

GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

Well Information:

Name: SIMPSON-MAST UNIT 1-10

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S20/16S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIKKESSLER

Test Type: CONVENTIONAL Job Number: D1102

Test Unit:

Start Date: 2012/03/06 Start Time: 23:30:00

End Date: 2012/03/07 End Time: 06:45:00

Report Date: 2012/03/07 Prepared By: JOHN RIEDL

Remarks: Qualified By: KEVIN KESSLER

RECOVERY: 200' GAS IN PIPE, 1650' GASSY OL WITH SOME MUD CUT



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.

SIMPSON-MAST UNIT 1-10

