



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: _____



1096579

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 05650 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>2-14-12</u> DISTRICT <u>Pratt</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>Griffon Management</u>		LEASE <u>Randell</u>		WELL NO. <u>B-3</u>						
ADDRESS		COUNTY <u>Barber</u>		STATE <u>KS</u>						
CITY STATE		SERVICE CREW <u>Orlando, Mitchell, P. 1500</u>								
AUTHORIZED BY		JOB TYPE: <u>CNW-8578 Surface</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>97283</u>	<u>1/2</u>						<u>2-14-12</u>			<u>4:00</u>
<u>19886-19843</u>	<u>1/2</u>									<u>5:00</u>
<u>19831-19863</u>	<u>1/2</u>									<u>7:00</u>
										<u>7:00</u>
										<u>8:30</u>
						MILES FROM STATION TO WELL <u>40</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.

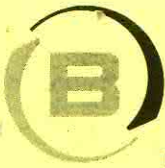
SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CF100</u>	<u>Common</u>	<u>SH</u>	<u>200</u>		<u>3200.00</u>
<u>CC102</u>	<u>CollSlake</u>	<u>Lb</u>	<u>50</u>		<u>185.00</u>
<u>CC109</u>	<u>Calcium Chloride</u>	<u>Lb</u>	<u>376</u>		<u>394.80</u>
<u>CF153</u>	<u>Wooden Cement Plug</u>	<u>ea</u>	<u>1</u>		<u>160.00</u>
<u>F100</u>	<u>Pickup Mileage</u>	<u>Mi</u>	<u>40</u>		<u>170.00</u>
<u>F101</u>	<u>Heavy Equipment Mileage</u>	<u>Mi</u>	<u>80</u>		<u>560.00</u>
<u>F113</u>	<u>Bulk Delivery</u>	<u>Lb</u>	<u>376</u>		<u>601.60</u>
<u>CE200</u>	<u>Depth Charge 0.500</u>	<u>ea</u>	<u>1</u>		<u>1000.00</u>
<u>CE240</u>	<u>Blowdown Mixture</u>	<u>SH</u>	<u>200</u>		<u>2800.00</u>
<u>CF504</u>	<u>Plug Container</u>	<u>ea</u>	<u>1</u>		<u>250.00</u>
<u>S003</u>	<u>Service Supervisor</u>	<u>ea</u>	<u>1</u>		<u>175.00</u>

CHEMICAL / ACID DATA:			

SUB TOTAL		<u>215</u>	<u>5311.36</u>
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE <u>Steve Wilkins</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Randell</u>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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 05239 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>2-23-12</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>Griffin Management</u>		LEASE: <u>Randell B-3</u> WELL NO.:							
ADDRESS:		COUNTY: <u>Harper 34-32-12</u> STATE: <u>KANSAS</u>							
CITY: _____ STATE: _____		SERVICE CREW: <u>Allen, Mike, Dale</u>							
AUTHORIZED BY:		JOB TYPE: <u>5 1/2" I.S. CRUW</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>28443 P.U.</u>	<u>2</u>						<u>2-22-12</u>	<u>PM</u>	<u>5:30</u>
<u>19903-19905</u>	<u>2</u>					ARRIVED AT JOB	<u>2-23-12</u>	<u>AM</u>	<u>12:00</u>
<u>19960-19918</u>	<u>2</u>					START OPERATION	<u>2-23-12</u>	<u>AM</u>	<u>9:30</u>
						FINISH OPERATION	<u>2-23-12</u>	<u>AM</u>	<u>11:30</u>
						RELEASED	<u>2-23-12</u>	<u>AM</u>	<u>17:00</u>
						MILES FROM STATION TO WELL			<u>35 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
CP106	AA2 Cement	SK	200		\$ 3400.00
CP103	60/40 P02	SK	50		\$ 600.00
CC102	Cell Flake	lb	50		\$ 185.00
CC111	SP17 FINE	lb	913		\$ 458.60
CC112	Cement Friction Reducer	lb	94		\$ 584.00
SC116	Gas Blok	lb	188		\$ 968.00
CC201	Bilsonite	lb	1000		\$ 670.00
CF907	Latch Down Plug + Baffle 5 1/2"	EA	1		\$ 400.00
CF1251	Auto Fill Float Shoc 5 1/2" Blue	EA	1		\$ 360.00
CF1651	Turbolizer 5 1/2" Blue	EA	7		\$ 770.00
CF1901	5 1/2" Basket Blue	EA	1		\$ 290.00
Q704	CS-16 KCL SUB	gal	5		\$ 210.00
CC151	MUD Flush	gal	500		\$ 430.00

CHEMICAL / ACID DATA:			

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

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



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 05240 A

DATE _____ TICKET NO. 052394

DATE OF JOB <u>2-23-12</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>Griffin Management</u>		LEASE <u>Randall B-3</u> WELL NO.:							
ADDRESS		COUNTY <u>Harper 34-32-12</u> STATE <u>Kansas</u>							
CITY STATE		SERVICE CREW <u>Allen, Mike, Dale</u>							
AUTHORIZED BY		JOB TYPE: <u>5 1/2" Long String</u> <u>crew</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>28443 P4</u>	<u>2</u>						<u>2-23-12</u>	<u>PM</u>	<u>5:30</u>
<u>19903-19905</u>	<u>2</u>					ARRIVED AT JOB	<u>2-23-12</u>	<u>PM</u>	<u>12:00</u>
<u>19960-19918</u>	<u>2</u>					START OPERATION	<u>2-23-12</u>	<u>PM</u>	<u>9:30</u>
						FINISH OPERATION	<u>2-23-12</u>	<u>PM</u>	<u>11:50</u>
						RELEASED	<u>2-23-12</u>	<u>PM</u>	<u>12:00</u>
						MILES FROM STATION TO WELL	<u>35</u>		<u>miles</u>

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

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SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>E100</u>	<u>unit mileage charge pickup</u>	<u>mi</u>	<u>35</u>		<u>8</u>
<u>E101</u>	<u>Heavy Equip Mileage</u>	<u>mi</u>	<u>70</u>		
<u>E113</u>	<u>Bulk Delivery Charge</u>	<u>TM</u>	<u>404</u>		
<u>CE 206</u>	<u>Depth Charge 4000-5000'</u>	<u>4hr</u>	<u>1</u>		
<u>CE 240</u>	<u>Bleeding & mixing service chg</u>	<u>SK</u>	<u>250</u>		
<u>CE 504</u>	<u>Plug cord failure ut. Lization chg</u>	<u>Job</u>	<u>1</u>		
<u>5003</u>	<u>Service Supervisor first 8hrs on loc</u>	<u>EN</u>	<u>1</u>		

CHEMICAL / ACID DATA:			

SUB TOTAL		<u>11,107.10</u>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <u>Allen P. 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)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Charles N Griffin**

PO Box 347
Pratt KS 67214

ATTN: Bruce Reed

Randels B #3

34-32s-12w Barber,KS

Start Date: 2012.02.21 @ 17:40:00

End Date: 2012.02.22 @ 03:18:45

Job Ticket #: 45756 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

ORIGINAL

Printed: 2012.02.24 @ 15:55:51

Charles N Griffin

34-32s-12w Barber,KS

Randels B #3

DST # 1

Simpson Sand

2012.02.21



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Charles N Griffin

34-32s-12w Barber, KS

PO Box 347
Pratt KS 67214

Randels B #3

Job Ticket: 45756 DST#: 1

ATTN: Bruce Reed

Test Start: 2012.02.21 @ 17:40:00

GENERAL INFORMATION:

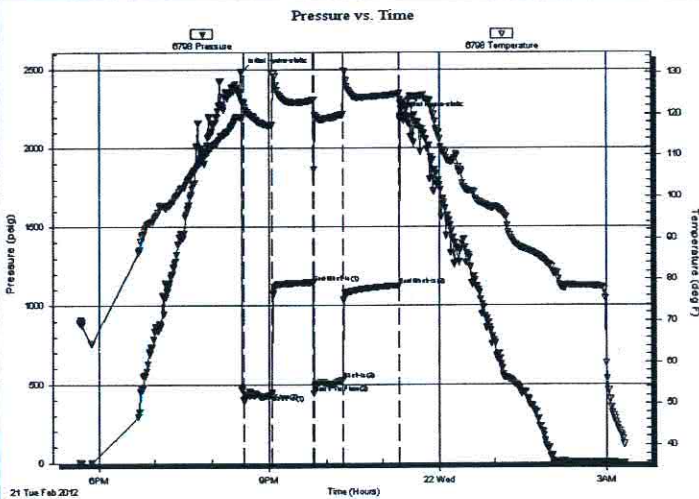
Formation: **Simpson Sand**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 20:33:15
 Time Test Ended: 03:18:45
 Interval: **4767.00 ft (KB) To 4800.00 ft (KB) (TVD)**
 Total Depth: **4800.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Randy Williams
 Unit No: 45
 Reference Elevations: 1553.00 ft (KB)
 1548.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 6798

Inside

Press@RunDepth: 529.62 psig @ 4768.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.02.21 End Date: 2012.02.22 Last Calib.: 2012.02.22
 Start Time: 17:40:01 End Time: 03:18:45 Time On Btm: 2012.02.21 @ 20:31:00
 Time Off Btm: 2012.02.21 @ 23:17:45

TEST COMMENT: IF- 30-SBB, GTS in 10 min
 IS-45- BB
 FF-30-SBB, GTS
 FSI-60-BB



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2488.76	118.71	Initial Hydro-static
3	396.41	122.58	Open To Flow (1)
32	434.26	117.27	Shut-In(1)
76	1147.68	123.36	End Shut-In(1)
76	440.85	106.56	Open To Flow (2)
107	529.62	119.82	Shut-In(2)
166	1127.70	124.95	End Shut-In(2)
167	2204.81	123.40	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
888.00	GASSY OIL, 30% G, 70% O	9.63
124.00	GASSY MUDDY OIL, 15% G, 50% O, 35% S	1.74

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.75	50.00	1007.48
Last Gas Rate	0.75	70.00	1319.88
Max. Gas Rate	0.75	70.00	1319.88



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

34-32s-12w Barber, KS

PO Box 347
Pratt KS 67214

Randels B #3

Job Ticket: 45756

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.02.21 @ 17:40:00

Tool Information

Drill Pipe:	Length: 4453.00 ft	Diameter: 3.80 inches	Volume: 62.46 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 310.00 ft	Diameter: 2.25 inches	Volume: 1.52 bbl	Weight to Pull Loose: 76000.00 lb
			<u>Total Volume: 63.98 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	23.00 ft			String Weight: Initial 64000.00 lb
Depth to Top Packer:	4767.00 ft			Final 71000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	33.00 ft			
Tool Length:	60.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4745.00	
Hydraulic tool	5.00			4750.00	
Jars	5.00			4755.00	
Safety Joint	2.00			4757.00	
Packer	5.00			4762.00	27.00 Bottom Of Top Packer
Packer	5.00			4767.00	
Stubb	1.00			4768.00	
Recorder	0.00	6798	Inside	4768.00	
Recorder	0.00	8367	Outside	4768.00	
Perforations	29.00			4797.00	
Bullnose	3.00			4800.00	33.00 Bottom Packers & Anchor
Total Tool Length:	60.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N Griffin

34-32s-12w Barber,KS

PO Box 347
Pratt KS 67214

Randels B #3

Job Ticket: 45756

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.02.21 @ 17:40:00

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:	4000 ppm
Viscosity:	61.00 sec/qt	Cushion Volume:	bbl		
Water Loss:	8.78 in ³	Gas Cushion Type:			
Resistivity:	ohm.m	Gas Cushion Pressure:	psig		
Salinity:	4000.00 ppm				
Filter Cake:	7.00 inches				

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
888.00	GASSY OIL, 30% G, 70% O	9.632
124.00	GASSY MUDDY OIL, 15% G, 50% O, 35% M	1.739

Total Length: 1012.00 ft Total Volume: 11.371 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: API= 22 @ 70 DEG-F



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Charles N Griffin

34-32s-12w Barber, KS

PO Box 347
Pratt KS 67214

Randels B #3

Job Ticket: 45756

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.02.21 @ 17:40:00

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

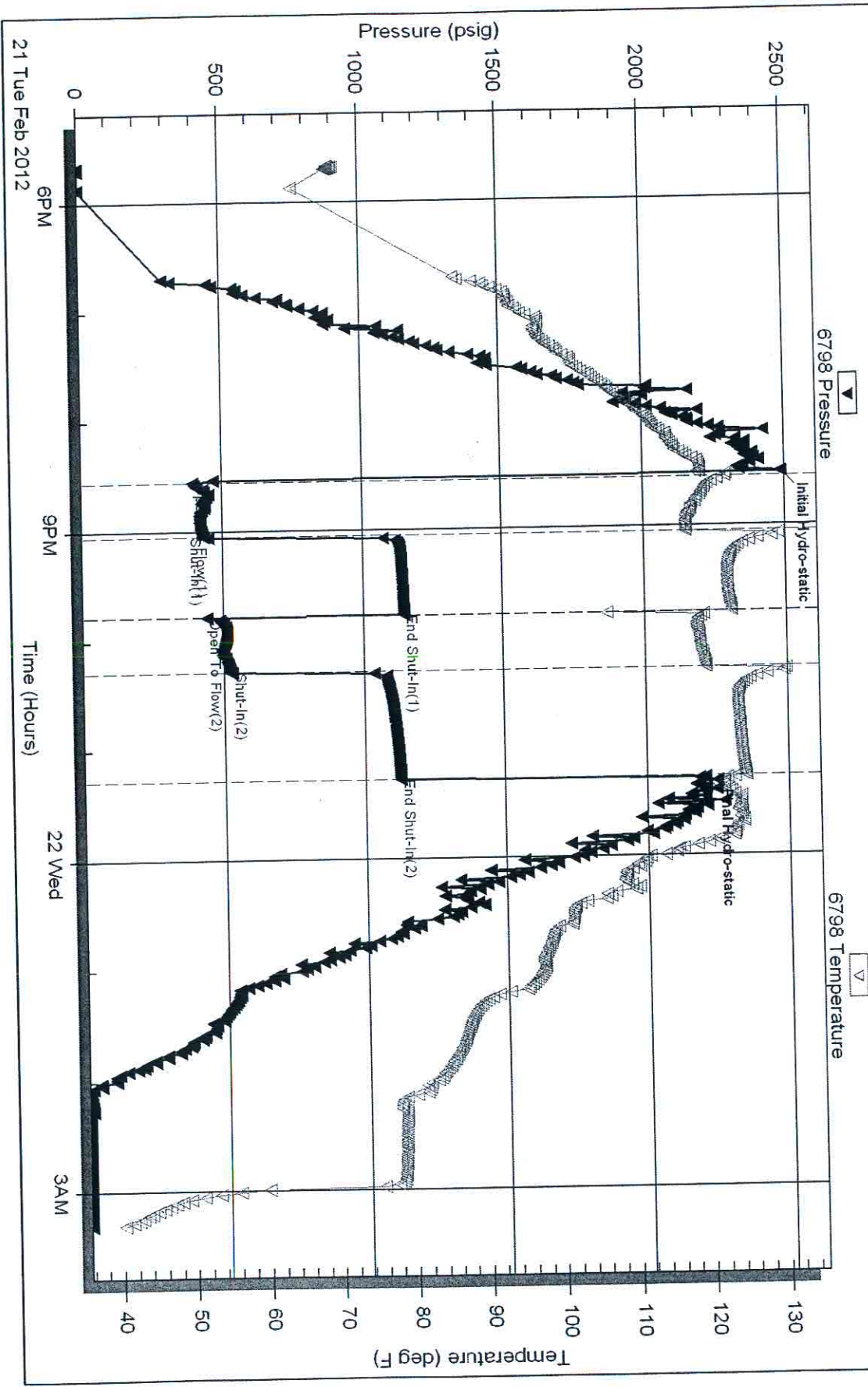
Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
1	10	0.75	50.00	1007.48
1	10	0.75	50.00	1007.48
1	20	0.75	50.00	1007.48
1	30	0.75	53.00	1054.34
2	10	0.75	56.00	1101.20
2	20	0.75	70.00	1319.88

Serial #: 6798 Inside Charles N Griffin

Randels B #3

DST Test Number: 1

Pressure vs. Time





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
FEB 23 2012

Test Ticket

NO. 45756

BY: _____

Well Name & No. RANDELS B #3 Test No. 1 Date 2-21-12
 Company CHARLES N. GRIFFIN Elevation 1553 KB 1548 GL
 Address P.O. BOX 347 PRATT KS 67124
 Co. Rep / Geo. BRUCE REED Rig H2 #3
 Location: Sec. 34 Twp. 32 S Rge. 12 W Co. BARBER State KS

Interval Tested 4767 - 4800 Zone Tested ~~4767-4800~~ SIMPSON SAND
 Anchor Length 33 Drill Pipe Run 4453 Mud Wt. 9.3
 Top Packer Depth 4762 Drill Collars Run 310 Vis 61
 Bottom Packer Depth 4767 Wt. Pipe Run NA WL 8.8
 Total Depth 4800 Chlorides 4,000 ppm System LCM 7#

Flow Description IF - SBB, GAS TO SURFACE 10 MIN'S INTO OPEN GAS REPORT
SI - BB
IF - SBB, GAS TO SURFACE, GAS REPORT
SI - BB

Feet of	%gas	%oil	%water	%mud
<u>888</u> Feet of <u>GASSY OIL</u>	<u>30</u>	<u>70</u>		
<u>124</u> Feet of <u>GASSY MUDDY OIL</u>	<u>15</u>	<u>50</u>		<u>35</u>
Feet of _____	%gas	%oil	%water	%mud
Feet of _____	%gas	%oil	%water	%mud
Feet of _____	%gas	%oil	%water	%mud

Total 1012 BHT 131 Gravity _____ API RW 22 @ 70 ° F Chlorides _____ ppm

Initial Hydrostatic 2,489 Test 1225 T-On Location 16:00
 First Initial Flow 396 Jars 250 T-Started 17:30
 First Final Flow 434 Safety Joint 75 T-Open 20:31
 Initial Shut-In 1,148 Circ Sub _____ T-Pulled 22:16
 Second Initial Flow 441 Hourly Standby 1 1/4 hr 125 T-Out 03:15
 Second Final Flow 530 Mileage 86 RTP 120.40 Comments _____
 Final Shut-In 1,128 Sampler _____
 Final Hydrostatic 2,205 Straddle _____

Initial Open 30 Ruined Shale Packer _____
 Initial Shut-In 45 Ruined Packer 320
 Initial Flow 30 Extra Copies _____
 Initial Shut-In 60 Extra Recorder _____ Sub Total 320
 Day Standby _____ Total 2115.40
 Accessibility _____ MP/DST Disc't _____
 Sub Total 1795.40

Approved By Bruce A. Reed Our Representative Randy Williams

TriLOBITE TESTING Inc. shall not be liable for damaged or any kind of 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 statements or opinion concerning the results 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.



12/08

TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Gas Volume Report

CHARLES N. GRIFFIN Operator

RANDELS B #3

#2

1ST OPEN

Operator

Well Name and No.
2ND OPEN

DST No.

Min.	Ins. of Water PSIG	Orifice Size	CF/D	Min.	Ins. of Water PSIG	Orifice Size	CF/D
0	50	.75	939,000.00	10	70	.75	1,226,700.00
10	53	.75	982,000.00	20	50	1.00	1,664,100.00
30	56	.75	1,023,700.00	30	42	1.00	1,457,700.00

Remarks: