



KANSAS CORPORATION COMMISSION 1091616
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- 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: _____



1091616

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	SIEFKES 6-27
Doc ID	1091616

Tops

Name	Top	Datum
ANHYDRITE	626	-1218
HEEBNER	3112	-1268
TORONTO	3130	-1286
DOUGLAS	3142	-1298
BROWN LIME	3246	-1402
LANSING	3256	-1412
BASE KANSAS CITY	3488	-1644
VIOLA	3516	-1672
SIMPSON SHALE	3557	-1713
ARBUCKLE	3605	-1761

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	SIEFKES 6-27
Doc ID	1091616

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Tyep and Percent Additives
SURFACE	12.25	8.625	23	325	A-CONN BLEND	175	
SURFACE	12.25	8.625	23	325	COMMON	175	CC & CellFlake
PRODUC TION	7.875	5.5	14	3721	COMMON	150	
PRODUC TION	7.875	5.5	14	3721	60/40 POZMIX	65	



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 05931 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>6-22-12</u> DISTRICT <u>KANSAS</u>		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 <u>L.D. Drilling Inc</u>		LEASE <u>Sic Fkes #6-27</u> WELL NO.:							
ADDRESS		COUNTY <u>Stafford 27-21-12</u> STATE <u>Ks.</u>							
CITY STATE		SERVICE CREW <u>Allen, Eric, Gossie</u>							
AUTHORIZED BY		JOB TYPE: <u>8 5/8" Surface</u> <u>CNW</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>28443 P.U.</u>	<u>1</u>						<u>6-22-12</u>	<u>AM</u>	<u>1000</u>
<u>27463 P+</u>	<u>1</u>					ARRIVED AT JOB	<u>6-22-12</u>	<u>AM</u>	<u>1145</u>
<u>19831-19862</u>	<u>1</u>					START OPERATION	<u>6-23-12</u>	<u>PM</u>	<u>1230</u>
						FINISH OPERATION	<u>6-23-12</u>	<u>PM</u>	<u>130</u>
						RELEASED	<u>6-23-12</u>	<u>PM</u>	<u>230</u>
						MILES FROM STATION TO WELL	<u>45-miles</u>		

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
CP101	A-con Blend Common	SK	175		\$ 3150.00
CP100C	Common	SK	175		\$ 2800.00
CC102	cell Flake	lb	88		\$ 325.60
CC109	calcium chloride	lb	825		\$ 866.25
CF153	wooden Plug 8 5/8" Cmt "	EA	1		\$ 160.00
E100	unit mileage chg. Full.	mi	45		\$ 191.25
E101	Heavy Equip mileage chg.	mi	90		\$ 630.00
E113	Bulk Delivery chg.	TM	743		\$ 1188.00
CE200	Depth Chg. 0-500'	4-hr	1		\$ 1000.00
CF240	Blending & mixing Service chg.	SK	350		\$ 490.00
CE504	Plug container Utilization chg.	Job	1		\$ 250.00
S003	Service Supervisor first 8hrs	EA	1		\$ 175.00

SUB TOTAL KE \$ 8419.58

CHEMICAL / ACID DATA:			

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

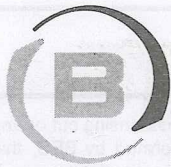
SERVICE REPRESENTATIVE <u>Allen F. Wood</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer L.D. Drilling Inc		Lease No.		Date 6-22-12	
Lease Siefkes		Well # #6-22			
Field Order # 05931A	Station Pratt KS	Casing 8 5/8"	Depth 325'	County Stafford	State KS
Type Job 8 5/8" Surface		Formation CNW TD 330	Legal Description 27-21-12		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8"	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth 325'	Depth	From	To	Pre Pad				5 Min.
Volume 20.831	Volume	From	To	Pad				10 Min.
Max Press 500#	Max Press	From	To	Frac				15 Min.
Well Connection P.C.	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 310'	Packer Depth	From	To	Flush Disp. H₂O		Gas Volume		Total Load

Customer Representative Jim TP				Station Manager scotty				Treater Allen			
Service Units	28443	27463	19831	19862							
Driver Names	Allen	Eric	Jessie	Pearson							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1145 am 6-22-12					ON Loc. Discuss Safety, Setup, Plans
1200 - 6-23-12					START 8 5/8" CASING. 25#
1240					CASING @ 325' HookUp + CIR w/ Rig. "Good CIR."
100	200#		80	5	start mix 175 SKS ACON @ 12#
				5	start mix 175 SKS common w/ 2% CC, 1/4# C.F. @ 15.6#
			40		Finish mix.
					Release wooden Plug 8 5/8"
120				5	start disp.
130			20	3	Plug down
	300#				shot IN @ well
					Release PSI TO TRK.
					Wash up Equip.
					Rack up Equip.
230					Job complete.
					Cement To Pit.
					Thanks Allen, Eric, Jessie



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 06346 A

27-215-12W

DATE _____ TICKET NO. _____

DATE OF JOB 6-29-12	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 L.D. Drilling, Incorporated		LEASE Siefkes				WELL NO 6-27		
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	TIME
37,216	1					6-29-12	6-29-12	10:00
						ARRIVED AT JOB		4:00
19,903-19,905	1					START OPERATION		9:00
						FINISH OPERATION		10:00
19,960-21,010	1					RELEASED	6-29-12	10:15
						MILES FROM STATION TO WELL		45

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
CP 100C	Common Cement	skt	150	\$	2,400 00
CP 103	60/40 Poz Cement	skt	65	\$	780 00
CC 111	Salt	Lb	1,268	\$	634 00
CC 113	Gypsum	Lb	705	\$	528 75
CC 129	FLA-322	Lb	141	\$	1,057 50
CC 201	Gilsonite	Lb	750	\$	502 50
CF 103	Top Rubber Plug, 5 1/2"	ea	1	\$	105 00
CF 251	Regular Guide Shoe, 5 1/2"	ea	1	\$	250 00
CF 1451	Insert Float Valve, 5 1/2"	ea	1	\$	215 00
CF 1651	Turbolizer, 5 1/2"	ea	6	\$	660 00
E 100	Pickup Mileage	mi	45	\$	191 25
E 101	Heavy Equipment Mileage	mi	90	\$	630 00
E 113	Bulk Delivery	tm	443	\$	709 20
CE 204	Cement Pump: 3,000 Feet To 4,000 Feet	hrs	4	\$	2,160 00
CE 240	Blending and Mixing Service	skt	215	\$	301 00
CE 504	Plug Container	Job	1	\$	250 00
S 003	Service Supervisor	hrs	8	\$	175 00

SUB TOTAL \$ 8,777 39

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Clarence R. Messick THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Jim Mable
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer L.D. Drilling, Incorporated	Lease No.	Date 6-29-12
Lease Siefkes	Well # 6-27	
Field Order # 6346	Station Pratt, Kansas	Casing 5 1/2" 14Lb.
Type Job C.N.W. - Longstring	Depth	County Stafford
	Formation	State Kansas
		Legal Description 27-215-12W

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME		
Casing Size 5 1/2" 14Lb/ft.	Tubing Size	Shots/Ft	150	Common with	1825	RATE	PRESS	ISIP
Depth 37.21 Feet	Depth	From	To	FLA-322, 5Lb./stk.	Max			5 Min.
Volume 90.8 Bbl.	Volume	From	To	15.3 Lb./Gal., 5.63 Gal./stk., 1.39 CU. FT./stk.	Min			10 Min.
Max Press 1,000 P.S.I.	Max Press	From	To	35 sacks 60/40 Poz for Scavenger cement.	Avg			15 Min.
Well Connection Plug Container	Annulus Vol.	From	To	30 sacks 60/40 Poz to Plug Rat Hole	HHP Used			Annulus Pressure
Plug Depth 3,899 Feet	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative Jim Michels	Station Manager David Scott	Treater Clarence R. Messich
--	--------------------------------	--------------------------------

Service Units	37,216	19,903	19,905	19,960	21,010
Driver Names	Messich	Mattal	Young		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00					Trucks on location and hold safety meeting.
6:20					Petromark Drilling start to run Regular Guide Shoe, Shoe Joint with Auto Fill insert screwed into collar and a total of 89 Joints new 14Lb/ft 5 1/2" casing. A Turbolizer was installed on collars #1, 3, 5, 7, 9, and #11.
7:50					Casing in well. Circulate for 1 Hour.
9:04	2,700	2,700			Shut in well. Pressure Test. Open Well.
9:05	300			5	Start Fresh water Pre-Flush.
	300		10	5	Start mixing 35 sacks 60/40 Poz cement.
	300		17	5	Start mixing 150 sacks common cement.
	0		54		Stop pumping. Shut in Well. Wash pump and lines. Release Top Rubber Plug. Open Well.
9:19	100			6.5	Start Fresh water Displacement.
			63	5	Start to lift cement.
9:37	500		90.4		Plug down.
	1,000				Pressure up.
					Release pressure. Float Insert held.
	0		7	3	Plug Rat Hole.
					Wash up pump truck.
10:15					Job Complete.
					Thank You,
					Clarence, Mike, Steve

GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: SIEFKES 6-27

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S27/21S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D1163

Test Unit:

Start Date: 2012/06/25 Start Time: 22:00:00

End Date: 2012/06/26 End Time: 04:40:00

Report Date: 2012/06/26 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 120' GAS IN PIPE, 50' GAS+OIL CUT MUD, 300' MUDDY WATER



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.

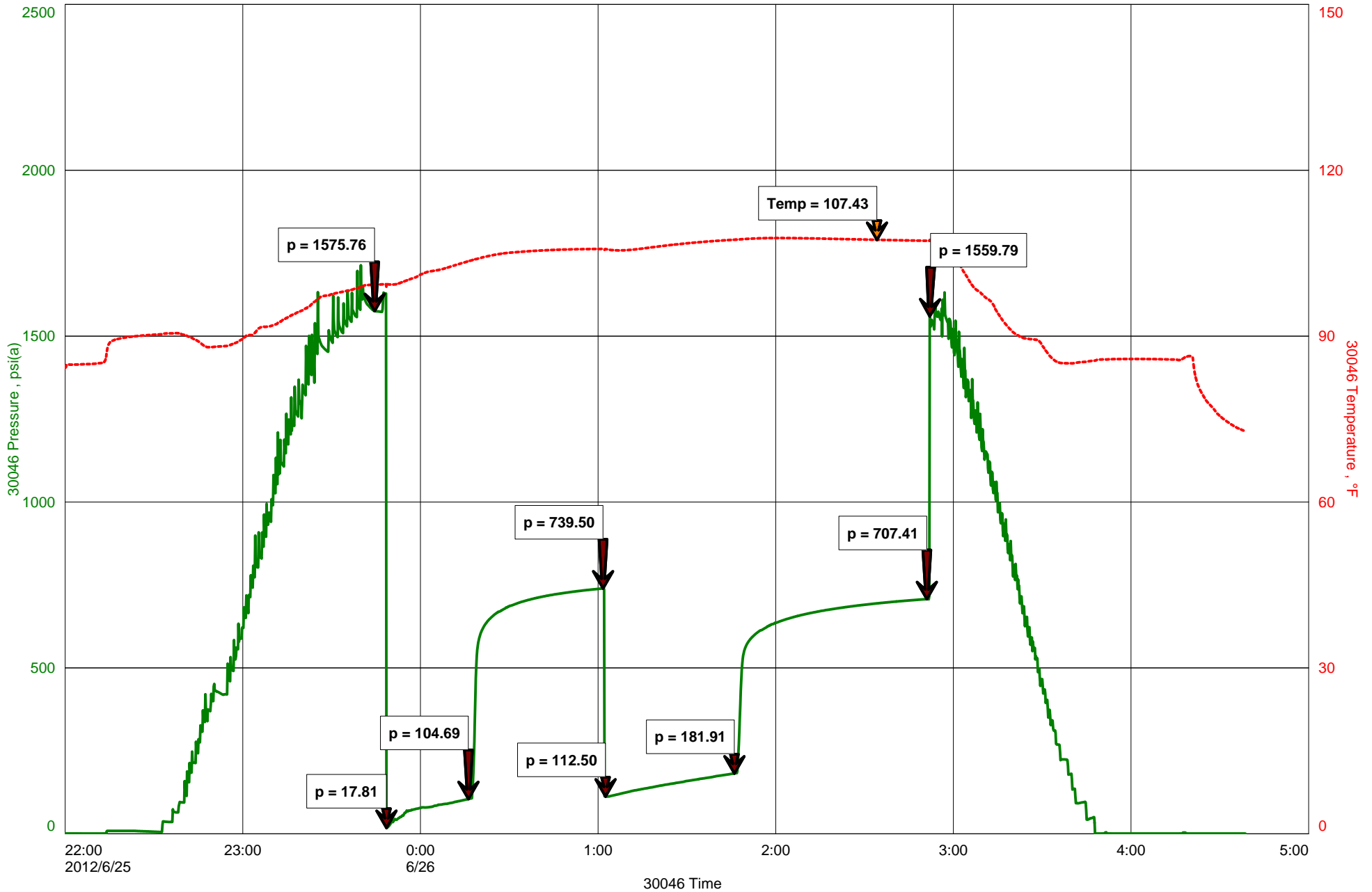
Blow: 1st Open: _____
2nd Open: _____

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.

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.

SIEFKES 6-27



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: SIEFKES 6-27

Operator: LD DRILLING INC

Location-Downhole:

Location-Surface: S27/21S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D1164

Test Unit:

Start Date: 2012/06/26 Start Time: 11:30:00

End Date: 2012/06/26 End Time: 15:10:00

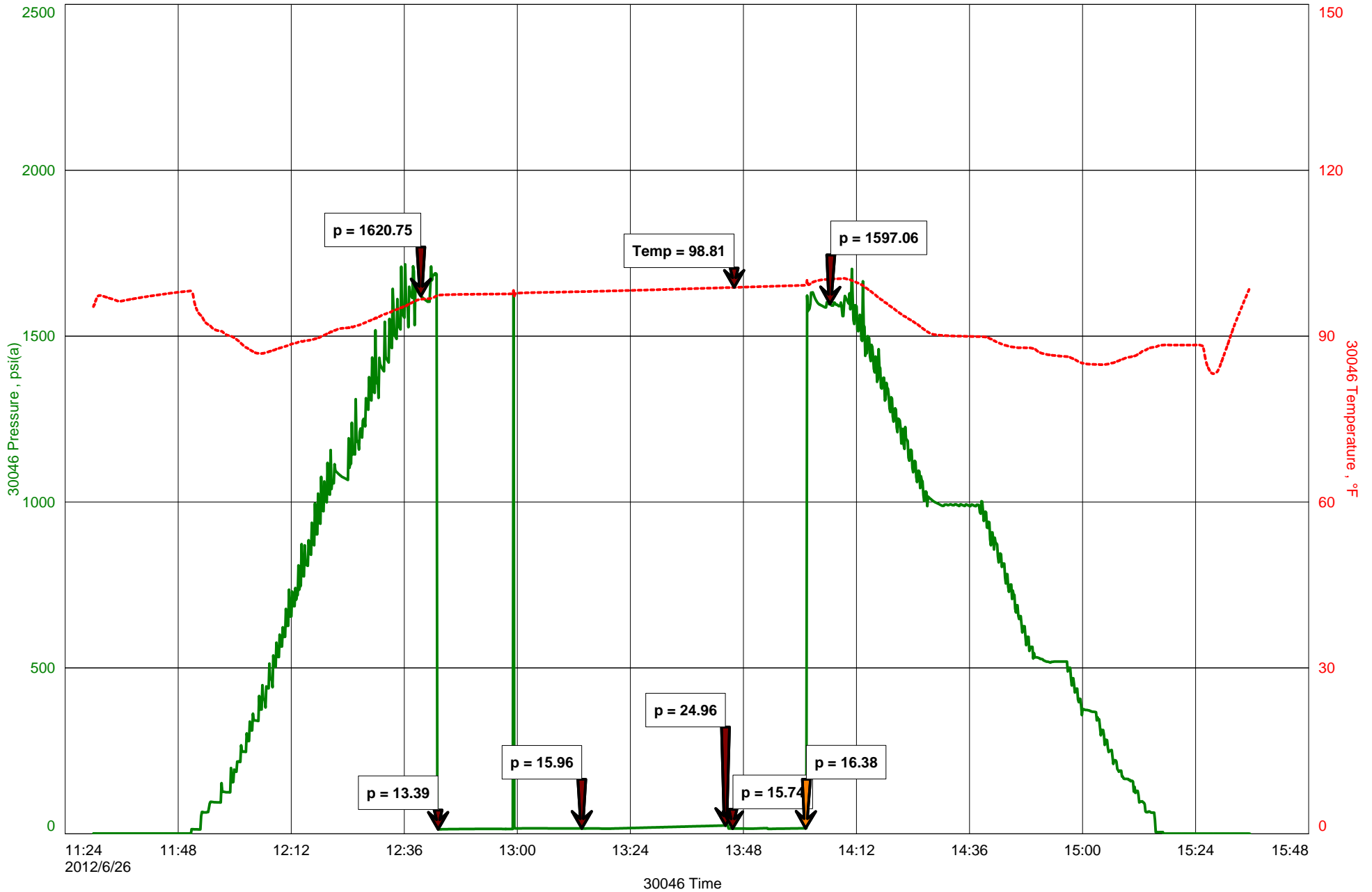
Report Date: 2012/06/26 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 5' DRILLING MUD

SIEFKES 6-27





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.

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.

GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: SIEFKES 6-27

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S27/21S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: DST #3 CONVENTIONAL Job Number: D1165

Test Unit:

Start Date: 2012/06/27 Start Time: 03:30:00

End Date: 2012/06/27 End Time: 07:50:00

Report Date: 2012/06/27 Prepared By: JOHN RIEDL

Qualified By: JOAH AUSTIN

Remarks:

RECOVERY: 10' OIL SPECKED MUD\tab\tab\tab\tab



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.

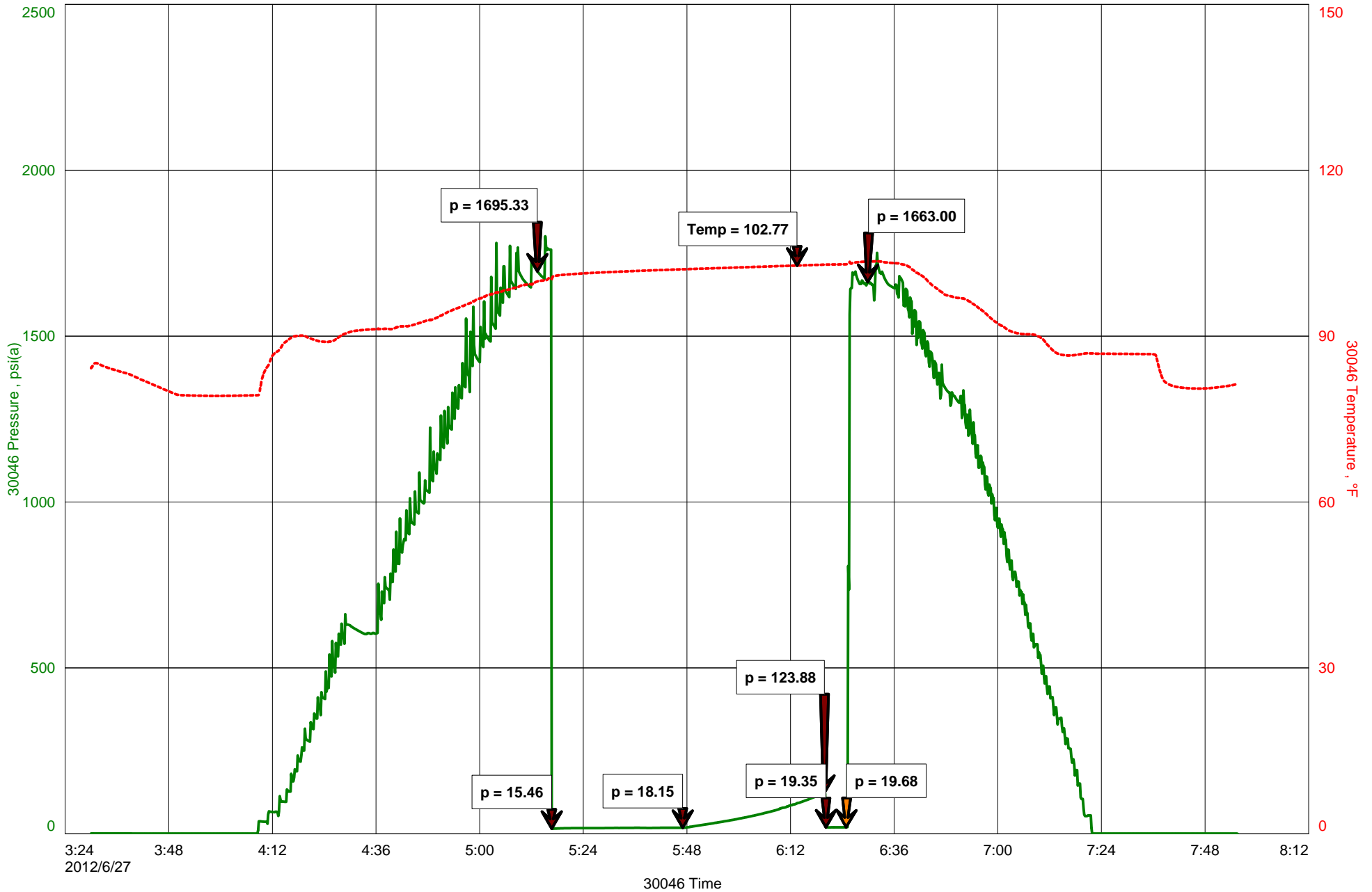
Blow: 1st Open: _____
2nd Open: _____

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.

SIEFKES 6-27



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: SIEFKES 6-27

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S27/21S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL DST #4 Job Number: D1167

Test Unit:

Start Date: 2012/06/26 Start Time: 17:00:00

End Date: 2012/06/27 End Time: 23:55:00

Report Date: 2012/06/27 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 250' GAS IN PIPE, 100' GAS+OIL CUT 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.

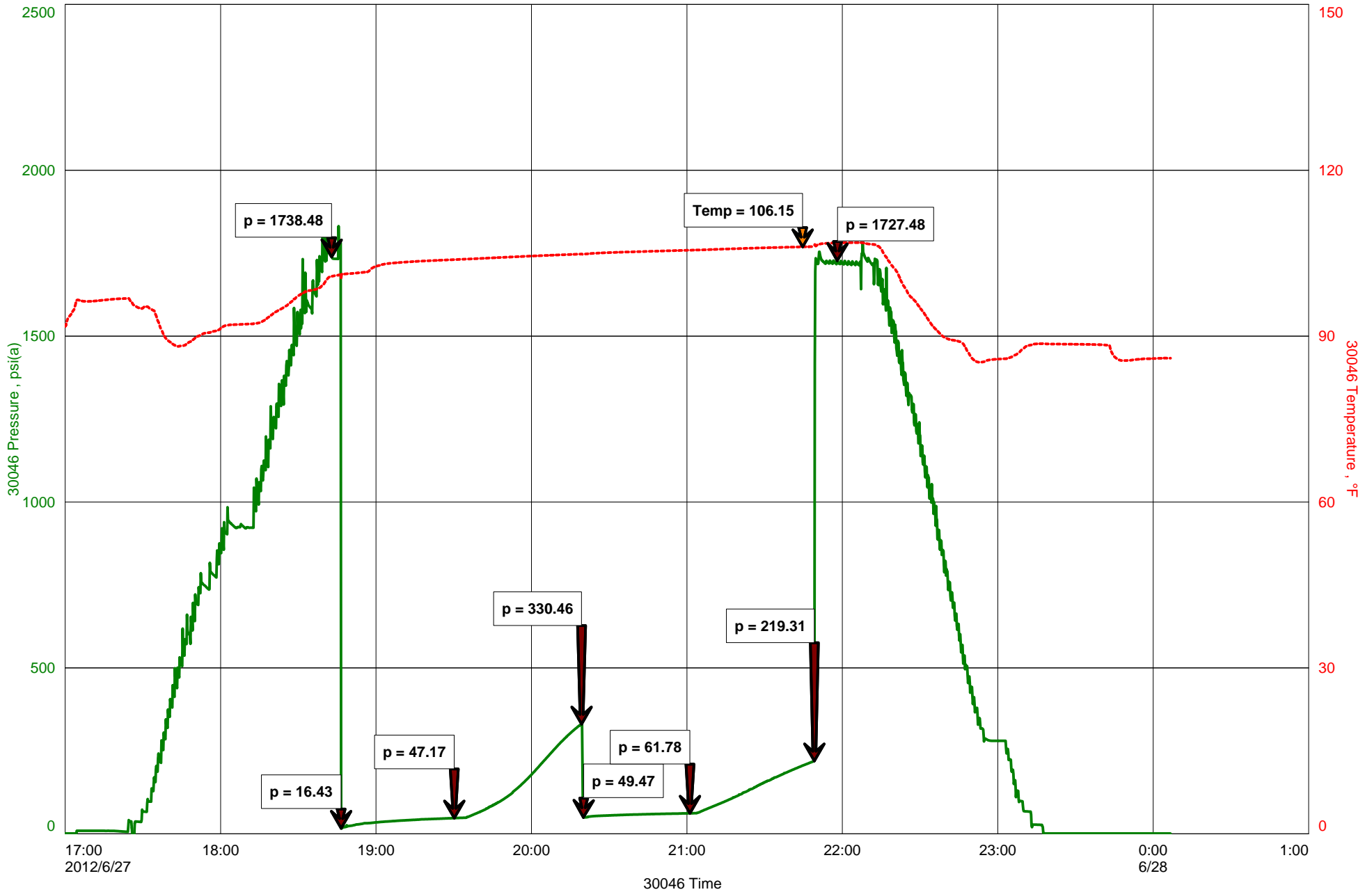
Blow: 1st Open: _____
2nd Open: _____

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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SIEFKES 6-27



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: SIEFKES 6-27

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S27/21S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: DST #5 CONVENTIONAL Job Number: D1168

Test Unit:

Start Date: 2012/06/28 Start Time: 05:00:00

End Date: 2012/06/28 End Time: 11:50:00

Report Date: 2012/06/28 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 500' GAS IN PIPE, 140'SLIGHTLY MUD CUT GASSY OIL



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.

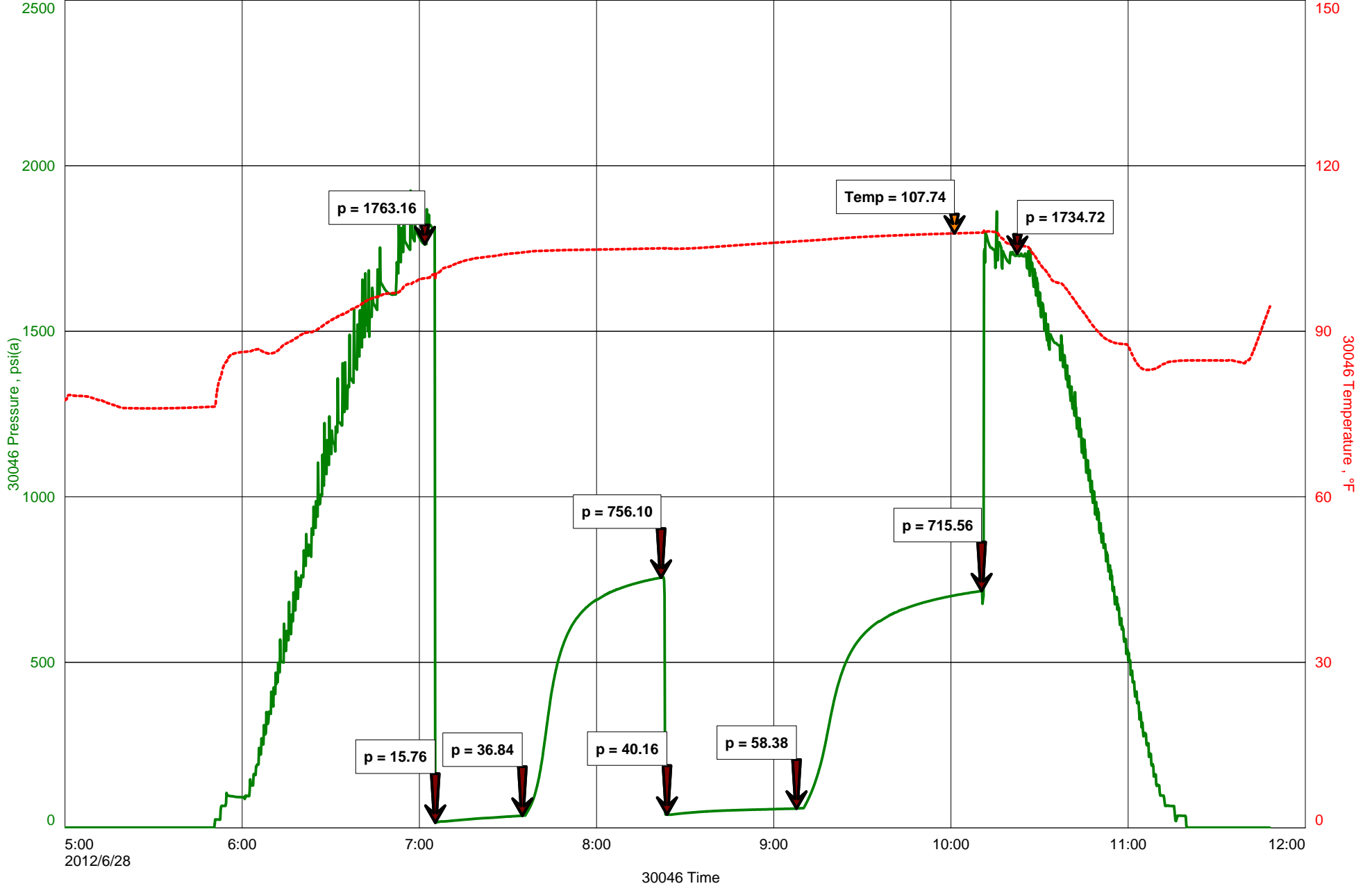
Blow: 1st Open: _____
2nd Open: _____

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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SIEFKES 6-27



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: SIEFKES 6-27

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S27/21S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: DST #6 CONVENTIONAL Job Number: D1168

Test Unit:

Start Date: 2012/06/28 Start Time: 17:45:00

End Date: 2012/06/29 End Time: 00:20:00

Report Date: 2012/06/29 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 300' GAS IN PIPE, 70' GASSY OIL, 60' SLIGHTLY OIL CUT MUDDY WATER



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.

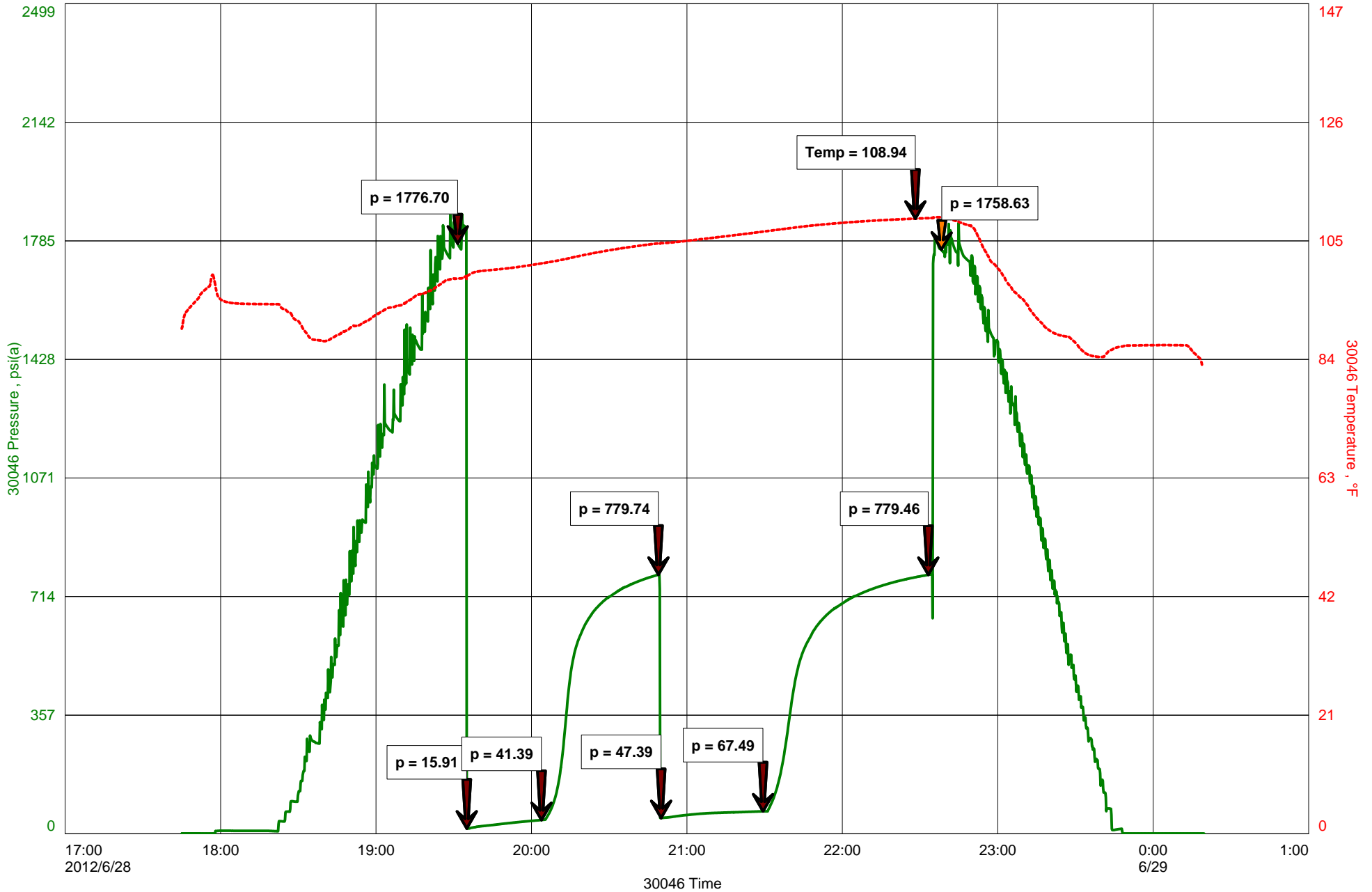
Blow: 1st Open: _____
 2nd Open: _____

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.

SIEFKES 6-27



OPERATOR

Company: L.D. Drilling, Inc.
 Address: 7 SW 26th Ave
 Great Bend, KS 67530

Contact Geologist:
 Contact Phone Nbr: 620-793-3051
 Well Name: Siefkes 6-27
 Location: 8 5/8" @ 330'
 Pool:
 State: Kansas, Stafford Co.

API: 15-185-23758-00-00
 Field: Max North
 Country: USA



Musgrove

**PETROLEUM
 CORPORATION**
 Claflin, Kansas

Scale 1:240 Imperial

Well Name: Siefkes 6-27
 Surface Location: 8 5/8" @ 330'
 Bottom Location:
 API: 15-185-23758-00-00
 License Number:
 Spud Date: 6/22/2012 Time: 3:34 PM
 Region: SW-NE-SW-NE 27-21s-12w
 Drilling Completed: 6/29/2012 Time: 12:50 PM
 Surface Coordinates: 1800' From North Line & 1950' From East Line
 Bottom Hole Coordinates:
 Ground Elevation: 1839.00ft
 K.B. Elevation: 1844.00ft
 Logged Interval: 3000.00ft To: 3725.00ft
 Total Depth: 3725.00ft
 Formation: Arbuckle
 Drilling Fluid Type: Chemical mud was displaced at 2729'

SURFACE CO-ORDINATES

Well Type: Vertical
 Longitude: Latitude:
 N/S Co-ord: 1800' From North Line
 E/W Co-ord: 1950' From East Line

LOGGED BY

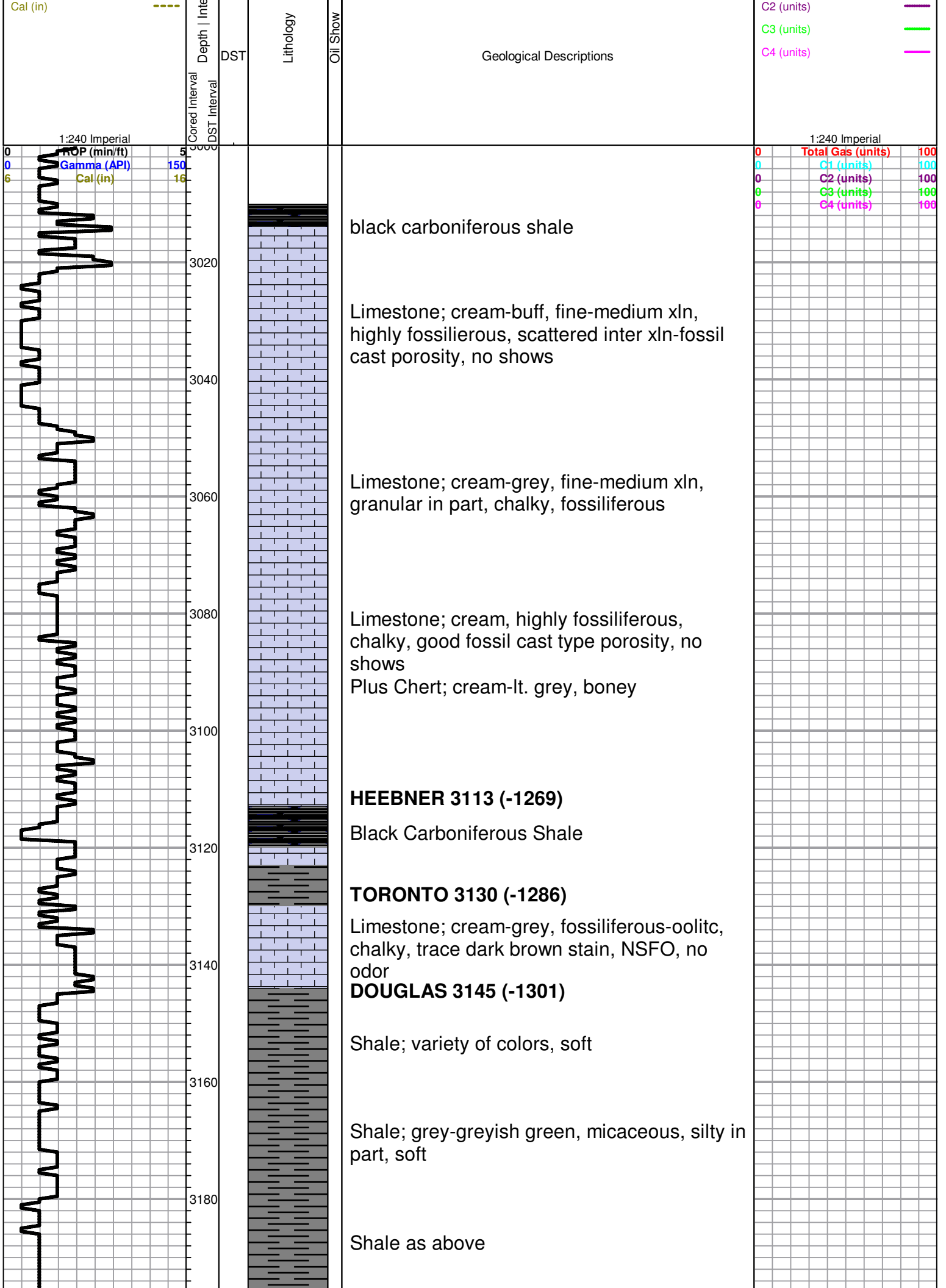
Company: Musgrove Petroleum Corp.
 Address: 212 Main St.
 Claflin, KS 67525
 Phone Nbr: 620-546-3960
 Logged By: Geologist Name: Josh Austin

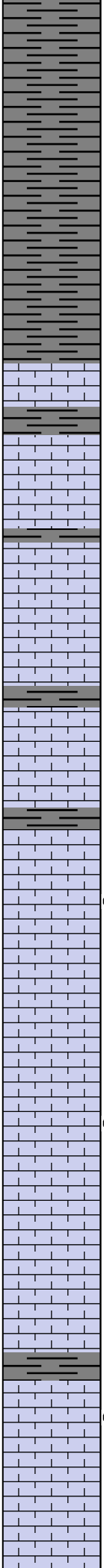
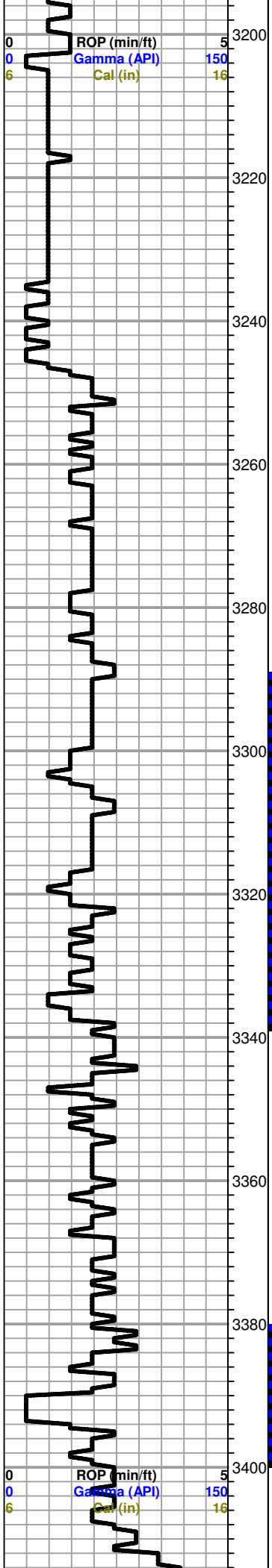
CONTRACTOR

Contractor: Petromark Drilling, LLC
 Rig #: 2
 Rig Type:
 Spud Date: 6/22/2012 Time: 3:34 PM
 TD Date: 6/29/2012 Time: 12:50 PM
 Rig Release: Time:

ELEVATIONS

K.B. Elevation: 1844.00ft Ground Elevation: 1839.00ft





Shale; grey-greyish green, micaceous, silty in part

Shale; as above, plus dark grey soft shale

BROWN LIME 3248 (-1404)

Limestone; tan-brown, fine xln, dense, cherty

LANSING 3256 (-1412)

Limestone; cream, fine xln, chalky, fossiliferous/oolitic, dense in party, poorly developed porosity, no shows

Limestone; cream-lt. grey, fine xln, chalky in part, dense, few sparry calcite, poor visible porosity, plus grey chert

Limestone; grey-buff, fine medium xln, fossiliferous, chalky, dense, no shows

Limestone; cream-grey, highly oolitic in part, chalky, few scattered inter xln type porosity, trace dark brown-black stain, slight SFO, faint odor

Limestone; cream-grey, fine xln, chalky, oolitic, dense, poorly developed porosity, no shows

Limestone; cream-lt. grey, fine xln, chalky, fossiliferous/oolitic, few scattered porosity, trace dark brown stain, NSFO, no odor

Limestone; buff-grey-cream, fine xln, chalky, dense, poorly developed porosity

Limestone; cream-lt. grey, chalky, oomoldic, oolitic, fair-good oomoldic porosity, brown-grey stain, SFO, faint odor

Limestone; cream, fine xln, chalky, oolitic, few scattered porosity, no shows

0	Total Gas (units)	100
0	C1 (units)	100
0	C2 (units)	100
0	C3 (units)	100
0	C4 (units)	100

DST #1 3289-3337
30-45-45-60

Blow; BOB in 20 min
Final; BOB in 25 min
no blow back

Recovery;
120' GIP
50' G&OCM
(10%g 10%o 80%m)
300' muddy water

Pressure;
ISIP 740
FSIP 707
IFP 18-105
FFP 113-182
HSH 1576-1560

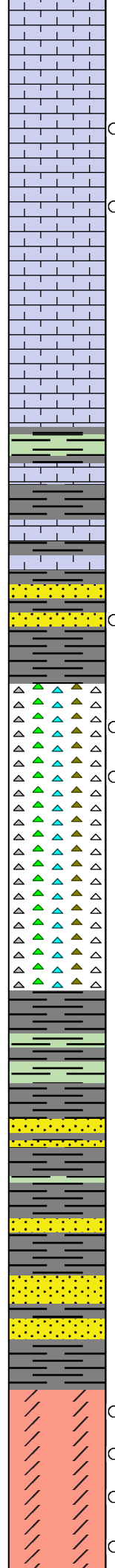
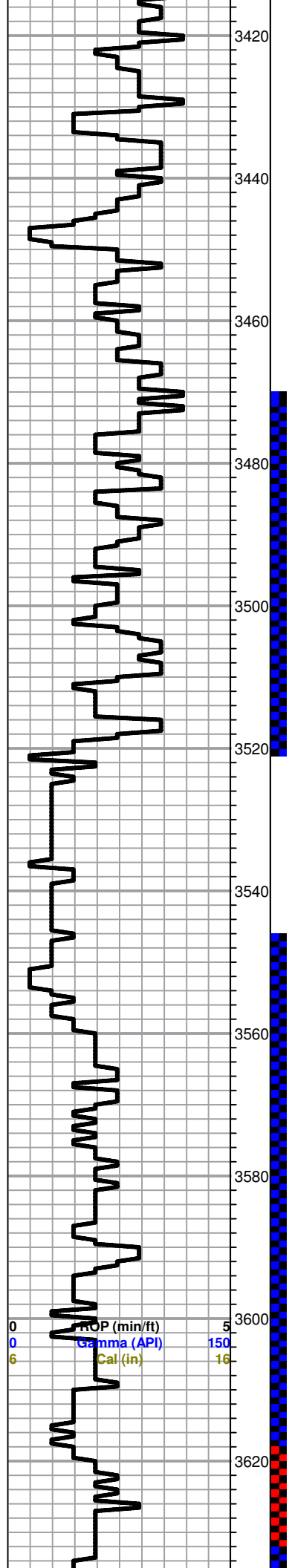
DST #2 3380-3400
30-30-10-0

Blow; died in 1 min

Recovery;
5' mud

Pressures;
ISIP 25
FSIP ---
IFP 14-16
FFP 16-16
HSH 1621-1597

0	C2 (units)	100
0	C3 (units)	100
0	C4 (units)	100



Scattered porosity, no shows
Limestone; cream-white-grey, fine xln, oolitic in part, fair porosity, black "dead" oil stain, NSFO, no odor

Limestone; lt. grey, chalky, oolitic, oomoldic, fair-good oomoldic porosity, brown-grey stain, trace brown spotty free oil, faint odor

Limestone; cream-white, fine xln, chalky, oolitic, poor visible porosity, no shows

BASE KANSAS CITY 3484 (-1640)

Shale; grey-green, silty in part, few micaceous pieces

trace Sand; clear-grey, very fine grained, sub rounded, sub angular, friable, fair intergranular porosity, black-dark brown stain, spotty SFO, very faint odor plus shale variety of colors

VIOLA 3509 (-1665)

Chert; grey-white, semi tripolitic, few weathered pieces, black stain, slight SFO, gassy odor

Chert; as above, weathered in part, variety of colors, boney

Chert; variety of colors boney, few semi tripolitic pieces, trace black stain, NSFO

SIMPSON SHALE 3558 (-1714)

Shale; grey-green-maroon, soft/gummy, few waxey pieces

Trace Sand; clear-mustard, sub rounded, poorly sorted, friable, no shows

Shale; variety of colors, plus Sand as above "dirty" no shows

Shale; grey-dark grey, green

ARBUCKLE 3609 (-1765)

Dolomite; buff-cream, fine-medium xln, inter xln type porosity, brown stain, SFO, faint-fair odor

Dolomite; as above, fair porosity, SFO, good odor

Dolomite; cream-grey, medium xln, fair-good

DST #3 3470-3520
30-30-5-0

Blow; dead in 12 min

Recovery;
10' oil specked mud

Pressures;
ISIP 124
FSIP ----
IFP 15-18
FFP 19-20
HSH 1695-1663

DST #4 3546-3618
45-45-45-45

Blow; built to 7"
Final; built to 7"
no blow back

Recovery;
250' GIP
100' GMO
(20%g 30%m 50%o)

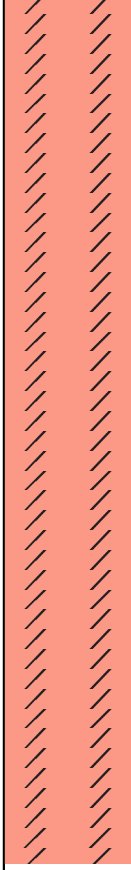
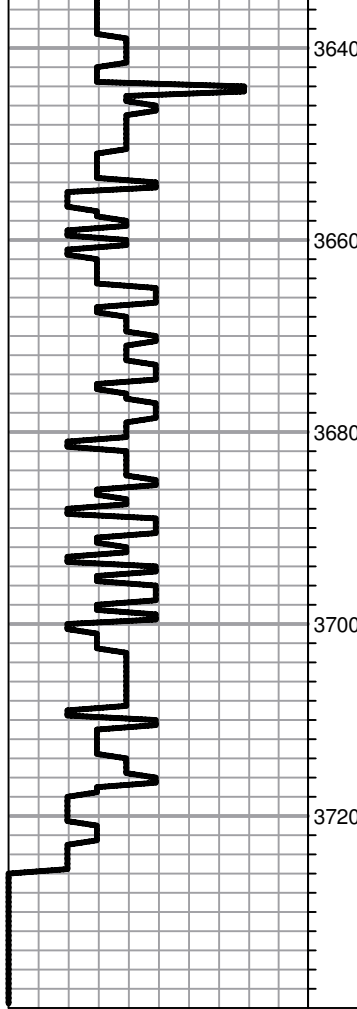
Pressures;
ISIP 330
FSIP 219
IFP 16-47
FFP 49-62
HSH 1738-1727

DST #5 3618-3631
30-45-45-60

Blow; BOB in 20 min
Final; BOB in 25 min
no blow back

Recovery;

C2 (units) 100
C3 (units) 100
C4 (units) 100



inter xln porosity, dark brown-black stain, SFO, good odor

D
 Dolomite; cream-white-lt. grey, fine-medium xln, slightly sucrosic in part, fair inter xln porosity, black spotty stain, trace free oil, faint odor

D
 Dolomite; cream-buff, fine xln, few medium xln, sucrosic, cherty in part, black "dead" oil stain, questionable trace free oil, very faint odor
 plus grey-white Chert

D
 Dolomite; tan-grey, fine-medium xln, fair inter xln porosity, black stain, trace free oil (1-2 pcs), no odor, plus Chert white-grey, boney plus FeS₂

D
 Dolomite; cream-white, fine xln, dense, cherty, poor visible porosity, no shows, Chert as above

ROTARY TOTAL DEPTH 3725 (-1881)

Recovery,
 500' GIP
 140' SLMCGO
 (25%g 5%m 70%o)

Pressures;
 ISIP 756
 FSIP 716
 IFP 16-37
 FFP 40-58
 HSH 1763-1735

DST #6 3631-3641
 30-45-45-60

Blow; Built to 7"
 Final; Built to 8"
 weak blow back

Recovery;
 300' GIP
 70' GO (15%g 85%o)
 60' SLOCMW
 (5%o 25%m 70%w)

Pressures;
 ISIP 780
 FSIP 779
 IFP 16-41
 FFP 41-67
 HSH 1777-1759