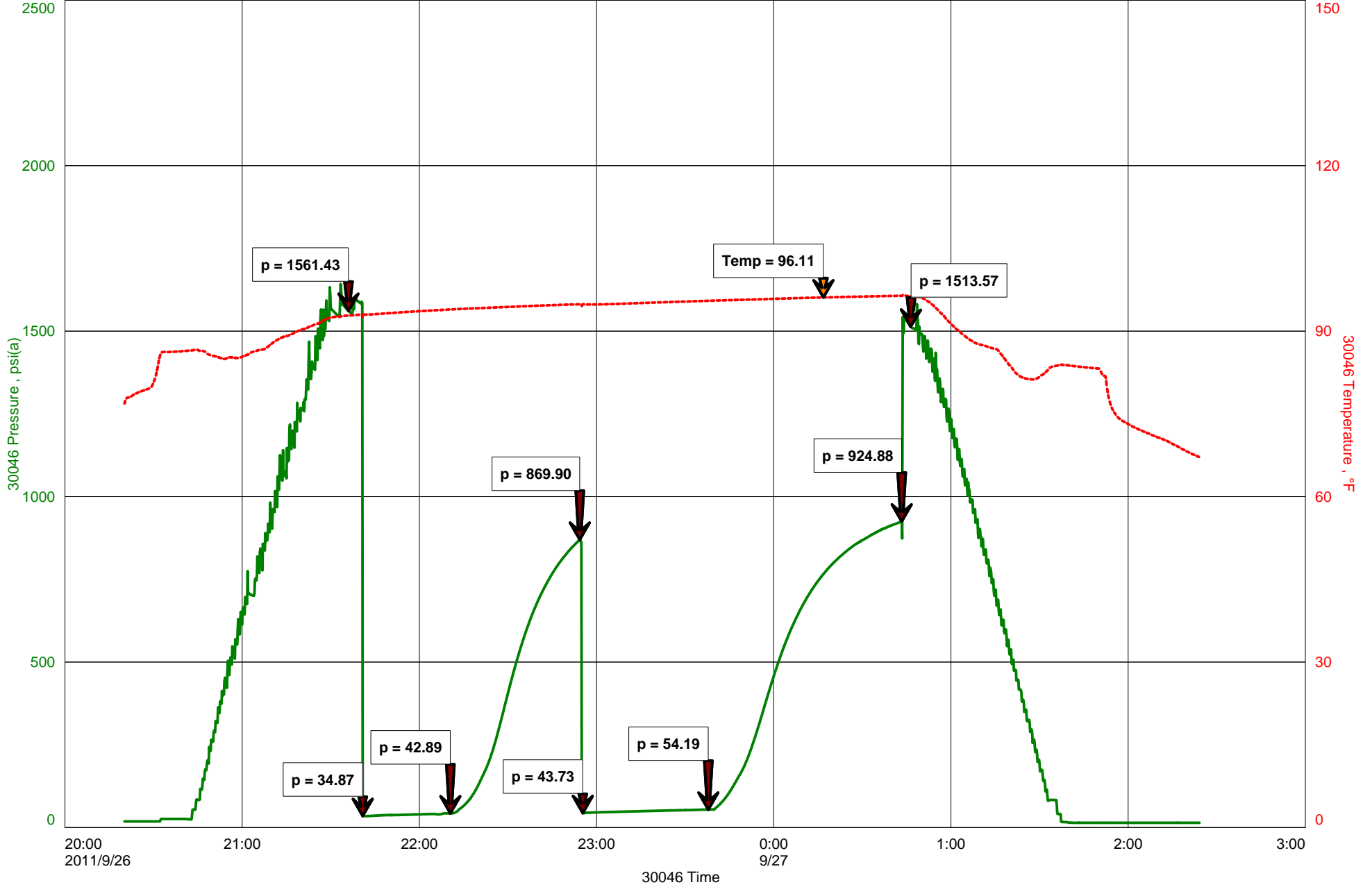
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

YOUNGER #2





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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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GENERAL INFORMATION

Client Information:

Company: VESS OIL CORP
Contact: BILL HORIGAN
Phone: Fax: e-mail:

Site Information:

Contact: ROGER MARTIN
Phone: Fax: e-mail:

Well Information:

Name: YOUNGER #2
Operator: VESS OIL CORP
Location-Downhole:
Location-Surface: S7/16S/10W

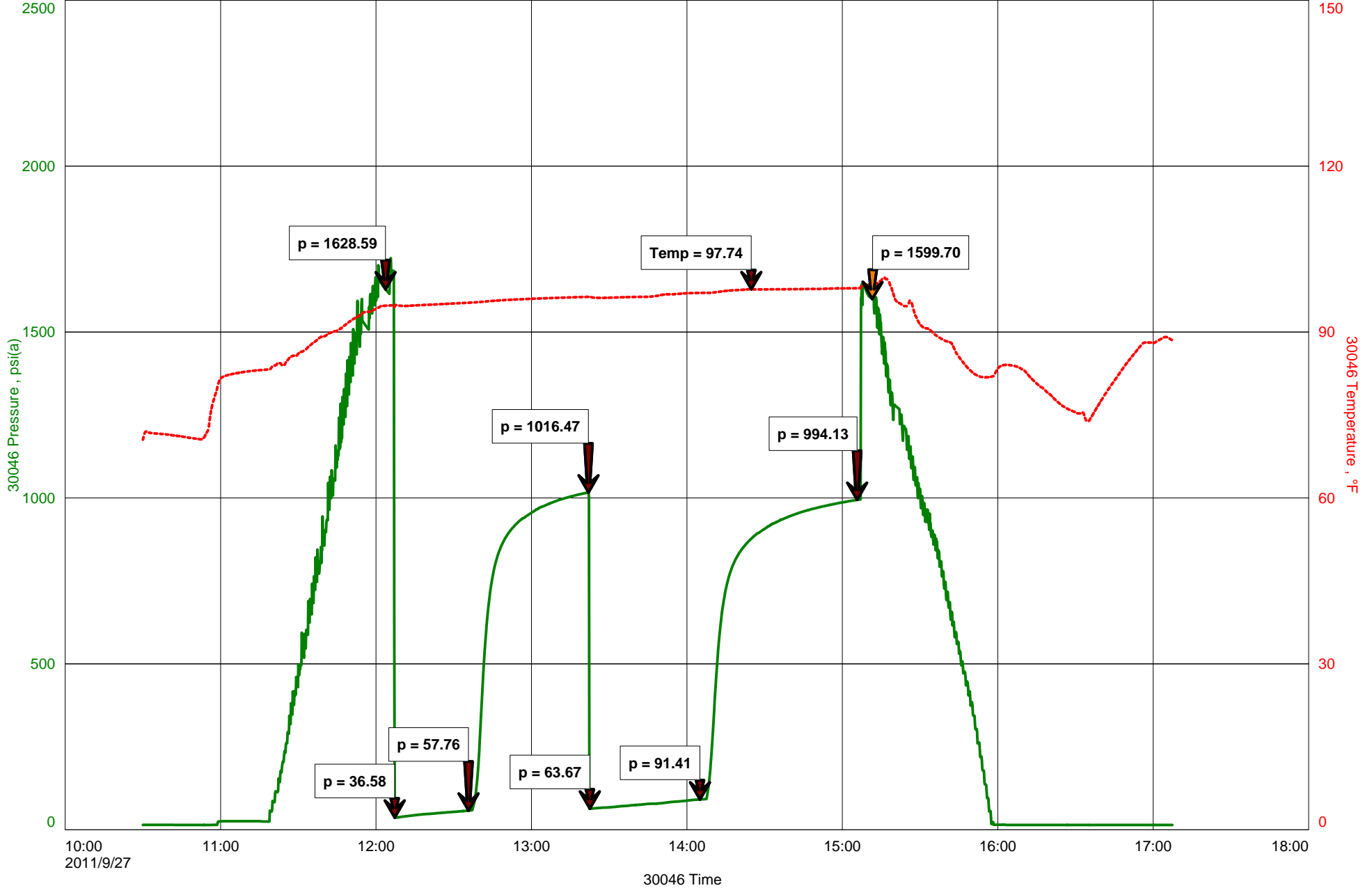
Test Information:

Company: DIAMOND TESTING
Representative: JOHN RIEDL
Supervisor: ROGER MARTIN
Test Type: CONVENTIONAL Job Number: D1027
Test Unit:
Start Date: 2011/09/27 Start Time: 10:30:00
End Date: 2011/09/27 End Time: 16:35:00
Report Date: 2011/09/27 Prepared By: JOHN RIEDL
Qualified By: ROGER MARTIN

Remarks:

RECOVERY: 50' GAS IN PIPE, 130' GAS + OIL CUT MUD

YOUNGER #2



GENERAL INFORMATION

Client Information:

Company: VESS OIL CORP

Contact: BILL HORIGAN

Phone: Fax: e-mail:

Site Information:

Contact: ROGER MARTIN

Phone: Fax: e-mail:

Well Information:

Name: YOUNGER #2

Operator: VESS OIL CORP

Location-Downhole:

Location-Surface: S7/10S/16W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: ROGER MARTIN

Test Type: CONVENTIONAL Job Number: D1028

Test Unit:

Start Date: 2011/09/28 Start Time: 00:00:00

End Date: 2011/09/28 End Time: 06:30:00

Report Date: 2011/09/28 Prepared By: JOHN RIEDL

Remarks: Qualified By: ROGER MARTIN

RECOVERY: 50' GAS IN PIPE, 85' GAS CUT OIL, 60' GAS + MUD CUT OIL



DIAMOND TESTING

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HOISINGTON, KANSAS 67544

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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: _____

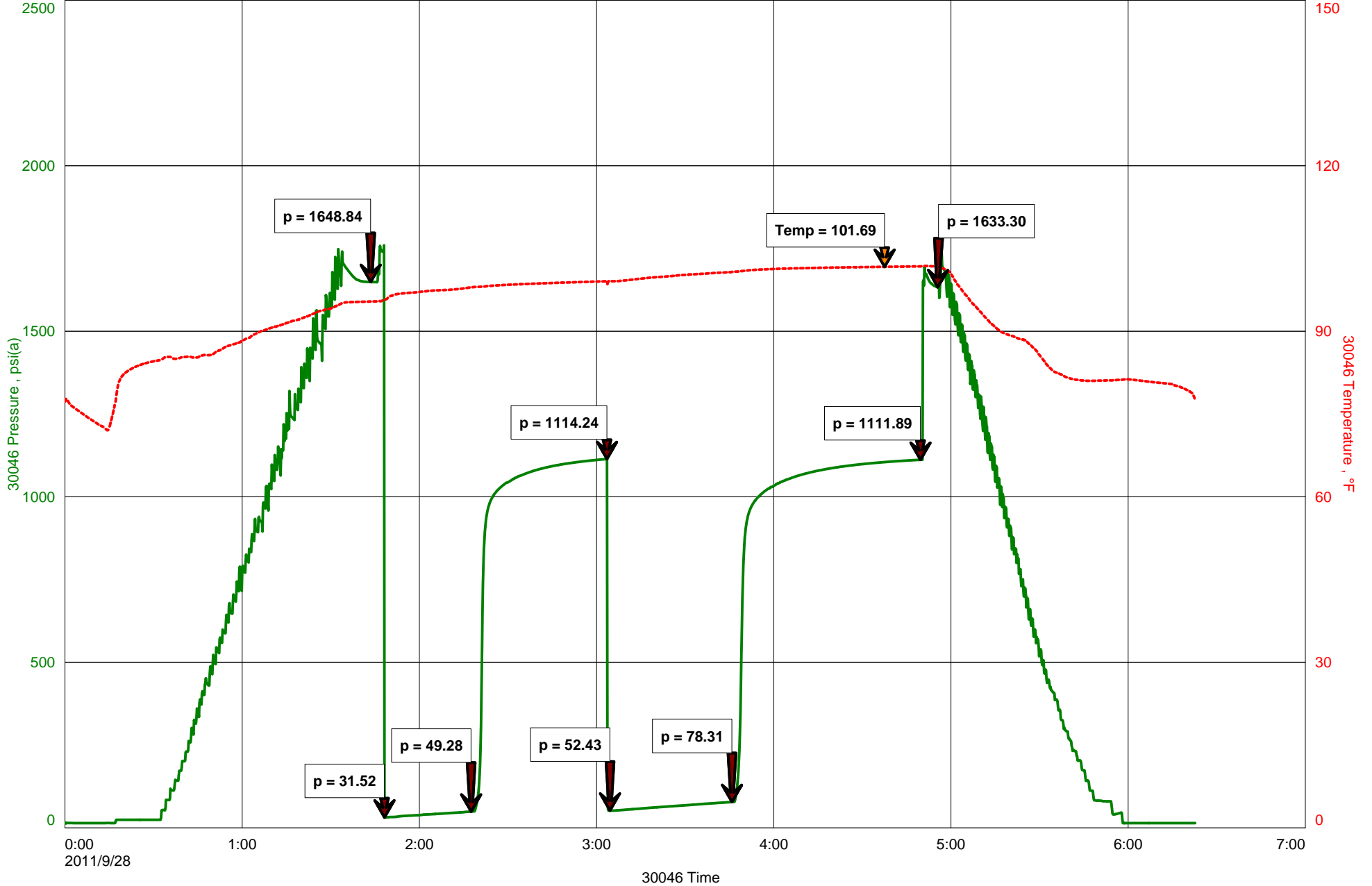
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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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YOUNGER #2



GENERAL INFORMATION

Client Information:

Company: VESS OIL CORP

Contact: BILL HORIGAN

Phone: Fax: e-mail:

Site Information:

Contact: ROGER MARTIN

Phone: Fax: e-mail:

Well Information:

Name: YOUNGER #2

Operator: VESS OIL CORP

Location-Downhole:

Location-Surface: S7/10S/16W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: ROGER MARTIN

Test Type: CONVENTIONAL Job Number: D1029

Test Unit:

Start Date: 2011/09/28 Start Time: 14:30:00

End Date: 2011/09/28 End Time: 22:00:00

Report Date: 2011/09/28 Prepared By: JOHN RIEDL

Remarks: Qualified By: ROGER MARTIN

RECOVERY: 300' GAS IN PIPE, 1770' GAS CUT OIL, 30' SLIGHTLY WATER+ MUD CUT GASSY OIL



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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.

YOUNGER #2

