



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Ritchie Exploration INC

Dave Williams

Po Box 783188
Wichita KS 67278

Scott 25c#1

Job Ticket: 47735

DST#: 2

ATTN:

Test Start: 2012.05.01 @ 01:19:24

GENERAL INFORMATION:

Formation: **Huck**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 03:32:54

Time Test Ended: 08:27:54

Test Type: Conventional Bottom Hole (Reset)

Tester: Chris Staats

Unit No: 47

Interval: 5296.00 ft (KB) To 5327.00 ft (KB) (TVD)

Reference Elevations: 2601.00 ft (KB)

Total Depth: 5327.00 ft (KB) (TVD)

2590.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 11.00 ft

Serial #: 6773 Outside

Press @ Run Depth: 30.38 psig @ 5297.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.05.01

End Date:

2012.05.01

Last Calib.:

2012.05.01

Start Time: 01:19:29

End Time:

08:27:53

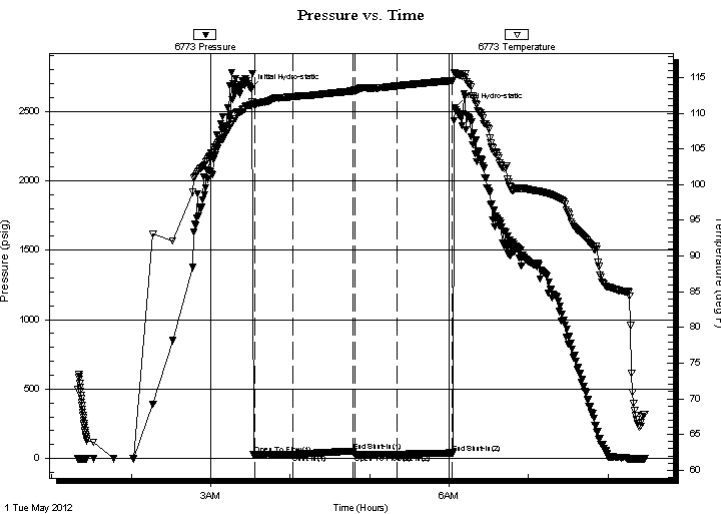
Time On Btm:

2012.05.01 @ 03:29:54

Time Off Btm:

2012.05.01 @ 06:04:39

TEST COMMENT: IF: Weak surface blow
IS: No blow back
FF: Weak surface blow
FS: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2662.00	111.11	Initial Hydro-static
3	26.66	111.28	Open To Flow (1)
33	28.90	112.32	Shut-In(1)
78	53.58	113.11	End Shut-In(1)
79	29.30	113.25	Open To Flow (2)
111	30.38	113.83	Shut-In(2)
153	39.73	114.58	End Shut-In(2)
155	2526.26	115.57	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
40.00	MUD	0.56

Gas Rates

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

* Recovery from multiple tests



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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:

ppm

Viscosity: 70.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 14.98 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 9900.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
40.00	MUD	0.561

Total Length: 40.00 ft Total Volume: 0.561 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

