



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1078909  
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: \_\_\_\_\_

1078909

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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:  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

<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	O'Brien Resources, LLC
Well Name	Sparks-Quinn 20 1
Doc ID	1078909

All Electric Logs Run

Dual Induction
Sonic Log
Compensated Neutron/Density PE Log
Triple Combo Composite Log
Micro Log
Borehole Log

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

April 17, 2012

Steve Harris  
O'Brien Resources, LLC  
PO BOX 6149  
SHREVEPORT, LA 71136

Re: ACO1  
API 15-167-23771-00-00  
Sparks-Quinn 20 1  
NE/4 Sec.20-11S-14W  
Russell County, Kansas

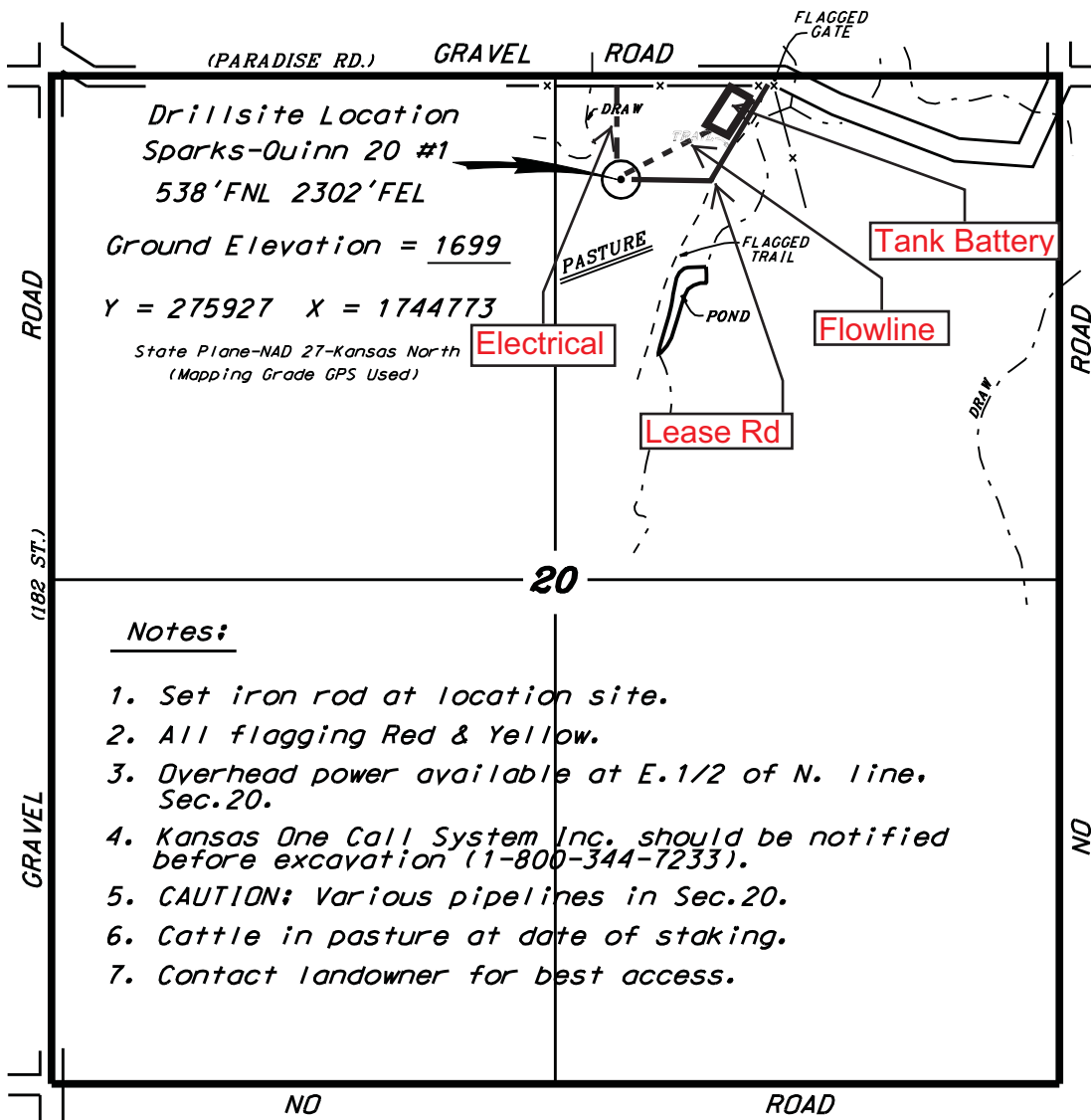
Dear Production Department:

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,  
Steve Harris

**O'BRIEN RESOURCES, LLC  
 SPARKS-QUINN LEASE  
 N.1/2, SECTION 20, T11S, R14W  
 RUSSELL COUNTY, KANSAS**



**Notes:**

1. Set iron rod at location site.
2. All flagging Red & Yellow.
3. Overhead power available at E.1/2 of N. line, Sec.20.
4. Kansas One Call System Inc. should be notified before excavation (1-800-344-7233).
5. CAUTION: Various pipelines in Sec.20.
6. Cattle in pasture at date of staking.
7. Contact landowner for best access.



\*Ingress and egress to location as shown on this plat is per usage only and may not be legally opened for public use. Contact landowner, tenant and county road department for access.

\*Controlling data is based upon the best maps and photographs available to us and upon a regular section of land containing 640 acres.  
 \*Approximate section lines were determined using the normal standard of care of oilfield surveyors practicing in the state of Kansas. The section corners, which establish the precise section lines, were not necessarily located, and the exact location of the drillsite location in the section is not guaranteed. Therefore, the operator securing this service and accepting this plat and all other parties relying thereon agree to hold Central Kansas Oilfield Services, Inc., its officers and employees harmless from all losses, costs and expenses and said entities released from any liability from incidental or consequential damages.  
 \*Elevations derived from National Geodetic Vertical Datum.

Date January 11, 2012

bbowman@obriencenergyco.com

# ALLIED OIL & GAS SERVICES, LLC 056939

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell

DATE <u>4.14.12</u>	SEC <u>20</u>	TWP. <u>11</u>	RANGE <u>4</u>	CALLED OUT	ON LOCATION	JOB START <u>10:20</u>	JOB FINISH <u>10:30</u>
LEASE <u>SPARKS</u>	WELL# <u>1-20</u>	LOCATION <u>Russell 14N 2W 4S WINTS</u>			COUNTY <u>Russell</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Duke rig #2  
 TYPE OF JOB Plug  
 HOLE SIZE 7 7/8 ID. 3520  
 CASING SIZE DEPTH  
 TUBING SIZE 4 1/2 DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT

OWNER  
 CEMENT AMOUNT ORDERED 1850 sk 60/40  
47.6 gal 4 # Flow Seal

EQUIPMENT  
 PUMP TRUCK CEMENTER Todd, Bob  
 # 417 HELPER Tony  
 BULK TRUCK # 473 DRIVER Robert Y  
 BULK TRUCK # DRIVER

COMMON <u>1DB</u>	@ <u>16.25</u>	<u>1755.00</u>
POZMIX <u>7a</u>	@ <u>8.40</u>	<u>612.00</u>
GEL <u>7</u>	@ <u>21.25</u>	<u>148.75</u>
CHLORIDE	@	
ASC	@	<u>121.50</u>
<u>Flow seal 45 #</u>	@ <u>2.70</u>	<del>1215.00</del>
HANDLING <u>189</u>	@ <u>2.25</u>	<u>425.25</u>
MILEAGE <u>189x 17x 11</u>		<u>353.43</u>

### REMARKS:

1st Plug & 3450 25sk & 14.1#  
2nd Plug & 840 25sk & 14.1#  
3rd Plug & 450 25sk & 14.1#  
72 sk in rail 168 mpr  
plug down x 7:10

TOTAL 3415.93

### SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1250.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>m1HV 17</u>	@ <u>7.00</u>	<u>119.00</u>
MANIFOLD	@	
<u>m1LV 17</u>	@ <u>4.00</u>	<u>68.00</u>

TOTAL 1437.00

CHARGE TO: O Brian Resnick  
 STREET  
 CITY STATE ZIP

### PLUG & FLOAT EQUIPMENT

<u>8 1/2 water Plug</u>	@ <u>6.40</u>	<u>64.00</u>
	@	
	@	
	@	

TOTAL 64.00

To: Allied Oil & Gas Services, 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) 224.20  
 TOTAL CHARGES 4916.93  
 DISCOUNT 20/50 1145.51 IF PAID IN 30 DAYS

PRINTED NAME  
 SIGNATURE David Bellman

# ALLIED OIL & GAS SERVICES, LLC 056380

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
4-7-2012	20	11	14			8:00	8:00 PM
LEASE	WELL# 1-20		LOCATION Russell 14 N 2 W 34 S W 1/2			COUNTY	STATE
OLD OR NEW (Circle one)					Russell		K.S.

CONTRACTOR Duke Rig #2  
TYPE OF JOB Set Surface  
HOLE SIZE 12 1/4 T.D. 280'  
CASING SIZE 8 5/8 20# DEPTH 279'  
TUBING SIZE DEPTH  
DRILL PIPE DEPTH  
TOOL DEPTH  
PRES. MAX MINIMUM  
MEAS. LINE SHOE JOINT  
CEMENT LEFT IN CSG. 15'  
PERFS.  
DISPLACEMENT 16.82 / 138L

EQUIPMENT

PUMP TRUCK CEMENTER Glen G.  
# 417 HELPER Woody G.  
BULK TRUCK  
# 481 DRIVER Cody H.  
BULK TRUCK  
# DRIVER

REMARKS:

Ran 6 JTS of 25% 20# CSG.  
Set @ 279, received circulation &  
cement w/ 170 SX, com 342. Displace  
16.77 BBL H2O, shut in @ 250 ft.  
Cement did circulate  
TO SURFACE  
THANKS

OWNER  
CEMENT  
AMOUNT ORDERED 170 sx Com.  
3% cc  
2% gel  
COMMON 170 sx @ 16.25 2762.50  
POZMIX @  
GEL 3 sx @ 21.25 63.75  
CHLORIDE 6 sx @ 58.20 349.20  
ASC @  
@  
@  
@  
@  
@  
@  
@  
@  
@  
@  
HANDLING 179 Total sx @ 2.25 402.75  
MILEAGE 17 Total Mile @ 114 334.93  
~~2500~~ TOTAL 3912.93

SERVICE

DEPTH OF JOB 280'  
PUMP TRUCK CHARGE 1125.00  
EXTRA FOOTAGE @  
MILEAGE 17 HV MR @ 7.00 119.00  
MANIFOLD @  
17 LV MR @ 4.00 68.00  
@  
TOTAL 1312.00

PLUG & FLOAT EQUIPMENT

@  
@  
@  
@  
@

TOTAL  
SALES TAX (if Any) 263.56  
TOTAL CHARGES 5224.93

DISCOUNT 20/50 1201.50 IF PAID IN 30 DAYS

CHARGE TO: O'Brien Resources, LLC  
STREET  
CITY STATE ZIP

To: Allied Oil & Gas Services, 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

SIGNATURE



**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: \_\_\_\_\_

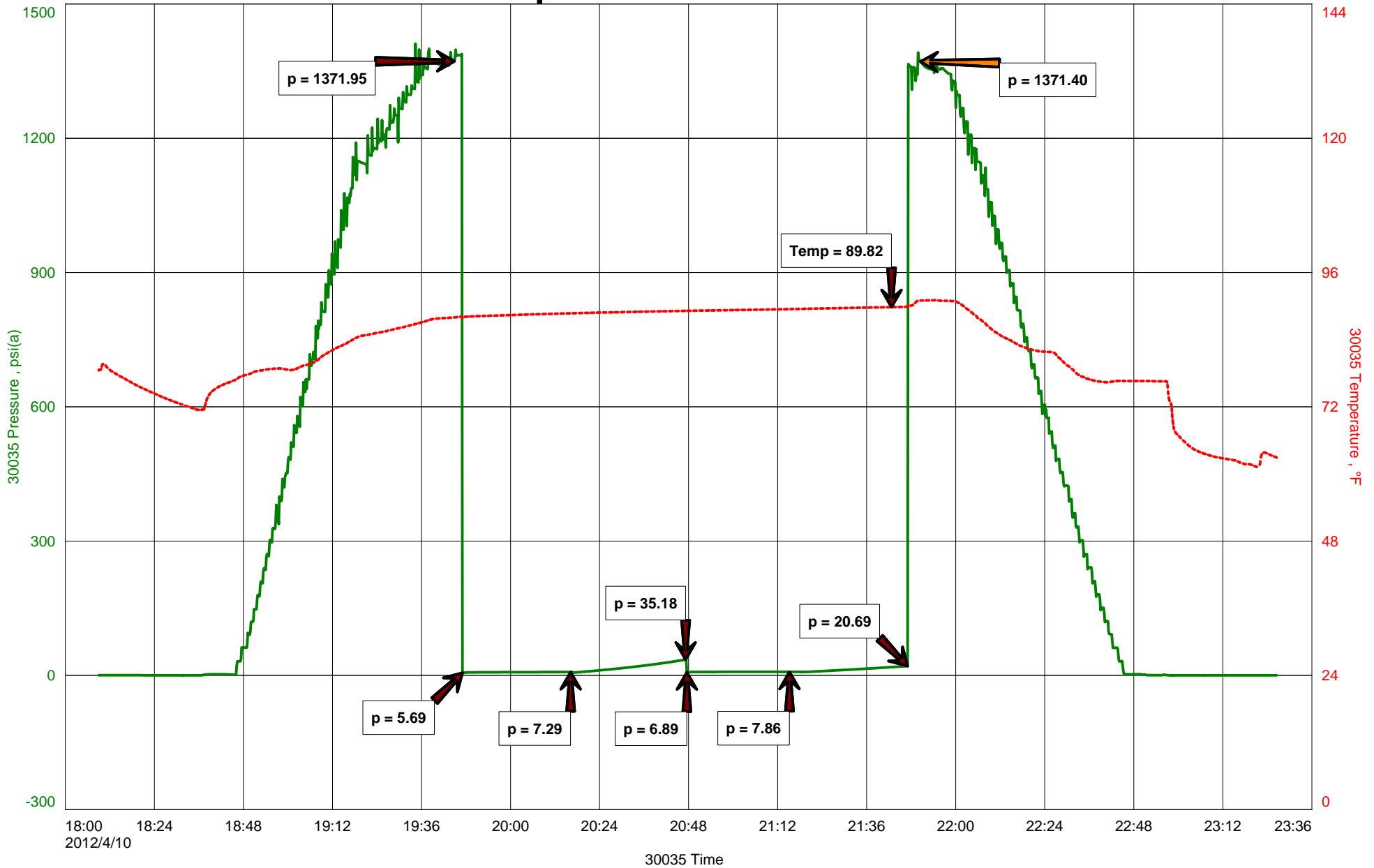
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

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.



# Sparks-Quinn #20-1



# Diamond Testing

## General information Report

### General Information

**Company Name** O'Brien Resources LLC

<b>Contact</b>	Steve Harris	<b>Job Number</b>	S0126
<b>Well Name</b>	Sparks-Quinn #20-1	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST #1 2914-2950' Lansing "A"	<b>Well Operator</b>	O'Brien Resources LLC
<b>Surface Location</b>	SEC 20-11S-14W Russell County	<b>Report Date</b>	2012/04/10
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	Wildcat		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test		
<b>Formation</b>	DST #1 2914-2950' Lansing "A"		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	18:09:00
		<b>Final Test Time</b>	23:28:00
<b>Start Test Date</b>	2012/04/10		
<b>Final Test Date</b>	2012/04/10		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

**RECOVERED:**  
3' Slightly Oil Specked Mud 100% MUD  
3' TOTAL FLUID

**TOOL SAMPLE:**  
100% 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.  
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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.  
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Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
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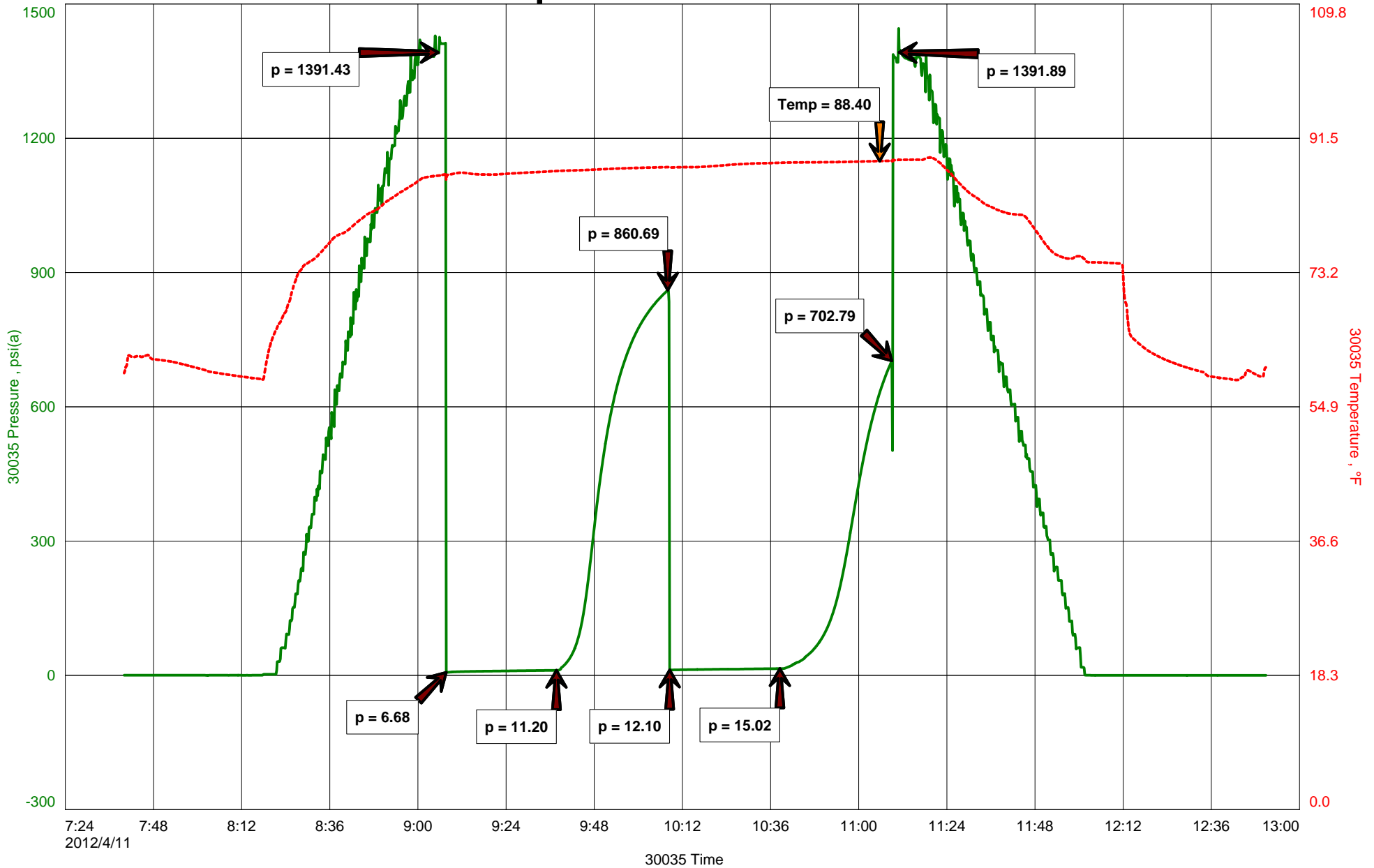
Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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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# Sparks-Quinn #20-1



# Diamond Testing

## General information Report

### General Information

**Company Name** O'Brien Resources LLC

<b>Contact</b>	Steve Harris	<b>Job Number</b>	S0127
<b>Well Name</b>	Sparks-Quinn #20-1	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST #2 Lansing "C-D" 2943-2994'	<b>Well Operator</b>	O'Brien Resources LLC
<b>Surface Location</b>	SEC 20-11S-14 W Russell County	<b>Report Date</b>	2012/04/11
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	Wildcat		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test		
<b>Formation</b>	DST #2 Lansing "C-D" 2943-2994'		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	07:40:00
		<b>Final Test Time</b>	12:51:00
<b>Start Test Date</b>	2012/04/11		
<b>Final Test Date</b>	2012/04/11		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

**RECOVERED:**  
15' Oil Specked Mud 100% MUD  
15' TOTAL FLUID

**TOOL SAMPLE:**  
2% OIL 98% 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.

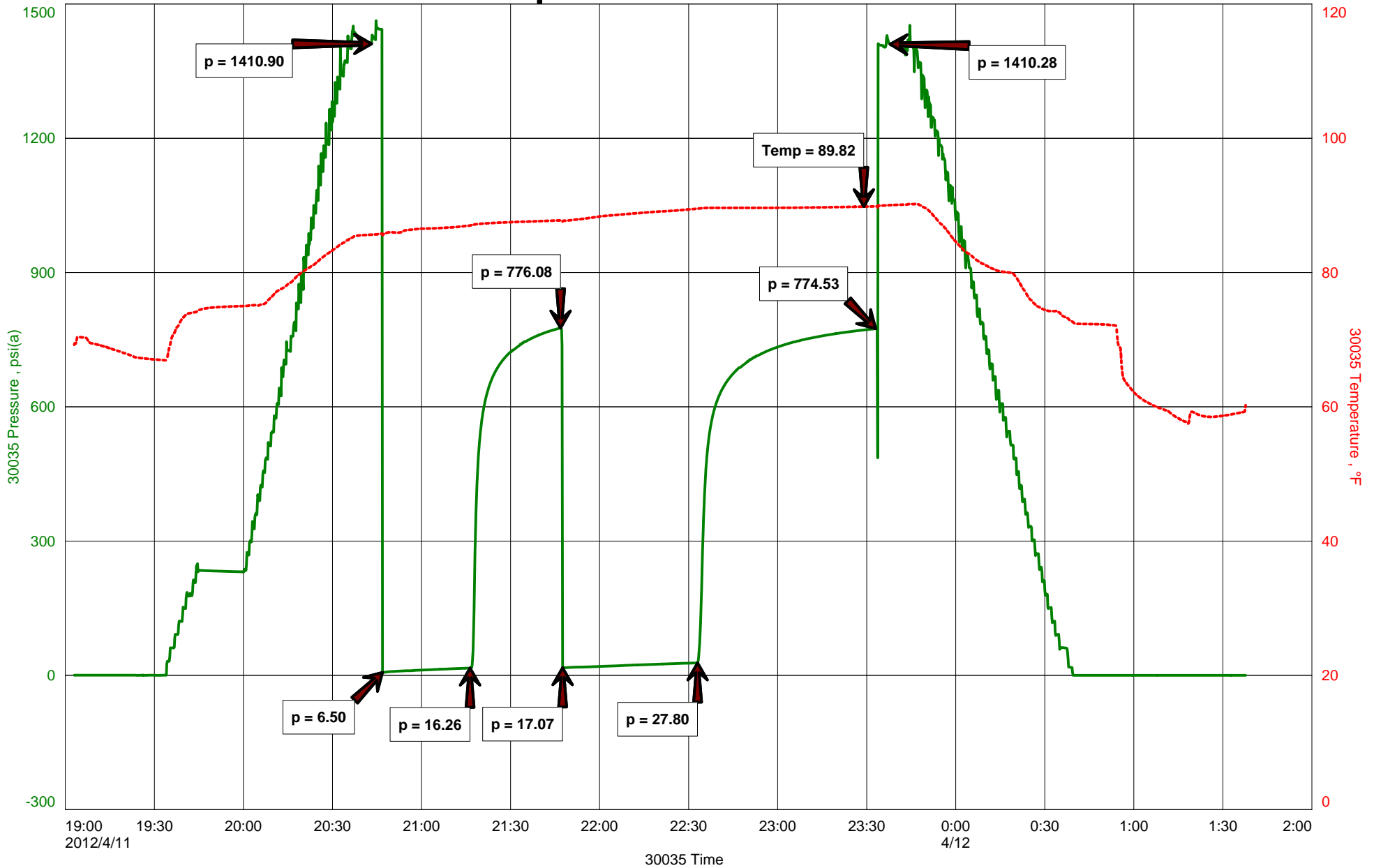
Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

Recovered _____ ft. of _____	
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.

# Sparks-Quinn #20-1



# Diamond Testing

## General information Report

### General Information

**Company Name** O'Brien Resources LLC

<b>Contact</b>	Steve Harris	<b>Job Number</b>	S0128
<b>Well Name</b>	Sparks-Quinn #20-1	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST #3 Lansing "E-F" 2998-3033'	<b>Well Operator</b>	O'Brien Resources LLC
<b>Surface Location</b>	SEC 20-11S-14W Russell County	<b>Report Date</b>	2012/04/12
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	Wildcat		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test		
<b>Formation</b>	DST #3 Lansing "E-F" 2998-3033'		
<b>Well Fluid Type</b>	06 Water	<b>Start Test Time</b>	19:03:00
		<b>Final Test Time</b>	01:38:00
<b>Start Test Date</b>	2012/04/11		
<b>Final Test Date</b>	2012/04/12		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

**RECOVERED:**  
45' Water Cut Mud 10% WTR 90% MUD  
45' TOTAL FLUID

**PH:** 7  
**RW:** .7 @ 52 degrees F  
**Chlorides:** 14,000 ppm

**TOOL SAMPLE:**  
1% OIL 30% WTR 69% 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.

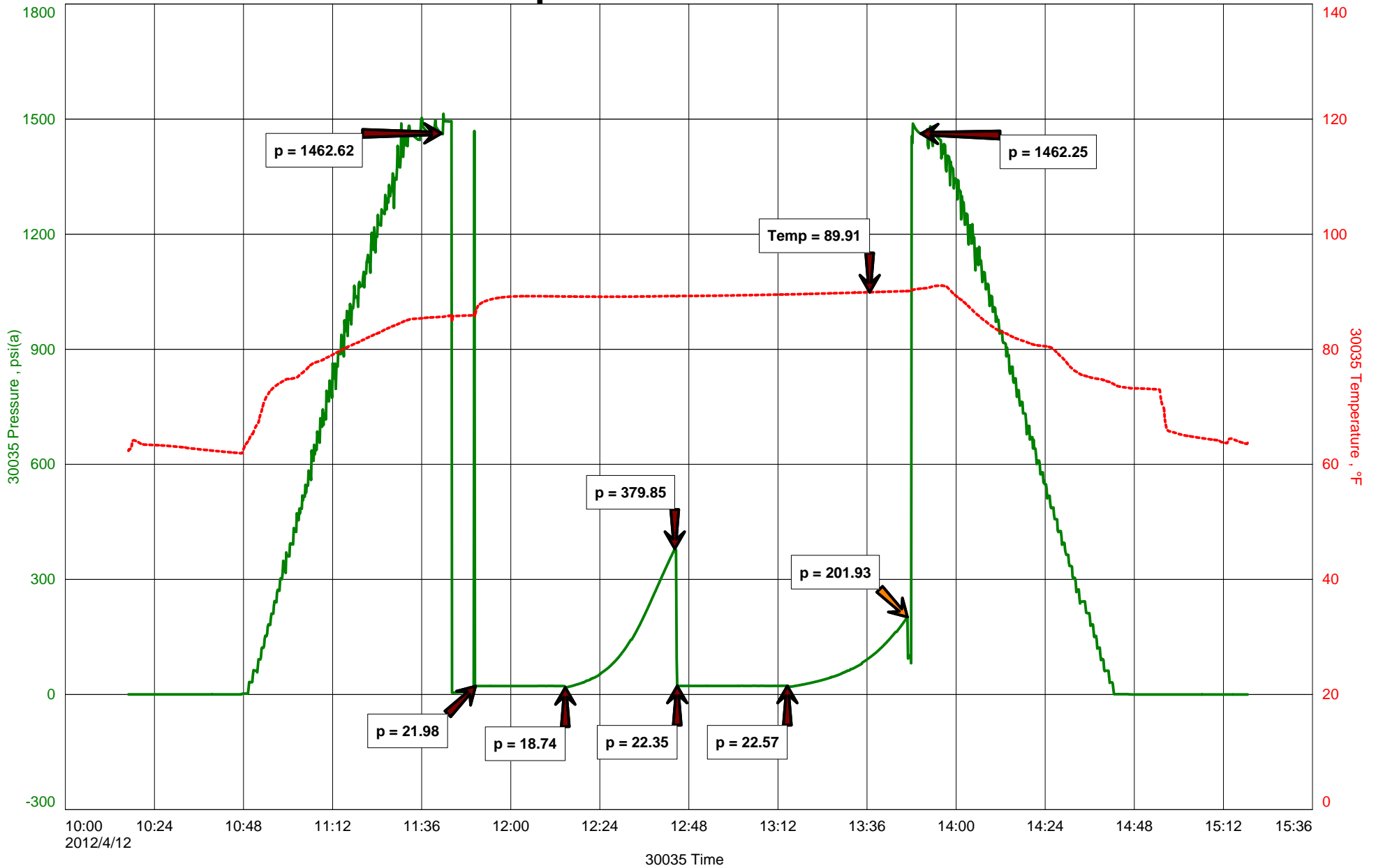
Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

Recovered _____ ft. of _____	
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.

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# Sparks-Quinn #20-1



# Diamond Testing

## General information Report

### General Information

**Company Name** O'Brien Resources LLC

<b>Contact</b>	Steve Harris	<b>Job Number</b>	S0129
<b>Well Name</b>	Sparks-Quinn #20-1	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST #4 Lansing "I" 3093-3110'	<b>Well Operator</b>	O'Brien Resources LLC
<b>Surface Location</b>	SEC 20-11S-14W Russell County	<b>Report Date</b>	2012/04/12
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	Wildcat		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test		
<b>Formation</b>	DST #4 Lansing "I" 3093-3110'		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	10:17:00
		<b>Final Test Time</b>	15:19:00
<b>Start Test Date</b>	2012/04/12		
<b>Final Test Date</b>	2012/04/12		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

**RECOVERED:**  
30' MUD 100% MUD  
30' TOTAL FLUID

**TOOL SAMPLE:**  
100% 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.

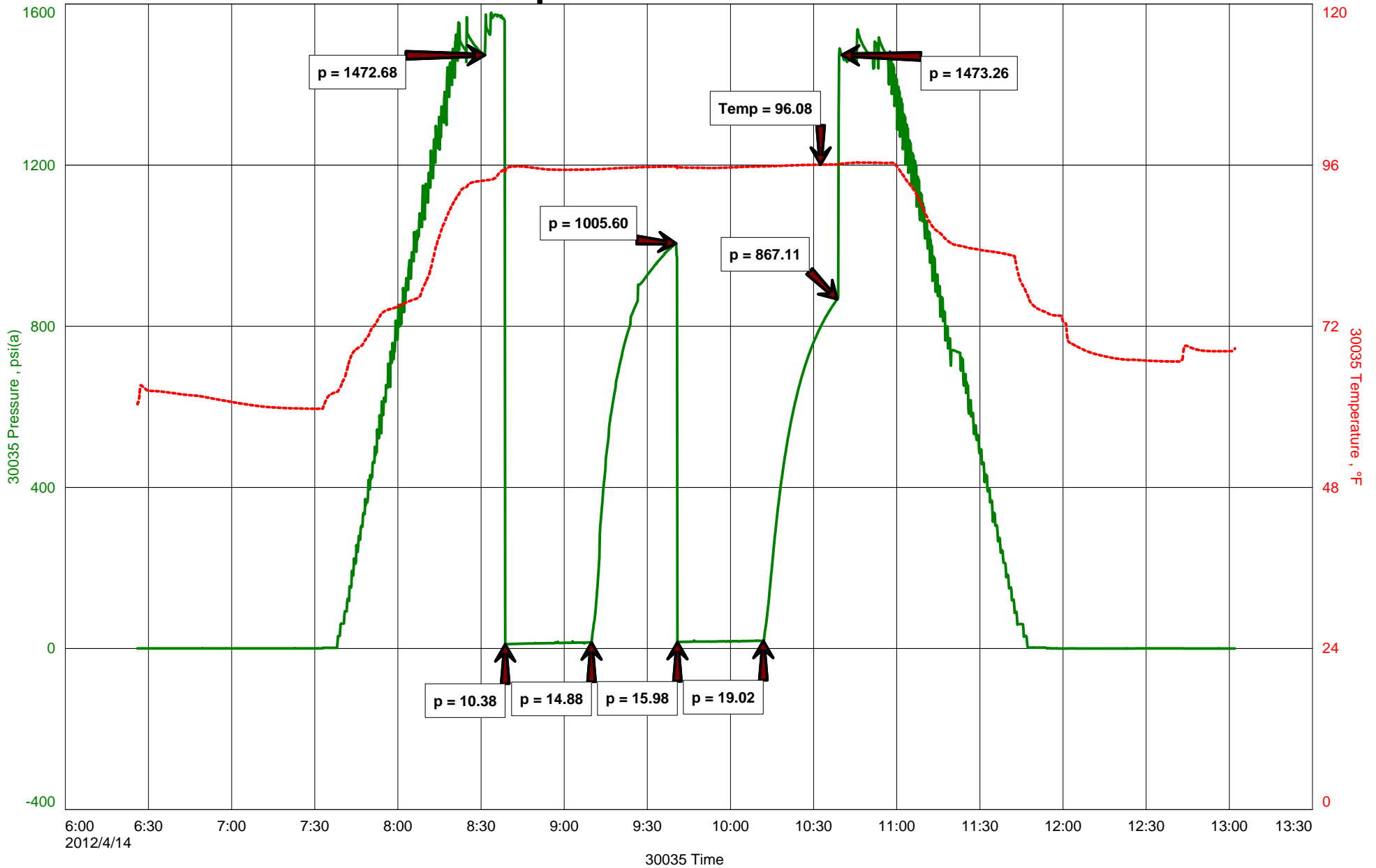
Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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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# Sparks-Quinn #20-1



# Diamond Testing

## General information Report

### General Information

**Company Name** O'Brein Resources LLC

<b>Contact</b>	Steve Harris	<b>Job Number</b>	S0130
<b>Well Name</b>	Sparks-Quinn #20-1	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST #5 3108-3167' Lansing "J-K"	<b>Well Operator</b>	O'Brien Resources LLC
<b>Surface Location</b>	SEC 20-11S-14W Russell County	<b>Report Date</b>	2012/04/14
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	Wildcat		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test	<b>Start Test Time</b>	06:26:00
<b>Formation</b>	DST #5 3108-3167' Lansing "J-K"	<b>Final Test Time</b>	13:02:00
<b>Well Fluid Type</b>	01 Oil		
<b>Start Test Date</b>	2012/04/14		
<b>Final Test Date</b>	2012/04/14		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

**RECOVERED:**  
20' MUD 100% MUD  
20' TOTAL FLUID

**TOOL SAMPLE:**  
100% MUD