



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1088492

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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24 S. Lincoln Street  
 P.O. Box 31  
 Russell, KS 67665-2906

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

# INVOICE

Invoice Number: 129512  
 Invoice Date: Dec 1, 2011  
 Page: 1

**Bill to:**  
 CMX, Inc.  
 1700 N Waterfront Parkway  
 Bldg 300, Suite B  
 Wichita, KS 67206

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
CMX	Boxcas # 1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Medicine Lodge	Dec 1, 2011	12/31/11

Quantity	Item	Description	Unit Price	Amount
225.00	MAT	Class A Common	16.25	3,656.25
5.00	MAT	Gel	21.25	106.25
8.00	MAT	Chloride	58.20	465.60
238.00	SER	Handling	2.25	535.50
70.00	SER	Mileage	26.18	1,832.60
1.00	SER	Surface	1,125.00	1,125.00
47.00	SER	Extra Footage	0.95	44.65
140.00	SER	Heavy Vehicle Mileage	7.00	980.00
140.00	SER	Light Vehicle Mileage	4.00	560.00
1.00	EQP	8 5/8 Wooden Plug	92.00	92.00
1.00	CEMENTER	Carl Balding		
1.00	EQUIP OPER	Ron Gilley		
1.00	EQUIP OPER	Harry Piper		

Subtotal	9,397.85
Sales Tax	293.77
Total Invoice Amount	9,691.62
Payment/Credit Applied	
<b>TOTAL</b>	<b>9,691.62</b>

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

\$1879.57

ONLY IF PAID ON OR BEFORE

Dec 26, 2011

*Handwritten signature*

# ALLIED CEMENTING CO., LLC. 037774

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Mod. Wells

DATE <u>12-1-11</u>	SEC. <u>6</u>	TWP. <u>32s</u>	RANGE <u>1w</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30am</u>	JOB FINISH <u>12:00 noon</u>
LEASE <u>Boxcar</u>	WELL #	LOCATION <u>Wellington, IA, 1 E to Seneca Rd.</u>			COUNTY <u>Sumner</u>	STATE <u>IA</u>	
OLD OR <u>NEW</u> (Circle one)		<u>1 N. Yaw, N110</u>					

CONTRACTOR Vol Rtz #5  
 TYPE OF JOB Surface  
 HOLE SIZE 12 1/4 T.D. 355'  
 CASING SIZE 8 5/8 DEPTH 347'  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 300 psi MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 20'  
 PERFS.  
 DISPLACEMENT 20 1/2 bbls H<sub>2</sub>O

OWNER CMX  
 CEMENT  
 AMOUNT ORDERED 225 SK class A + 3 1/2 cu + 2 1/2 cu

EQUIPMENT  
 PUMP TRUCK CEMENTER Matt Thimack  
 # 471/202 HELPER Ron Gilley  
 BULK TRUCK  
 # 421/252 DRIVER Eddie Piper  
 BULK TRUCK  
 # DRIVER

COMMON <u>225 Socks "A"</u>	@ <u>16.25</u>	<u>3656.25</u>
POZMIX	@	
GEL <u>5 Socks</u>	@ <u>21.25</u>	<u>106.25</u>
CHLORIDE <u>8 Socks</u>	@ <u>58.20</u>	<u>465.60</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>238</u>	@ <u>2.25</u>	<u>535.50</u>
MILEAGE <u>238 x .11 x 70</u>		<u>1832.60</u>
TOTAL		<u>\$6596.20</u>

REMARKS:  
Back wire pump 3 bbls H<sub>2</sub>O ahead  
MPR 225 SK cement shutdown  
Release plug dig 20 1/2 bbls H<sub>2</sub>O.  
Shutdown.  
Cement did consolidate

SERVICE

DEPTH OF JOB <u>347'</u>		
PUMP TRUCK CHARGE		<u>1125.00</u>
EXTRA FOOTAGE <u>47'</u>	@ <u>.95</u>	<u>44.65</u>
MILEAGE <u>140</u>	@ <u>7.00</u>	<u>980.00</u>
MANIFOLD	@	
<u>light vehicle</u>	<u>140</u> @ <u>4.00</u>	<u>560.-</u>
	@	
TOTAL		<u>\$2709.65</u>

CHARGE TO: CMX  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>		
<u>1-Wooden cap plug</u>	@	<u>92.00</u>
	@	
	@	
	@	
	@	
TOTAL		<u>\$92.00</u>

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

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \$2801.65  
 DISCOUNT 20% IF PAID IN 30 DAYS  
Net \$7518.28

PRINTED NAME Randy Smith  
 SIGNATURE Randy Smith



24 S. Lincoln Street  
 P.O. Box 31  
 Russell, KS 67665-2906  
 Voice: (817) 546-7282  
 Fax: (817) 246-3361

# INVOICE

Invoice Number: 129524  
 Invoice Date: Dec 9, 2011  
 Page: 1

<b>Bill to:</b>
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name # or Customer P. O.	Payment Terms	
CMX	Baxcar # 1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Medicine Lodge	Dec 9, 2011	1/8/12

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Class A Common	16.25	487.50
20.00	MAT	Pozmix	8.50	170.00
2.00	MAT	Gel	21.25	42.50
185.00	MAT	ASC	19.00	3,515.00
925.00	MAT	Kolseal	0.89	823.25
52.00	MAT	FL-160	17.20	894.40
289.00	SER	Handling	2.25	650.25
70.00	SER	Mileage	31.79	2,225.30
1.00	SER	Production	2,405.00	2,405.00
140.00	SER	Heavy Vehicle Mileage	7.00	980.00
1.00	SER	Manifold Head Rental	200.00	200.00
140.00	SER	Light Vehicle Mileage	4.00	560.00
1.00	EQP	5 1/2 Latch Down Plug Assy.	277.00	277.00
1.00	EQP	5 1/2 AFU Guide Shoe	349.00	349.00
10.00	EQP	5 1/2 Centralizers	49.00	490.00
1.00	EQP	5 1/2 Basket	337.00	337.00
1.00	EQUIP OPER	Matt Thimesch		
1.00	EQUIP OPER	Ron Gilley		
1.00	EQUIP OPER	Harry Piper		

Subtotal	14,406.20
Sales Tax	502.22
Total Invoice Amount	14,908.42
Payment/Credit Applied	
<b>TOTAL</b>	<b>14,908.42</b>

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

\$ 2881.24

ONLY IF PAID ON OR BEFORE

Jan 3, 2012

Comp

# ALLIED CEMENTING CO., LLC. 037980

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Mid. Col. 60161*

DATE <u>12-9-11</u>	SEC. <u>6</u>	TWP. <u>32S</u>	RANGE <u>1W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30 am</u>	JOB FINISH <u>10:30 pm</u>
LEASE <u>Boxcar</u>	WELL # <u>1</u>	LOCATION <u>Wellington KS, Eto Sacco Rd, 1N</u>		COUNTY <u>Sumner</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)			<u>New, 11/24/10</u>				

CONTRACTOR Col RD #5 OWNER CMX

TYPE OF JOB production

HOLE SIZE <u>5 7/8</u>	T.D. <u>4670'</u>	CEMENT
CASING SIZE <u>5 7/8</u>	DEPTH <u>4089'</u>	AMOUNT ORDERED
TUBING SIZE	DEPTH	<u>185 ex A "40" 45' Valant + 3% FI-160</u>
DRILL PIPE	DEPTH	<u>50 ex 609 40 14 1/2 x 2 1/2</u>
TOOL	DEPTH	

PRES. MAX	MINIMUM	COMMON <u>30</u> <u>5x</u>	@ <u>16.25</u>	<u>487.50</u>
MEAS. LINE'	SHOE JOINT <u>42'</u>	POZMIX <u>20</u> <u>5x</u>	@ <u>8.50</u>	<u>170.00</u>
CEMENT LEFT IN CSG. <u>42'</u>		GEL <u>2</u> <u>5x</u>	@ <u>21.25</u>	<u>42.50</u>

PERFS.

DISPLACEMENT 96 1/2 bbls H<sub>2</sub>O

EQUIPMENT		CHLORIDE	@	
PUMP TRUCK	CEMENTER <u>Scott Wrench</u>	ASC <u>18.5</u> <u>5x</u>	@ <u>19.00</u>	<u>3515.00</u>
# <u>471302</u>	HELPER <u>Ron Colley</u>	<u>Valscal 925</u>	@ <u>8.9</u>	<u>823.25</u>
BULK TRUCK		<u>FI-160 52</u>	@ <u>17.25</u>	<u>894.40</u>
# <u>411252</u>	DRIVER <u>Ellie Ayer</u>		@	
BULK TRUCK			@	
#	DRIVER		@	

HANDLING <u>289</u>	@ <u>2.25</u>	<u>650.25</u>
MILEAGE <u>289/11/70</u>		<u>2225.30</u>
		TOTAL <u>8808.20</u>

REMARKS:  
Bit was pump ball through  
mix and pump 3000 psi for 10 min  
mix and pump 2000 psi for 10 min  
mix and pump 18 50cc cement  
short down 1/2 inch cement (meas. Release plug  
disposal H<sub>2</sub>O. split at 62 bbls  
ump plus at 96 1/2 bbls  
800 psi to 1500 psi plug held.

CHARGE TO: CMX  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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 Preston L. Deibing  
 SIGNATURE [Signature]

SERVICE

DEPTH OF JOB <u>4089'</u>	
PUMP TRUCK CHARGE <u>2405.00</u>	
EXTRA FOOTAGE	@
MILEAGE <u>140</u>	@ <u>7.00</u> <u>980.00</u>
MANIFOLD <u>Hand Rental</u>	@ <u>200.00</u>
<u>light vehicle 140</u>	@ <u>4.00</u> <u>560.00</u>
	@

TOTAL 4145.00

5 1/2 PLUG & FLOAT EQUIPMENT

<u>1- Latch dan plug Assy.</u>	@	<u>277.00</u>
<u>1- AFU gate shoe</u>	@	<u>349.00</u>
<u>10- Centralizers</u>	@ <u>49.00</u>	<u>490.00</u>
<u>1- Basket</u>	@	<u>337.00</u>
	@	

TOTAL 1453.00

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 14,406.20

DISCOUNT 20% IF PAID IN 30 DAYS

Net 11,524.96



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

CMX Inc.  
 1700 Waterfront Pkwy.  
 Bldg.300 B  
 Wichita Ks.67206  
 ATTN: Ken LeBlanc

**6-32s-1e Sumner Ks.**

**Boxcar#1**

Job Ticket: 44088

**DST#: 1**

Test Start: 2011.12.06 @ 01:46:45

## GENERAL INFORMATION:

Formation: **Miss.**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 04:02:30  
 Time Test Ended: 10:01:30  
 Interval: **3597.00 ft (KB) To 3650.00 ft (KB) (TVD)**  
 Total Depth: 3650.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Fair  
 Test Type: Conventional Bottom Hole (Initial)  
 Tester: Gary Pevoteaux  
 Unit No: 56  
 Reference Elevations: 1267.00 ft (KB)  
 1256.00 ft (CF)  
 KB to GR/CF: 11.00 ft

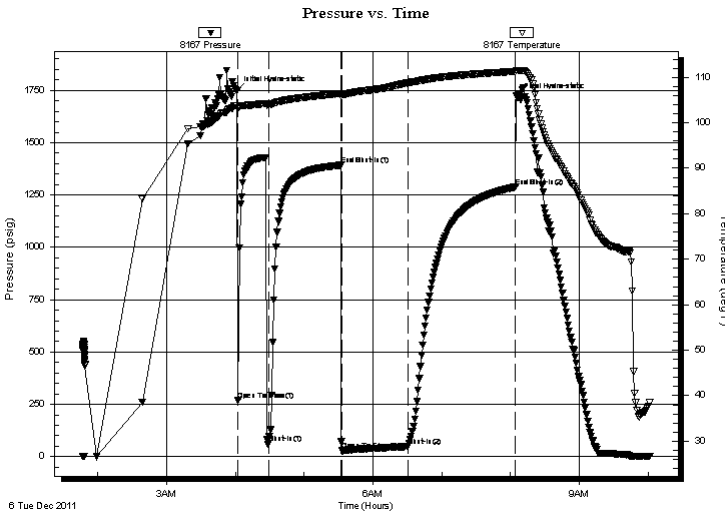
**Serial #: 8167**

**Inside**

Press @ Run Depth: 50.25 psig @ 3598.00 ft (KB)  
 Start Date: 2011.12.06 End Date: 2011.12.06  
 Start Time: 01:46:46 End Time: 10:01:30  
 Capacity: 8000.00 psig  
 Last Calib.: 2011.12.06  
 Time On Btm: 2011.12.06 @ 04:01:30  
 Time Off Btm: 2011.12.06 @ 08:05:45

TEST COMMENT: IF:Weak blow . 1 - 2".  
 IS:No blow .  
 FF:Fair blow . 2 - 11" in diesel.  
 FS:No blow .

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1747.60	103.76	Initial Hydro-static
1	269.33	103.20	Open To Flow (1)
28	62.77	103.94	Shut-In(1)
91	1392.69	106.46	End Shut-In(1)
92	28.88	106.14	Open To Flow (2)
149	50.25	108.76	Shut-In(2)
243	1289.03	111.28	End Shut-In(2)
245	1714.57	111.42	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
0.00	250 ftr. of Gas in pipe	0.00
1.00	Clean oil	0.01
61.00	OCM 8%o 92%m	0.86

## Gas Rates

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



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

CMX Inc.

**6-32s-1e Sumner Ks.**

1700 Waterfront Pkw y.  
Bldg.300 B  
Wichita Ks.67206  
ATTN: Ken LeBlanc

**Boxcar#1**

Job Ticket: 44088

**DST#: 1**

Test Start: 2011.12.06 @ 01:46:45

## Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 55.00 sec/qt

Water Loss: 7.80 in<sup>3</sup>

Resistivity: 0.00 ohm.m

Salinity: 1100.00 ppm

Filter Cake: 0.20 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API: 38.1 deg API

Water Salinity: 1100 ppm

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	250 ftr. of Gas in pipe	0.000
1.00	Clean oil	0.014
61.00	OCM 8%o 92%m	0.856

Total Length: 62.00 ft      Total Volume: 0.870 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

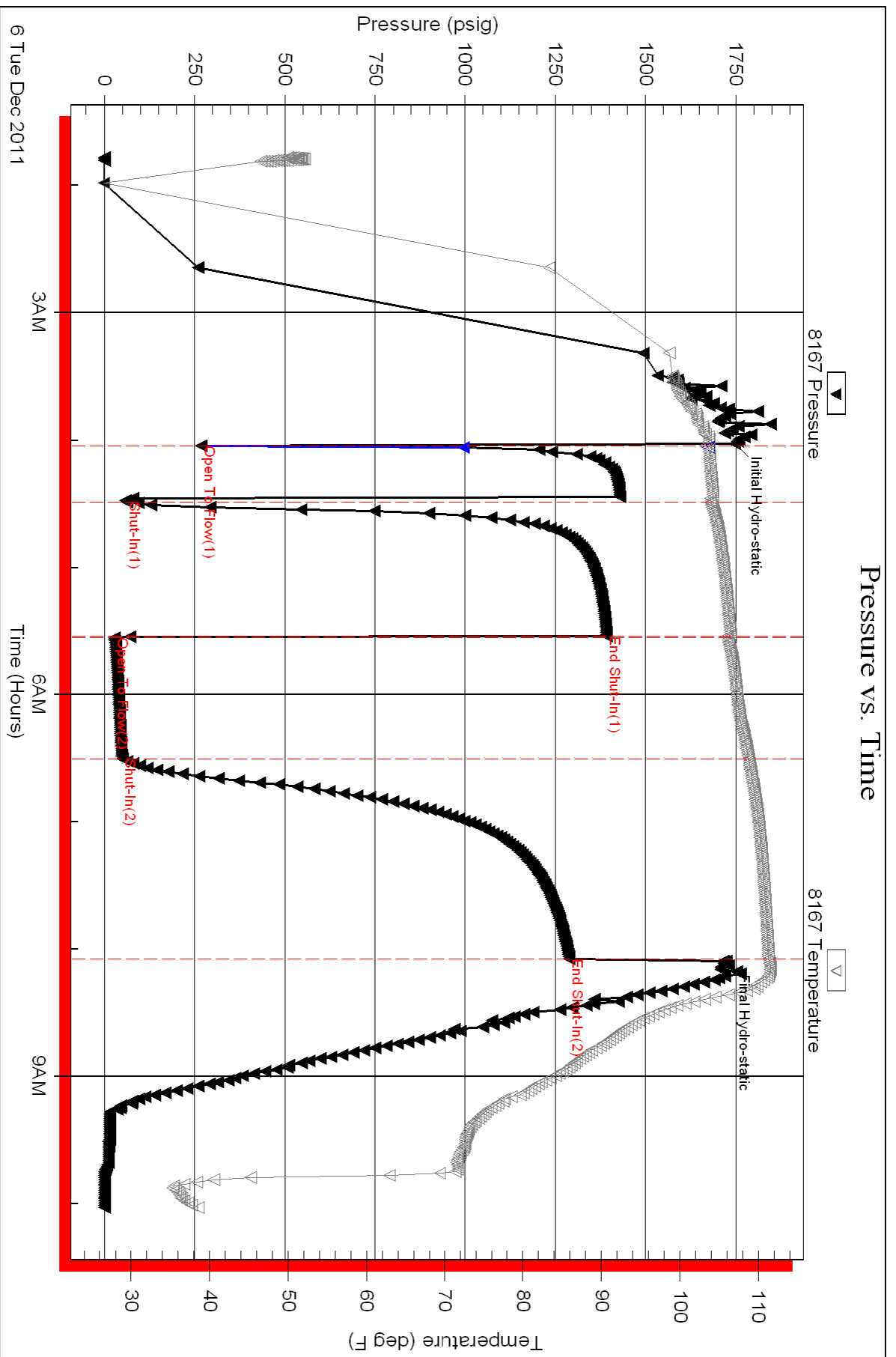
Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:







**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

CMX Inc.  
 1700 Waterfront Pkwy.  
 Bldg.300 B  
 Wichita Ks.67206  
 ATTN: Ken LeBlanc

**6-32s-1e Sumner Ks.**

**Boxcar#1**

Job Ticket: 44089

**DST#: 2**

Test Start: 2011.12.08 @ 09:52:13

## GENERAL INFORMATION:

Formation: **Simpson Sd.**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:24:13

Time Test Ended: 16:00:58

Test Type: Conventional Bottom Hole (Reset)

Tester: Gary Pevoteaux

Unit No: 56

**Interval: 4036.00 ft (KB) To 4048.00 ft (KB) (TVD)**

Reference Elevations: 1267.00 ft (KB)

Total Depth: 4048.00 ft (KB) (TVD)

1256.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 11.00 ft

**Serial #: 8167**

**Inside**

Press @ RunDepth: 25.94 psig @ 4037.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.12.08

End Date:

2011.12.08

Last Calib.:

2011.12.08

Start Time: 09:52:14

End Time:

16:00:58

Time On Btm:

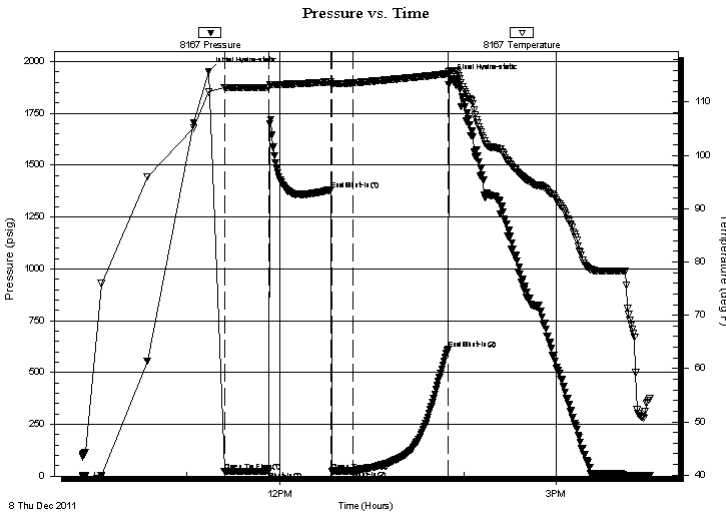
2011.12.08 @ 11:14:13

Time Off Btm:

2011.12.08 @ 13:50:58

**TEST COMMENT:** IF:Weak blow . 1 - 3/4".  
 IS:No blow .  
 FF:Weak surge. No blow .  
 FS:No blow .

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1953.11	111.89	Initial Hydro-static
10	22.49	112.73	Open To Flow (1)
39	22.58	112.73	Shut-In(1)
80	1382.35	113.82	End Shut-In(1)
80	24.22	113.15	Open To Flow (2)
94	25.94	113.61	Shut-In(2)
156	614.17	115.34	End Shut-In(2)
157	1915.88	115.82	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud w/a trsce of oil	0.28

## Gas Rates

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

\* Recovery from multiple tests



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

CMX Inc.

**6-32s-1e Sumner Ks.**

1700 Waterfront Pkw y.  
Bldg.300 B  
Wichita Ks.67206  
ATTN: Ken LeBlanc

**Boxcar#1**

Job Ticket: 44089

**DST#: 2**

Test Start: 2011.12.08 @ 09:52:13

## 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:

4900 ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbf

Water Loss: 9.19 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4900.00 ppm

Filter Cake: 0.20 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbf
20.00	Mud w/a trsce of oil	0.281

Total Length: 20.00 ft      Total Volume: 0.281 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

