



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
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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

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: _____



1092357

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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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	WEAVER 2-3
Doc ID	1092357

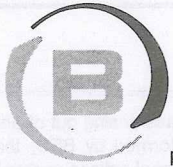
Tops

Name	Top	Datum
ANHYDRITE	934	+1031
TOPEKA	2952	-987
HEEBNER	3196	-1231
BROWN LIME	3272	-1307
LANSING	3281	-1316
BASE KANSAS CITY	3497	-1532
REAGAN	3577	-1612
GRANITE WASH.	3658	-1693

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	WEAVER 2-3
Doc ID	1092357

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	24	934	A-CON	175	
SURFACE	12.25	8.625	24	934	COMMON	175	2% CC, 1/4# CF
PRODUC TION	7.875	5.5	14	3698	COMMON	150	18%Salt,5 %Calset,5 #Gilsonite
PRODUC TION	7.875	5.5	14	3698	60/40 POZMIX	60	



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 06363 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8-5-12 DISTRICT: FRAN, Ks.	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, INC	LEASE: WEAVER WELL NO: 23								
ADDRESS:	COUNTY: BARTON STATE: KS								
CITY: STATE:	SERVICE CREW: KC, ERIC, DALE								
AUTHORIZED BY:	JOB TYPE: CNW - LOW STRONG								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19907		20959	1				8-5		0000
		19918				ARRIVED AT JOB		AM	0200
33708	1					START OPERATION		AM	0600
20920						FINISH OPERATION		AM	0700
						RELEASED		AM	0730
						MILES FROM STATION TO WELL			65

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
CF100C	COMMON CEMENT	SK	150		7400.00
CF103	60/40 P02	SK	60		720.00
CC109	C419 DEFINER	lb.	36		144.00
CC111	START	lb.	1216		608.00
CC112	CEMENT FRACTION REDUCER	lb.	106		636.00
CC113	CYPSUM	lb.	705		578.75
CC201	CALSONATE	lb.	750		502.50
CF103	5/8" TOP RUBBER PLUG	EA	1		105.00
CF251	5/8" CUP CONE STOP	EA	1		250.00
CF1451	5/8" API DUSERT FLOTT	EA	1		215.00
CF1651	5/8" TURBOLIZER	EA	6		660.00
E700	PICKUP MILEAGE	mile	65		276.25
E101	TRUCK MILEAGE	mile	130		910.00
E113	BUCK DELIVERY	T/M	627		1003.60
CE204	DEPTH CHARGE 3001'-4000'	EA	1		2160.00
CE240	BLENDING CHARGE	SK	210		294.00
CE504	PLUG COUNTER	EA	1		250.00
S003	SEWER SENSORIZER	EA	1		175.00
SUB TOTAL					8878.58

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: **K. Conley** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **J.D. Davis**
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

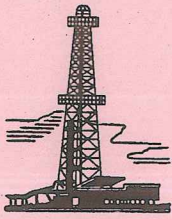
FIELD SERVICE ORDER NO. _____

Customer	LD DRILLING, INC	Lease No.	AVC	Date	8-5-12
Lease	WEAVER	Well #	2-3		
Field Order #	6363	Station	PRATT, KS	Casing	5 1/2
				Depth	3698
Type Job	LONGSTRENGTH-CMW	Formation	TD-3700'	County	BARTON
				State	KS
				Legal Description	3-A-15

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2								
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
3698								
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	
3686								

Customer Representative	LD	Station Manager	SCOTT	Treater	CONDLEY
Service Units	19907	33708-20920	70959-19918		
Driver Names	KG	ERIC	DALE		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
0700					ON LOCATION
					RUN 3694' 5 1/2" 14" CG 87 JTS
					CUDDER SHOE IF IN 12' 5" HOE AT
					CENT. - 1-3-4-6-8-10
0500					TAC BOTTOM DROPPABLE-CER.
					SET 5 1/2" AT 3698'
0600	200		9	6	PUMP 30 SK SCAVENGER CEMENT
	700		36	6	PUMP 150 SK COMMON 18% SAG
					5% CAL SET, 3/4" CPR, 1/4" DEFEND
					5# SK CARBONATE AT 15.5 PD3
					STOP - WASH LINE - DROPPING
	0		0	6.2	START DISP.
	100		61	6.2	LEFT CEMENT
	500		80	2	SLOW RATE
0700	1250		90	2	PLUG DOWN - HOLD
					PLUG RATHOLE - 30 SK 60/40 POC
0730					JOB COMPLETE - REVIEW



Petromark Drilling

PIPE TALLY

RTD 3700
LTD 37027

CUSTOMER RD HANCOCK 2-3 DATE 8-4

CARRIER _____ /B.L.# _____ CUST. ORDER NO. _____

STORE LOCATION _____ P.O.# _____ LOCATION: _____

SIZE 5 1/2 WT. _____ GRADE _____ MILL _____ RANGE _____ THREAD _____

No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	
1	12	60	26	12	19	51	43	20	76	38	71	101			126			151			176			
2	43	22	27	43	23	52	43	23	77	43	22	102			127			152			177			
3	43	20	28	43	20	53	43	22	78	39	73	103			128			153	3790.72		178	90	JIS	
4	43	25	29	43	23	54	43	23	79	43	19	104			129			154	-1488		179	490		
5	43	29	30	43	22	55	43	21	80	43	21	105			130			155	4313		180	489		
6	43	26	31	43	25	56	40	15	81	40	18	106			131			156	-3871		181	476		
7	43	21	32	43	25	57	43	20	82	43	09	107			132			157			182			
8	40	45	33	42	48	58	42	18	83	42	16	108			133			158	36740		183	87	JIS	
9	43	25	34	43	25	59	43	20	84	43	29	109			134			159	+650		184	LS		
10	41	05	35	42	03	60	43	12	85	43	21	110			135			160	3700.5		185			
11	43	23	36	43	18	61	41	58	86	43	20	111			136			161			186			
12	43	22	37	43	23	62	43	19	87	43	23	112			137			162			187			
13	43	21	38	43	26	63	43	17	88	43	24	113			138			163	SEI		188	5 1/2	AT	
14	43	20	39	43	25	64	43	04	89	43	13	114			139			164			189			
15	43	23	40	43	22	65	43	29	90	14	28	115			140			165			190	3798'		
16	43	19	41	43	17	66	43	22	91			116			141			166			191			
17	43	19	42	43	23	67	43	23	92			117			142			167			192			
18	40	41	43	43	19	68	43	02	93			118			143			168			193			
19	43	24	44	43	20	69	42	29	94			119			144			169			194			
20	43	03	45	43	21	70	40	32	95			120			145			170			195			
21	43	24	46	43	18	71	43	20	96			121			146			171			196			
22	40	53	47	43	31	72	43	04	97			122			147			172			197			
23	43	24	48	39	18	73	43	24	98			123			148			173			198			
24	41	07	49	43	26	74	43	23	99			124			149			174			199			
25	43	24	50	43	22	75	43	26	100			125			150			175			200			
Total																								

NO. JOINTS 90

TALLIED BY LT

FOOTAGE _____

TOTAL 3790.72 FT.

RECEIVED BY _____



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

14041451
FIELD SERVICE TICKET
1718 06524 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>07-31-12</u> DISTRICT <u>PRATT KS</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.P. Dilling</u>		LEASE <u>WEAVER</u> <u>2-3</u>		WELL NO.						
ADDRESS		COUNTY <u>CARTON</u>		STATE <u>KS</u>						
CITY STATE		SERVICE CREW <u>Sullivan, Another, Sings</u>								
AUTHORIZED BY		JOB TYPE: <u>CNW 9 5/8 Surface</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19899-19843</u>	<u>45</u>						<u>0731-12</u>			<u>7:30</u>
<u>17831-19861</u>	<u>45</u>									<u>12:45</u>
<u>32900</u>										<u>3:15</u>
										<u>4:00</u>
										<u>4:15</u>
										<u>65</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: Michael L. Cook
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 101	M-COJ CNT	SK	125		3,150.00
PP 100-C	COINTEGR CNT	SK	175		2,800.00
CC 102	CollWcks	lb	88		225.60
CC 107	Calcium Chloride	lb	825		816.25
CF 105	TOP Rubber Plug 8 5/8	EA	1		225.00
C 100	Brkng nut	in	65		276.25
C 101	Wear Spacers	in	130		910.00
C 113	Bulk Adhes	TM	1073		1,716.00
CE 201	Arth. Chg	EA	1		1,200.00
PE 200	Blowby - 1/2 in	SK	360		496.00
PE 304	Play Counter Reel	IN	1		250.00
SC 03	Schwin Super	EA	1		175.00

SUB TOTAL DLS 9,288.28

CHEMICAL / ACID DATA:			

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

Thank you
TOTAL

SERVICE REPRESENTATIVE Robert [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Michael L. Cook
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>L.D. Drilling</i>	Lease No.	Date <i>07-31-12</i>
Lease <i>WEAVER</i>	Well # <i>2-3</i>	
Field Order # <i>4507</i>	Station <i>PRATT 145</i>	Casing <i>8 5/8</i>
		Depth <i>737</i>
Type Job <i>CNW 3 5/8 Surface</i>	Formation	Legal Description <i>3-17-15</i>
		County <i>BARTON</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>								5 Min.
Depth <i>737</i>	Depth	From	To	Pre Pad	Max			
Volume <i>57</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>500</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>719</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager <i>DAVE SEGA</i>	Treater <i>Robert [Signature]</i>
Service Units <i>37800 19889 19443 19931 19867</i>		
Driver Names <i>Sullivan Anoty Simpson</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1245</i>					<i>cas for soft, mostly</i>
					<i>run 23 JTS 8 5/8 23 csg.</i>
<i>3:00</i>					<i>CASING ON BOTTOM</i>
<i>3:10</i>					<i>Hook Rig to circ csg.</i>
<i>3:15</i>	<i>250</i>		<i>3</i>	<i>4</i>	<i>at surface.</i>
			<i>77</i>	<i>55</i>	<i>mix cont 175 sk A-con cont @ 12 PPG</i>
			<i>37</i>		<i>mix tail cont 175 sk 4 in 2% ca 1/2 EP</i>
					<i>cont mix-d. shut down</i>
					<i>Release Plug</i>
				<i>4-5</i>	<i>at deep</i>
<i>4:00</i>	<i>300</i>		<i>50</i>		<i>plug down</i>
					<i>circ 15 BAR cont TO PPT</i>
					<i>JOB complete</i>
					<i>Thank you</i>

KIM B. SHOEMAKER

CONSULTING GEOLOGIST

318-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT

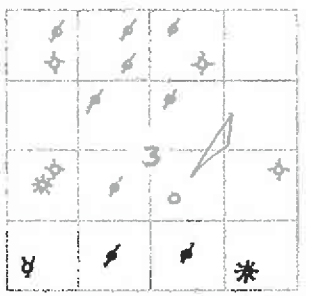
DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.
 WELLS # 2-3 WEAYER
 FIELD OTIS-ALBERT
 LOCATION 1650 E.S. & 2310 F.E.L. SW NW SE
 SEC 3 TWP 19s RGE 15w
 COUNTY BARTON STATE KANSAS
 CONTRACTOR PETROMARK DRILLING RIG 2
 DATE 7-30-12 START 8-5-12
 RIG 3700 TD 3702
 MUD WT 2800 TYPE MUD CHEMICAL

ELEVATIONS
 KB 1965
 DF _____
 CL 1960
 Measurements Are All From 1965 KB
 CASING SURFACE 8 5/8" @ 934'
 PRODUCTION 5 1/2" @
 ELECTRICAL SURVEYS
 DUAL IND., DENS., N., Micro

SAMPLES SAVED FROM _____ 2940 TO 3700
 DRILLING TIME KEPT FROM _____ 2850 TO 3700
 SAMPLES EXAMINED FROM _____ 2940 TO 3700
 GEOLOGICAL SUPERVISION FROM _____ 3200 TO 3700
 GEOLOGIST ON WELL KIM B. SHOEMAKER

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	934 + 1031	930 + 1035
TOPEKA	2952 - 987	2950 - 985
HEEBNER	3196 - 1231	3195 - 1230
BROWN LIME	3272 - 1307	3270 - 1305
LANSING	3281 - 1316	3281 - 1316
B/KC	3497 - 1532	3498 - 1533
REAGAN	3577 - 1612	3576 - 1611
Granite Wash.	3658 - 1623	3653 - 1688

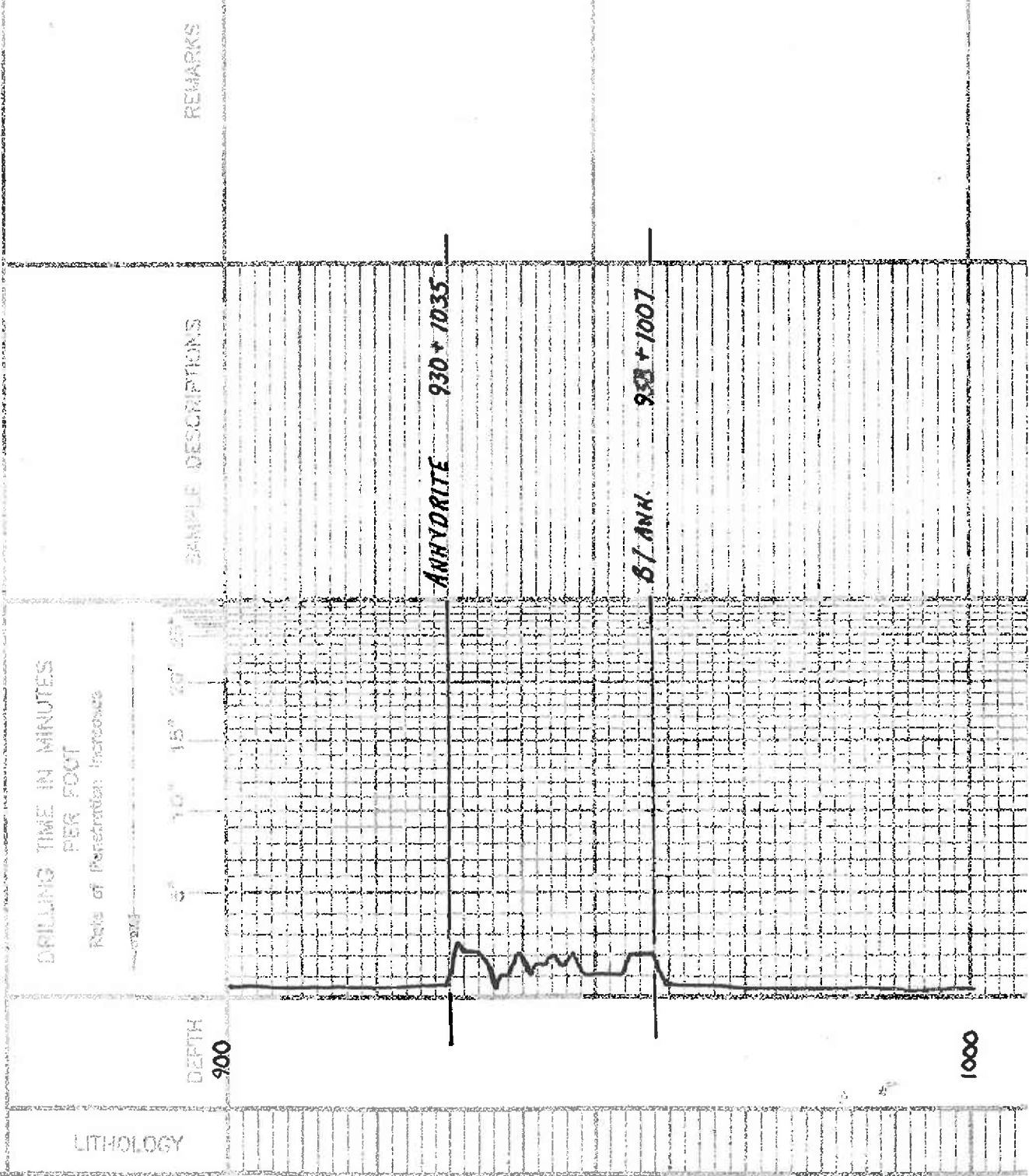


REMARKS

API-15-009-25727
 E-log Chase 1832+133
 Winf. 1882+83
 7-30 @ 5900
 7-31 @ 677'
 8-1 @ 1498'
 8-2 @ 2445'
 8-3 @ 3218'
 8-4 @ 3588'
 8-5 @ 3700'

LEGEND

- Dolomite
- Chert
- Coal Lime
- Limestone
- Sand
- Sandstone
- Silt
- Anhydrite



SHOEN-11

1000

2850

2900

3000

3100

HOWARD 2874-909

TOPEKA 2950-985

Samples are logged

Sh. Sil. G. Silty

ls. Tan. V. Sil. Foss. Sil. Calc.

ls. Tan. Sil. Foss. Sil. A.

ls. Tan. Calc. Foss. Calc.

ls. Tan. Calc. Sil. Foss. w/ Calc. Foss.

ls. Tan. Foss. w/ Sil. Calc.

Sh. Silty. Blk.

ls. Calc. Sil. V. Sil. Foss.

Sh. Calc.

ls. G. V. Sil. Foss. Sil. A.

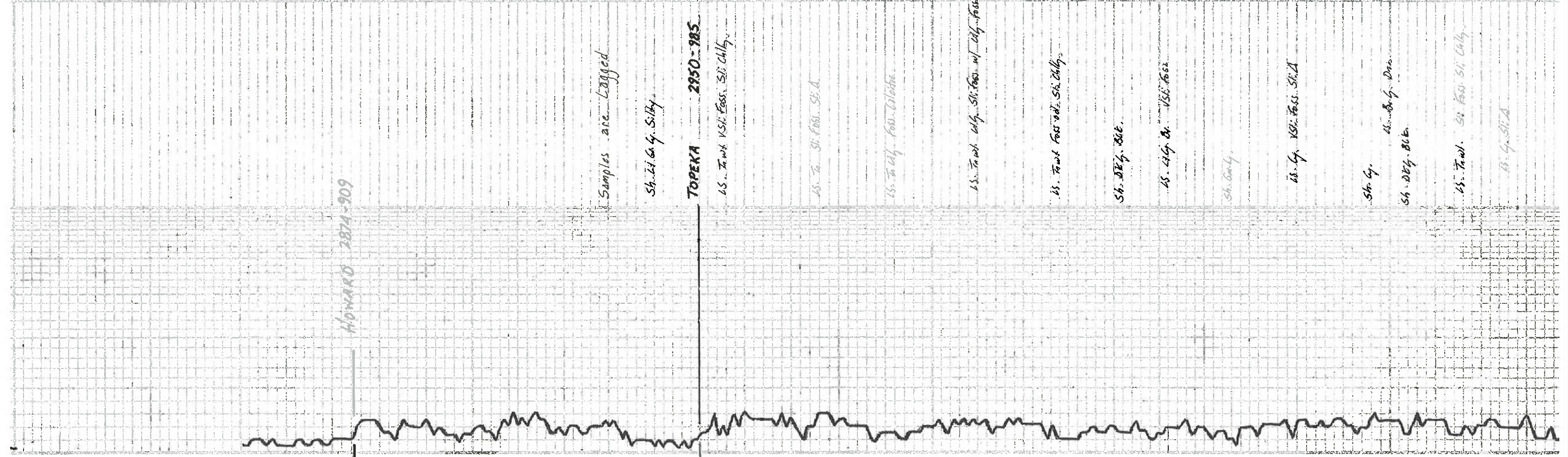
Sh. G.

ls. Silty. Dec.

Sh. Blk. Blk.

ls. Tan. Sil. Foss. Sil. Calc.

ls. G. Sil. A.



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: LD DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: WEAVER 2-3

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S3/19S/15W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: DST #1 CONVENTIONAL Job Number: D1191

Test Unit:

Start Date: 2012/08/04 Start Time: 03:30:00

End Date: 2012/08/04 End Time: 09:30:00

Report Date: 2012/08/04 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 430' GAS+MUD CUT OIL, 150' 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.

WEAVER 2-3

