



Confidentiality Requested:

Yes No

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: _____

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
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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
<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	Norstar Petroleum, Inc.
Well Name	GL Kern Trust 1-30
Doc ID	1093280

Tops

Name	Top	Datum
Anyhdrite	2746	+504
Topeka	3975	-722
Heebner	4127	-874
Toronto	4150	-895
Lansing	4170	-915
Stark Shale	4395	-1140
Pawnee	4586	-1334
Ft. Scott	4617	-1365
Cherokee Shale	4638	-1384
Johnson	4716	-1463
Morrow	4752	-1498
Mississippi	4832	-1542

Summary of Changes

Lease Name and Number: GL Kern Trust 1-30

API/Permit #: 15-193-20857-00-00

Doc ID: 1093280

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=10 93142	../../../../kcc/detail/operatorE ditDetail.cfm?docID=10 93280
Well Type	OIL	DH



CONFIDENTIAL

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: _____



1093142

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
---	---

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	Norstar Petroleum, Inc.
Well Name	GL Kern Trust 1-30
Doc ID	1093142

Tops

Name	Top	Datum
Anyhdrite	2746	+504
Topeka	3975	-722
Heebner	4127	-874
Toronto	4150	-895
Lansing	4170	-915
Stark Shale	4395	-1140
Pawnee	4586	-1334
Ft. Scott	4617	-1365
Cherokee Shale	4638	-1384
Johnson	4716	-1463
Morrow	4752	-1498
Mississippi	4832	-1542

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

September 10, 2012

Brady Pfeiffer
Norstar Petroleum, Inc.
88 INVERNESS CIR E. Unit F104
ENGLEWOOD, CO 80112

Re: ACO1
API 15-193-20857-00-00
GL Kern Trust 1-30
SW/4 Sec.30-10S-34W
Thomas 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,
Brady Pfeiffer

ALLIED OIL & GAS SERVICES, LLC 056712

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Oakley

DATE <u>7-21-12</u>	SEC. <u>30</u>	TWP. <u>10</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00pm</u>	JOB FINISH <u>7:30pm</u>
LEASE <u>GL Kern Trust</u>	WELL # <u>1-30</u>	LOCATION <u>Page city 3N 1/4 W</u>			COUNTY <u>Thomas</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>1/2 N ETS into</u>				

CONTRACTOR <u>W + W &</u>	OWNER <u>SARIE</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/2</u>	T.D. <u>263'</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>263'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS.	
DISPLACEMENT <u>15.79 ABL</u>	

CEMENT	
AMOUNT ORDERED <u>1165 sks com 38cc</u>	
<u>2" flo-seal 1/2" # flo-seal</u>	
COMMON <u>1165 sks</u>	@ <u>16.25</u> <u>2681.25</u>
POZMIX	@
GEL <u>3 sks</u>	@ <u>21.25</u> <u>63.75</u>
CHLORIDE <u>6 sks</u>	@ <u>58.20</u> <u>349.20</u>
ASC	@
<u>Flo-seal 41"</u>	@ <u>2.70</u> <u>110.70</u>
	@
	@
	@
	@
	@
HANDLING <u>18/117 cu/ft</u>	@ <u>2.10</u> <u>380.45</u>
MILEAGE <u>2.35 to 7/8 mile 8.123 rd</u>	<u>422.02</u>
TOTAL <u>4007.37</u>	

EQUIPMENT

PUMP TRUCK # <u>431</u>	CEMENTER <u>Andrew</u>
	HELPER <u>Dane</u>
BULK TRUCK # <u>404</u>	DRIVER <u>Jeremy</u>
BULK TRUCK #	DRIVER

REMARKS:

Cement did circulate

Thank you

CHARGE TO: Norstar Petroleum

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>263'</u>	
PUMP TRUCK CHARGE	<u>1125.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>2.2 miles</u>	@ <u>7.00</u> <u>154.00</u>
MANIFOLD <u>Light Vehicle</u>	@ <u>4.00</u> <u>88.00</u>
	@
TOTAL <u>1322.00</u>	

PLUG & FLOAT EQUIPMENT

	@
	@
	@
	@
	@
TOTAL _____	

To: Allied Oil & Gas Services, 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 Eric D. Dwyer

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 37009
LOCATION Oakley, KS
FOREMAN Miles Shaw
500 Blanchard

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-28-12		GL Kerns trust #1-30	30	10S	34W	Thomas
CUSTOMER			TRUCK #			
MORSTAR			463	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			460			
CITY						
STATE						
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8" HOLE DEPTH 2750 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and Rig up on WW drilling #8 Plug as ordered
1st 25 SKS @ 2750
2nd 100 SKS @ 1740
3rd 40 SKS @ 210 205 SKS 60/40 port cement 46 gal 1/4" 1/6 seal
Top 40' 105 SKS
RH 30 SKS

Thanks Miles + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1325. ⁰⁰	1325. ⁰⁰
5406	20	MILEAGE	5. ⁰⁰	100. ⁰⁰
5407	8.81	Turn mileage delivery min	410. ⁰⁰	410. ⁰⁰
1131	205 SKS	60/40 port cement mix	15.10	3095.50
1118B	705 #	Bentonite seal	.25	176.25
1107	51.25 #	Flu seal	2.82	144.52
4432	1	8 5/8 wooden plug	96. ⁰⁰	96. ⁰⁰
			Subtotal	5397.27
			less 10% discount	534.72
			Subtotal	4812.55
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



DRILL STEM TEST REPORT

Prepared For: **Norstar Petroleum, Inc.**

88 Inverness Cir. E. Unit F 104
Englewood CO 80112

ATTN: Brad Rine

GL Kern Trust #1-30

30-10s-34w Thomas KS

Start Date: 2012.07.27 @ 10:50:00

End Date: 2012.07.27 @ 16:51:30

Job Ticket #: 47390 DST #: 1

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

Printed: 2012.08.09 @ 11:55:13

Norstar Petroleum, Inc.

30-10s-34w Thomas KS

GL Kern Trust #1-30

DST # 1

Johnson

2012.07.27



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Norstar Petroleum, Inc.
 88 Inverness Cir. E. Unit F 104
 Englewood CO 80112
 ATTN: Brad Rine

30-10s-34w Thomas KS
GL Kern Trust #1-30
 Job Ticket: 47390 **DST#: 1**
 Test Start: 2012.07.27 @ 10:50:00

GENERAL INFORMATION:

Formation: **Johnson**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 13:05:00
 Time Test Ended: 16:51:30
 Interval: **4660.00 ft (KB) To 4750.00 ft (KB) (TVD)**
 Total Depth: 4750.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Chuck Kreuzer Jr.
 Unit No: 61
 Reference Elevations: 3246.00 ft (KB)
 3241.00 ft (CF)
 KB to GR/CF: 5.00 ft

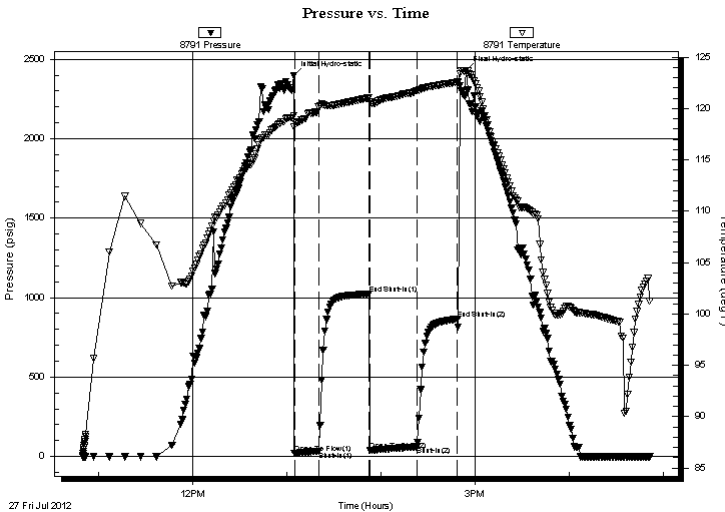
Serial #: 8791

Inside

Press @ Run Depth: 61.75 psig @ 4663.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.07.27 End Date: 2012.07.27 Last Calib.: 2012.07.27
 Start Time: 10:50:05 End Time: 16:51:29 Time On Btm: 2012.07.27 @ 13:04:30
 Time Off Btm: 2012.07.27 @ 14:54:30

TEST COMMENT: IF: Weak surface blow over 15 mins.
 IS: No blow back
 FF: No blow
 FS: No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2397.36	119.29	Initial Hydro-static
1	17.97	118.25	Open To Flow (1)
16	33.71	120.14	Shut-In(1)
48	1022.97	121.04	End Shut-In(1)
49	37.30	120.67	Open To Flow (2)
79	61.75	121.73	Shut-In(2)
105	865.15	122.57	End Shut-In(2)
110	2429.79	123.72	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
75.00	mud-100%m	0.37

Gas Rates

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



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Norstar Petroleum, Inc.

30-10s-34w Thomas KS

88 Inverness Cir. E. Unit F 104
Englewood CO 80112

GL Kern Trust #1-30

ATTN: Brad Rine

Job Ticket: 47390 **DST#: 1**

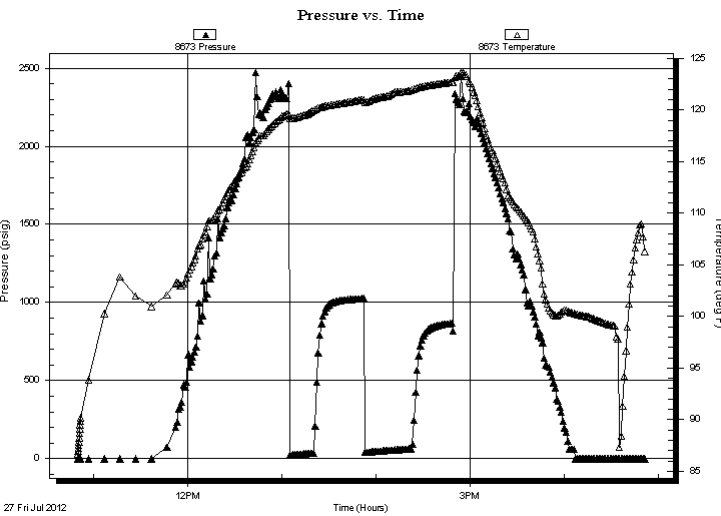
Test Start: 2012.07.27 @ 10:50:00

GENERAL INFORMATION:

Formation: **Johnson**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 13:05:00
 Tester: Chuck Kreutzer Jr.
 Time Test Ended: 16:51:30
 Unit No: 61
 Interval: **4660.00 ft (KB) To 4750.00 ft (KB) (TVD)**
 Reference Elevations: 3246.00 ft (KB)
 Total Depth: 4750.00 ft (KB) (TVD) 3241.00 ft (CF)
 Hole Diameter: 7.88 inches
 Hole Condition: Fair
 KB to GR/CF: 5.00 ft

Serial #: 8673 **Outside**
 Press @ Run Depth: psig @ 4663.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.07.27 End Date: 2012.07.27 Last Calib.: 2012.07.27
 Start Time: 10:50:05 End Time: 16:51:29 Time On Btm:
 Time Off Btm:

TEST COMMENT: IF: Weak surface blow over 15 mins.
 IS: No blow back
 FF: No blow
 FS: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
75.00	mud-100%m	0.37

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Norstar Petroleum, Inc.

30-10s-34w Thomas KS

88 Inverness Cir. E. Unit F 104
Englewood CO 80112

GL Kern Trust #1-30

Job Ticket: 47390

DST#: 1

ATTN: Brad Rine

Test Start: 2012.07.27 @ 10:50:00

Tool Information

Drill Pipe:	Length: 4532.00 ft	Diameter: 3.80 inches	Volume: 63.57 bbl	Tool Weight: 2200.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 124.00 ft	Diameter: 2.25 inches	Volume: 0.61 bbl	Weight to Pull Loose: 58000.00 lb
			<u>Total Volume: 64.18 bbl</u>	Tool Chased 2.00 ft
Drill Pipe Above KB:	24.00 ft			String Weight: Initial 50000.00 lb
Depth to Top Packer:	4660.00 ft			Final 50000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	90.00 ft			
Tool Length:	118.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
------------------	-------------	------------	----------	------------	----------------

Shut In Tool	5.00			4637.00	
Hydraulic tool	5.00			4642.00	
Jars	5.00			4647.00	
Safety Joint	3.00			4650.00	
Packer	5.00			4655.00	28.00 Bottom Of Top Packer
Packer	5.00			4660.00	
Stubb	1.00			4661.00	
Perforations	1.00			4662.00	
Change Over Sub	1.00			4663.00	
Recorder	0.00	8791	Inside	4663.00	
Recorder	0.00	8673	Outside	4663.00	
Drill Pipe	63.00			4726.00	
Change Over Sub	1.00			4727.00	
Perforations	20.00			4747.00	
Bullnose	3.00			4750.00	90.00 Bottom Packers & Anchor

Total Tool Length: 118.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Norstar Petroleum, Inc.

30-10s-34w Thomas KS

88 Inverness Cir. E. Unit F 104
Englewood CO 80112

GL Kern Trust #1-30

Job Ticket: 47390

DST#: 1

ATTN: Brad Rine

Test Start: 2012.07.27 @ 10:50:00

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: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6000.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
75.00	mud-100%m	0.369

Total Length: 75.00 ft Total Volume: 0.369 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8791

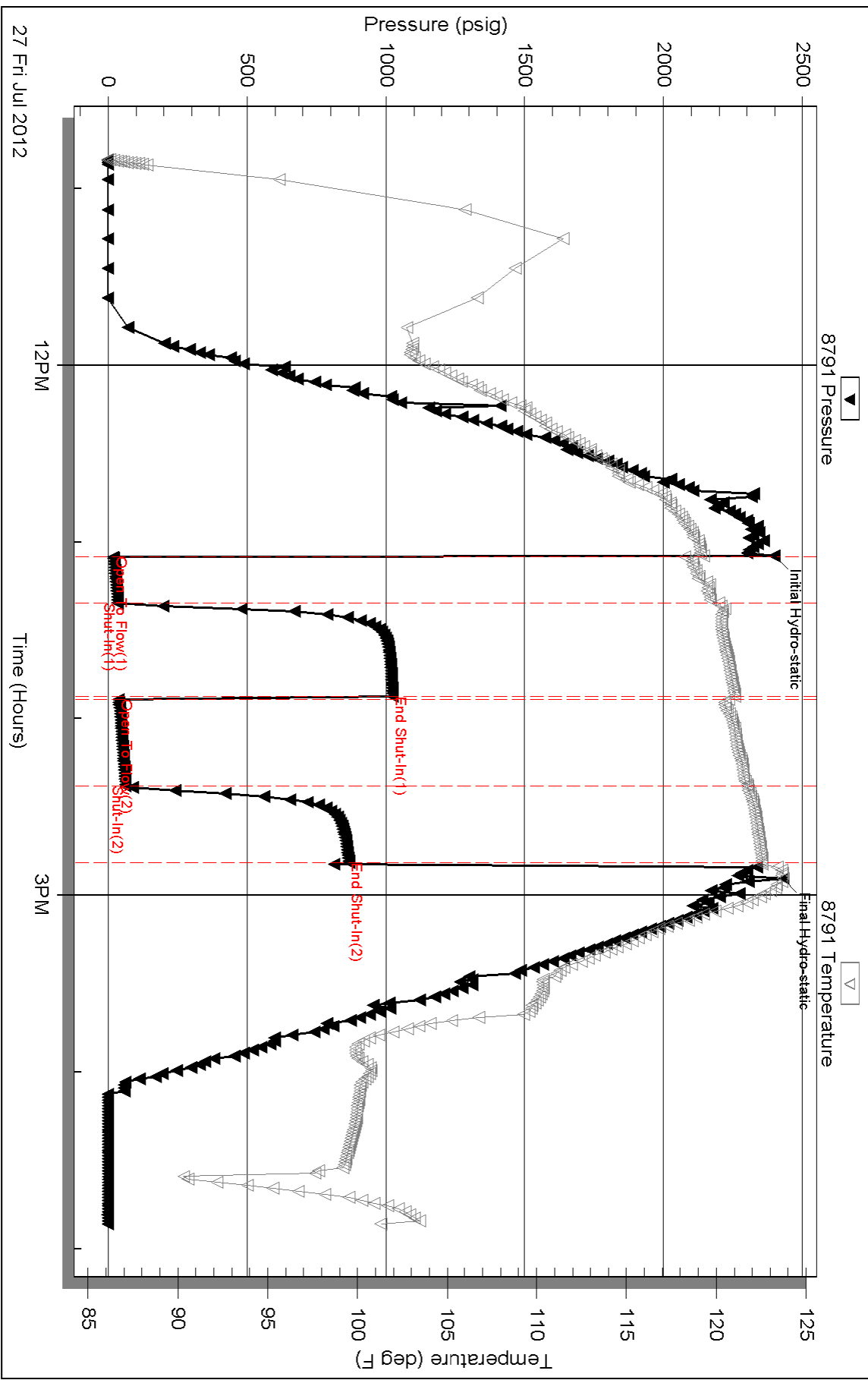
Inside

Norstar Petroleum, Inc.

GL Kern Trust #1-30

DST Test Number: 1

Pressure vs. Time

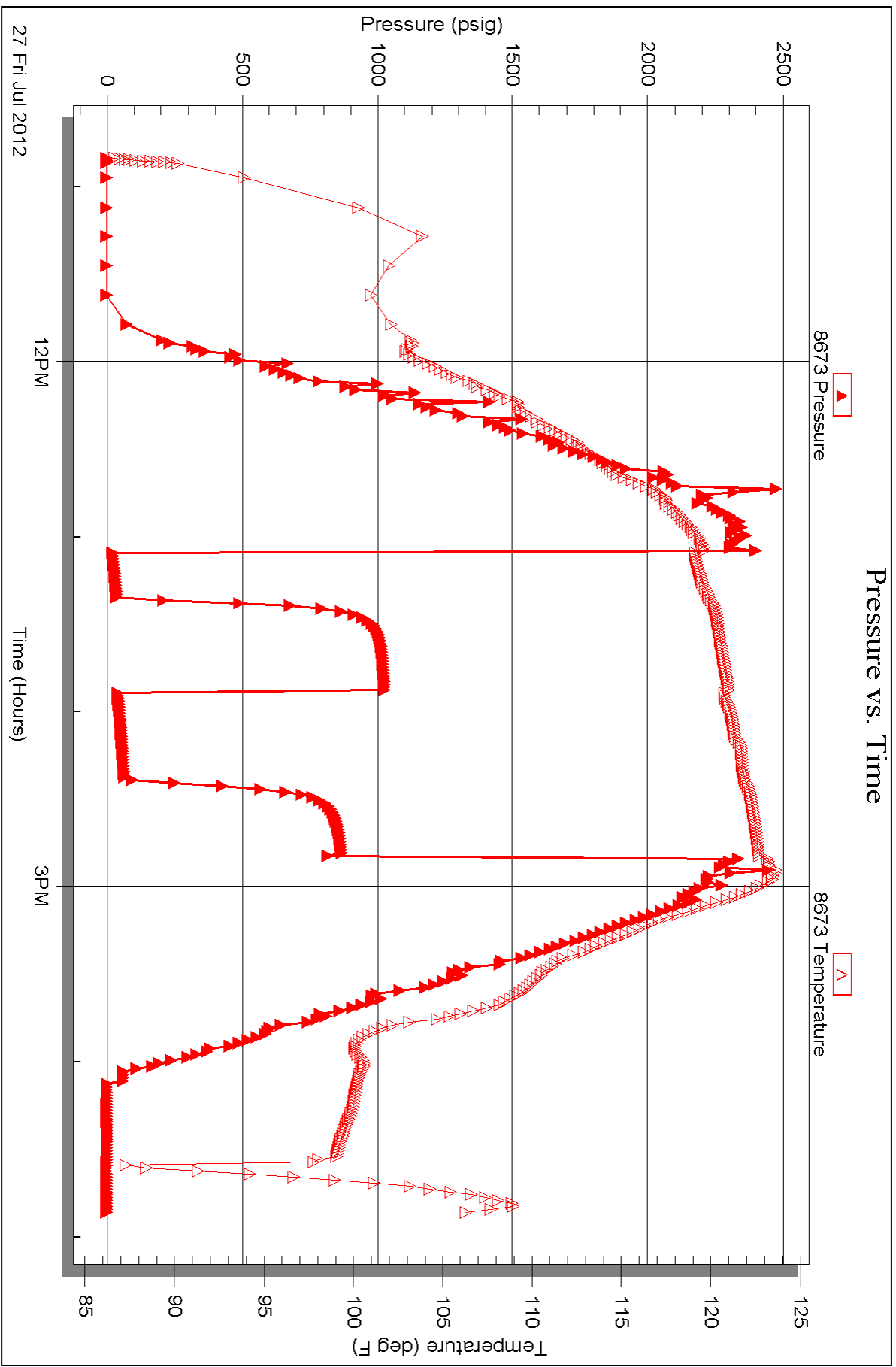


Serial #: 8673

Outside Norstar Petroleum, Inc.

GL Kern Trust #1-30

DST Test Number: 1



27 Fri Jul 2012

12PM

Time (Hours)

3PM

Triobite Testing, Inc

Ref. No: 47390

Printed: 2012.08.09 @ 11:55:17



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47390

Well Name & No. 47390 G.L. Kern Trust # 1-30 Test No. 1 Date 7-27-2012
 Company Norstar Petroleum, Inc. Elevation 3246 KB 3241 GL
 Address 88 Inverness Cir E. Unit F104 Englewood Co. 80112
 Co. Rep / Geo. Brad Rine Rig nw#8
 Location: Sec. 30 Twp. 10S Rge. 34W Co. Thomas State Ks.

Interval Tested 4660 4750 Zone Tested Johnson
 Anchor Length 90 Drill Pipe Run 4532 Mud Wt. 9.3
 Top Packer Depth 4655 Drill Collars Run 124 Vis 54
 Bottom Packer Depth 4660 Wt. Pipe Run -0- WL 9.6
 Total Depth 4750 Chlorides 6000 ppm System LCM 2#

Blow Description IF: Weak Surface blow over 15 mins.

ISI: No blow back

FF: No blow

FSI: No blow back

Rec	Feet of	%gas	%oil	%water	%mud
<u>75</u>	<u>mud</u>			<u>100</u>	

Rec Total 75 BHT 122 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic <u>2397</u>	<input checked="" type="checkbox"/> Test 1250	T-On Location <u>9:45</u>
(B) First Initial Flow <u>18</u>	<input checked="" type="checkbox"/> Jars 250	T-Started <u>10:50</u>
(C) First Final Flow <u>34</u>	<input checked="" type="checkbox"/> Safety Joint 75	T-Open <u>13:05</u>
(D) Initial Shut-In <u>1023</u>	<input type="checkbox"/> Circ Sub	T-Pulled <u>14:50</u>
(E) Second Initial Flow <u>37</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>16:51</u>
(F) Second Final Flow <u>62</u>	<input checked="" type="checkbox"/> Mileage <u>75 x 2 = 150 x 1.55 = 232.50</u>	Comments <u>7-28-2012 Loaded</u>
(G) Final Shut-In <u>865</u>	<input type="checkbox"/> Sampler	<u>Disov & back to lead 2 465 tool s</u>
(H) Final Hydrostatic <u>2430</u>	<input type="checkbox"/> Straddle	<input type="checkbox"/> Ruined Shale Packer
Initial Open <u>15</u>	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Packer
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Extra Copies
Final Flow <u>30</u>	<input type="checkbox"/> Extra Recorder	Sub Total <u>0</u>
Final Shut-In <u>30</u>	<input type="checkbox"/> Day Standby	Total <u>2040</u>
	<input type="checkbox"/> Accessibility	MP/DST Disc't _____
	Sub Total <u>2040</u>	

Approved By _____ Our Representative Chuck Ray

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