



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086130
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: _____

1086130

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
--	---

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

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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Form	ACO1 - Well Completion
Operator	Edison Operating Company LLC
Well Name	Getty 1-1
Doc ID	1086130

All Electric Logs Run

Dual Ind
Comp Density
Micro log
Sonic



PAGE	CUST NO	INVOICE DATE
1 of 1	1007020	03/23/2012
INVOICE NUMBER		
1718 - 90861817		

Pratt (620) 672-1201
 B EDISON OPERATING COMPANY LLC
 I 1223 NORTH ROCK ROAD BLDG I-100
 L WICHITA
 L KS US 67206
 T
 O ATTN: DAVID WITHROW

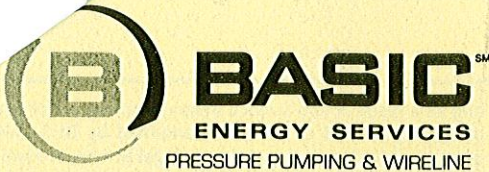
J LEASE NAME Getty 1-1
 O LOCATION
 B COUNTY Stafford
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40444110	27463		Net - 30 days	04/22/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 03/21/2012 to 03/21/2012</i>				
0040444110				
171805917A Cement-New Well Casing/Pi 03/21/2012 Cement 8 5/8" Surface				
A Serv Lite	175.00	EA	10.40	1,819.85
Common Cement	175.00	EA	12.80	2,239.82
Celloflake	88.00	EA	2.96	260.46
Calcium Chloride	789.00	EA	0.84	662.71
"Wooden Cmt Plug, 8 5/8" "	1.00	EA	127.99	127.99
"Unit Mileage Chg (PU, cars one way)"	35.00	MI	3.40	118.99
Heavy Equipment Mileage	70.00	MI	5.60	391.97
"Proppant & Bulk Del. Chgs., per ton mil	557.00	EA	1.28	712.90
'Depth Charge; 0-500'	1.00	EA	799.93	799.93
Blending & Mixing Service Charge	350.00	BAG	1.12	391.97
Plug Container Util. Chg.	1.00	EA	199.98	199.98
"Service Supervisor, first 8 hrs on loc.	1.00	EA	139.99	139.99

*9232 - Cement
8 5/8" spc cost*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,866.56
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	7,866.56
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

004044410
FIELD SERVICE TICKET

1718 05917 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-21-12 DISTRICT Pratt				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 Edison Operating				LEASE Betty WELL NO. 1-1			
ADDRESS _____				COUNTY Stafford STATE KS			
CITY _____ STATE _____				SERVICE CREW Delardo, Mitchell, Plye			
AUTHORIZED BY _____				JOB TYPE: CNW-8 5/8 Surface			

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27283	1/2						3-20-12			10:00
27463	1/2						3-21-12			12:30
19831-19862	1/2									3:00
										3:30
										4:00
										35

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP106	A Serv Lite	SK	175		2275 00
CP100C	Common Cement	SK	175		2800 00
CC102	Cellslake	Lb	88		325 60
CC109	Calcium Chloride	Lb	789		828 45
CF153	Wooden Cement Plus 8 5/8	ea	1		160 00
E100	Pickup Mileage	mi	35		148 75
E101	Heavy Equipment Mileage	M	20		490 00
E113	Bulk Delivery	Tm	557		890 40
CE200	Depth Charge 0-500'	ea	1		1000 00
CE240	Blending & Mixing Charge	SK	350		490 00
CE504	Plus Container	ea	1		250 00
S003	Service Supervisor	ea	1		175 00

SUB TOTAL **7866 56**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE **Steve Delado** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **[Signature]**

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



PAGE 1 of 1	CUST NO 1007020	INVOICE DATE 04/02/2012
INVOICE NUMBER 1718 - 90870255		

Pratt (620) 672-1201
 B EDISON OPERATING COMPANY LLC
 I 1223 NORTH ROCK ROAD BLDG I-100
 L WICHITA
 L KS US 67206
 T
 O ATTN: DAVID WITHROW

J LEASE NAME Getty 1-1
 O LOCATION
 B COUNTY Stafford
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40447178	19905			Net - 30 days	05/02/2012
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 03/28/2012 to 03/28/2012</i>					
0040447178					
171804325A Cement-New Well Casing/Pi 03/28/2012 Cement 5 1/2" Longstring					
AA2 Cement		125.00	EA	13.37	1,670.70
60/40 POZ		50.00	EA	9.43	471.73
C-41P		30.00	EA	3.15	94.35
C-44		118.00	EA	4.05	477.78
FLA-322		59.00	EA	5.90	347.90
Gilsonite		628.00	EA	0.53	330.81
Salt		573.00	EA	0.39	225.25
"Latch Down Plug & Baffle, 5 1/2" (Blue)		1.00	EA	314.49	314.49
"Auto Fill Float Shoe 5 1/2" (Blue)"		1.00	EA	283.04	283.04
"Turbolizer, 5 1/2" (Blue)"		9.00	EA	86.48	778.35
Super Flush II		500.00	EA	1.20	601.45
"Unit Mileage Chg (PU, cars one way)"		35.00	MI	3.34	116.95
Heavy Equipment Mileage		70.00	MI	5.50	385.24
"Proppant & Bulk Del. Chgs., per ton mil		282.00	EA	1.26	354.74
Depth Charge; 4001'-5000'		1.00	EA	1,981.26	1,981.26
Blending & Mixing Service Charge		175.00	BAG	1.10	192.62
High Head Charge (Over 6')		1.00	EA	235.86	235.86
"Service Supervisor, first 8 hrs on loc.		1.00	EA	137.59	137.59
PLEASE REMIT TO:		SEND OTHER CORRESPONDENCE TO:		SUB TOTAL	9,000.11
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		TAX	0.00
PO BOX 841903		PO BOX 10460		INVOICE TOTAL	9,000.11
DALLAS, TX 75284-1903		MIDLAND, TX 79702			



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 04325 A

1-255-15W

DATE _____ TICKET NO. _____

DATE OF JOB: 3-28-12	DISTRICT: Pratt, Kansas	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: Edison Operating Company, LLC		LEASE: Getty				WELL NO.: 1-1	
ADDRESS:		COUNTY: Stafford		STATE: Kansas			
CITY:		STATE:		SERVICE CREW: C. Messick, M. Mattal, S. Young			
AUTHORIZED BY:		JOB TYPE: C.N.W. - Longstring					

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37,216	1.25						3-27-12			10:00
						ARRIVED AT JOB	3-28-12			4:30
19,903-19,905	1.25					START OPERATION				9:30
						FINISH OPERATION				10:45
19,832-21,010	1.25					RELEASED	3-28-12			11:00
						MILES FROM STATION TO WELL				35

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: Bob Kasper
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	sh	125		\$ 2,125.00
CP103	60/40 Poz Cement	sh	50		\$ 600.00
CC 105	C-4IP	Lb	30		\$ 120.00
CC 115	C-44	Lb	118		\$ 607.70
CC 129	FLA-322	Lb	59		\$ 442.50
CC 201	Gilsonite	Lb	628		\$ 420.76
CC 111	Salt	Lb	573		\$ 286.50
CF 607	Latch Down Plug and Baffle, 5 1/2"	ea	1		\$ 400.00
CF 1251	Auto Fill Float Shoe, 5 1/2"	ea	1		\$ 360.00
CF 1651	Turbolizer, 5 1/2"	ea	9		\$ 990.00
CC 155	Super Flush II	Gal	500		\$ 765.00
E 100	Pickup Mileage	mi	35		\$ 148.75
E 101	Heavy Equipment Mileage	mi	70		\$ 490.00
E 113	Bulk Delivery	tm	282		\$ 450.80
CE 205	Cement Pump: 4,000 Feet To 5,000 Feet	hrs	4		\$ 2,520.00
CE 240	Blending and Mixing Service	sh	175		\$ 245.00
S 603	Service Supervisor	hrs	8		\$ 175.00
CE 503	High Head	Job	1		\$ 300.00

CHEMICAL / ACID DATA:			

SUB TOTAL		\$ 9,000.11
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		DLS 9000.11

SERVICE REPRESENTATIVE: <u>Armando R. Messick</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Bob Kasper</u>
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

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

June 29, 2012

David Withrow
Edison Operating Company LLC
9427 E. Cross Creek
WICHITA, KS 67206

Re: ACO1
API 15-185-23735-00-00
Getty 1-1
NE/4 Sec.01-25S-15W
Stafford 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,
David Withrow

TREATMENT REPORT



of sub-surface trespass or services performed to any claims or legal actions by any interest holders, overriding any other person or concern, our equipment, tools or instruments well when performing or attempting to hereunder, it is understood that the reasonable effort to recover the lost customer shall assume the lost fishing operations in the entire of any...

Lease No. Sea Operating Company, LLC Well # 1-1
 Station # 5/2 15.516 Station Pratt, Kansas County Stafford State Kansas
 Casing 5/2 15.516 Depth 4459ft Type Job C.N.W. - Longstring

PIPE DATA		PERFORMING DATA		TREATMENT RESUME	
Casing Size	5.0 15.516 in.	Shots/Ft	125 sacs AA2 with 5.8 F.L.A. 3.0	RATE	3.0 PRESS
Depth	4459ft	From	1860ft to 1085ft	Max	5.8 F.L.A. 3.0
Volume	106 bbl	From	15.3 lb/gal	Min	1.36 lb/gal
Max Press	1600 psi	From		Avg	
Well Connection	50 sac	From	50 sac	HHP Used	50 sac
Plug Depth	15.516 in.	From	50 sac	Gas Volume	105.8 bbl Fresh Water

Customer Representative Bob Tasper Station Manager David Scott Treater David Clare R. Messicht
 Driver Messicht Station Ma Hall Station Young
 Service Units 37216 19903 19832 21010

Time	Pressure	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:30						Trucks on location and held safety meeting
5:00						Mallard Drilling start to run Auto. Fill float shoe, shoe joint with latch and a total of 106 joints new 15.5 lb/ft
5:30						Down Baffle screwed into collar
6:00						5 1/2 casing, A Tubelizer was installed on collars # 1, 2, 3, 4, 5, 7, 9, 11, and # 13
8:50						Casing in well circulator for minutes
9:25	300	1	20	6	6	Start Fresh Water Pre-Flush
9:33	300		35	5	5	Start Fresh Water Spacer
9:45	100		65	5	5	Start Mixing 125 sacs AA2 cement
10:05	600		105.8	5	5	Start to lift cement
10:45						Plug and Mouse holes
						Wash up pump truck
						Job Complete
						Thank You
						Clarence, Milte, Steve

TREATMENT REPORT

Customer	Lease No.	Lease #	Field Order #	Station	Casing	Depth	County	State	Date
Energy Services	1-1	1-1	3-01-10	3-01-10	3-01-10	3-01-10	3-01-10	3-01-10	3-01-10

PIPE DATA		PERFORMING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft	Acid	Pre Pad	Max	ISIP	RATE PRESS
Depth	From	To	1755	To 1755	166		
Volume	From	To					
Max Press	From	To					
Annulus Vol.	From	To					
Well Connection	From	To					
Plug Depth	Packer Depth	From	Flush	Gas Volume	HHP Used	Annulus Pressure	Total Load

Customer Representative	Station Manager	Treater
Bob Kasper	Dan Scott	Steve Gillett

Time	Pressure	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
------	----------	-----------------	-----------------	--------------	------	-------------

10:30						On Location 5-6/10
3:00	200			50	11	Mix 1755s Annulus @ 13.3#/col
3:10	200			37	11	Mix 1755s Annulus @ 15.6#/col
3:04	200	0			11	Volume Plus
3:08	200			15	11	Start H2O
3:30	200			20.7	11	Connect To Surface
						Flow Down
						Calculate This Job
						Calculate 75967 LPH
						Top Line Plus
						Flow Down



DRILL STEM TEST REPORT

Prepared For: **Edison Operating Co.LLC**

9427 E.Cross Creek
Wichita Ks.67206

ATTN: Adam Kennedy

Getty #1-1

1-25s-15w Stafford Ks.

Start Date: 2012.03.26 @ 13:34:15

End Date: 2012.03.26 @ 22:09:45

Job Ticket #: 45782 DST #: 1

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

Printed: 2012.03.26 @ 22:26:48



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Edison Operating Co.LLC

1-25s-15w Stafford Ks.

9427 E.Cross Creek
Wichita Ks.67206

Getty #1-1

Job Ticket: 45782

DST#: 1

ATTN: Adam Kennedy

Test Start: 2012.03.26 @ 13:34:15

GENERAL INFORMATION:

Formation: **Miss.**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 16:22:45

Time Test Ended: 22:09:45

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 4180.00 ft (KB) To 4239.00 ft (KB) (TVD)

Reference Elevations: 2012.00 ft (KB)

Total Depth: 4239.00 ft (KB) (TVD)

2007.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 5.00 ft

Serial #: 8167 Inside

Press @ Run Depth: 95.21 psig @ 4181.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.03.26

End Date: 2012.03.26

Last Calib.: 2012.03.26

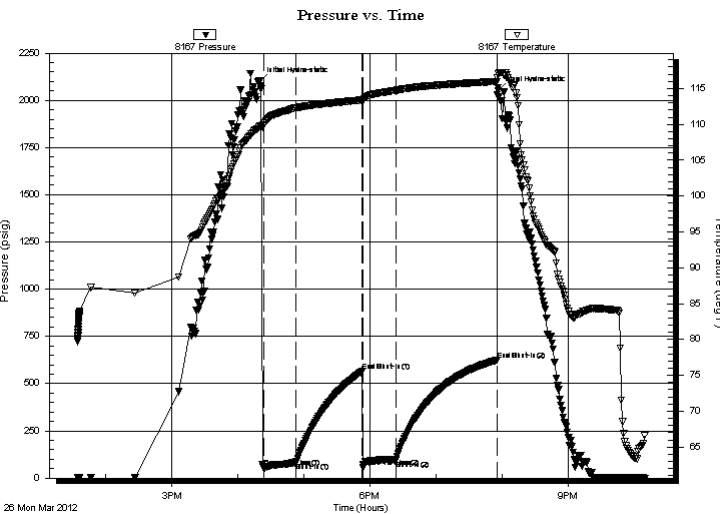
Start Time: 13:34:16

End Time: 22:09:45

Time On Btm: 2012.03.26 @ 16:19:15

Time Off Btm: 2012.03.26 @ 19:56:15

TEST COMMENT: IF: Strong blow . B.O.B. in 75 secs.
IS: No blow .
FF: Strong blow . B.O.B. in 2 secs.
FS: GTS in 30 secs. (w hile bleeding off) Weak blow . 1/2". Dead in 35 mins.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2100.85	109.66	Initial Hydro-static
4	54.92	109.88	Open To Flow (1)
34	82.56	112.33	Shut-In(1)
94	563.76	113.40	End Shut-In(1)
94	54.87	113.36	Open To Flow (2)
124	95.21	114.73	Shut-In(2)
216	624.83	115.99	End Shut-In(2)
217	2051.63	117.07	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
182.00	GCM 9%g 91%m	0.90
0.00	Godd oil scum @ top of tool	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Operating Co.LLC

1-25s-15w Stafford Ks.

9427 E.Cross Creek
Wichita Ks.67206

Getty #1-1

Job Ticket: 45782

DST#: 1

ATTN: Adam Kennedy

Test Start: 2012.03.26 @ 13:34:15

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:

7200 ppm

Viscosity: 76.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 12.40 cm³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 7200.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
182.00	GCM 9%g 91%m	0.895
0.00	Godd oil scum @ top of tool	0.000

Total Length: 182.00 ft

Total Volume: 0.895 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Edison Operating Co.LLC

1-25s-15w Stafford Ks.

9427 E.Cross Creek
Wichita Ks.67206

Getty #1-1

Job Ticket: 45782

DST#: 1

ATTN: Adam Kennedy

Test Start: 2012.03.26 @ 13:34:15

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
		0.00	0.00	0.00