



KANSAS CORPORATION COMMISSION 1096728  
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: \_\_\_\_\_



1096728

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

FIELD SERVICE TICKET  
1718 05900 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>6-15-12</b> DISTRICT <b>KANSAS</b>		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 <b>GRIFFIN MANAGEMENT</b>		LEASE <b>Diliman Ash #5</b> WELL NO.:								
ADDRESS		COUNTY <b>Baheer 34-32-12</b> STATE <b>Ks.</b>								
CITY STATE		SERVICE CREW <b>Allen, Robert, Dale</b>								
AUTHORIZED BY		JOB TYPE: <b>5 1/2" L.S. CRW</b>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<b>28443 PU</b>	<b>23</b>						<b>6-14-12</b>			<b>330</b>
<b>33708-20920</b>	<b>23</b>					ARRIVED AT JOB	<b>6-14-12</b>			<b>900</b>
<b>19826-99A</b>	<b>23</b>					START OPERATION				
						FINISH OPERATION	<b>6-15-12</b>			<b>300</b>
						RELEASED	<b>6-15-12</b>			<b>400</b>
						MILES FROM STATION TO WELL	<b>6-15-12</b>			<b>500</b>
										<b>46-miles</b>

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
CP105	AA2 Cement	SK	200		\$ 3400 00
CP105	AA2 Cement	SK	50		\$ 650 00
CC102	cell FLAKE	lb	63		\$ 233 10
CC111	SALT	lb	1141		\$ 570 50
CC112	Cement Friction Reducer	lb	118		\$ 708 00
CC115	C-44	lb	235		\$ 1210 25
CC201	Gilsonite	lb	1250		\$ 837 50
CF607	Latch Down Plug + Baffle 5 1/2"	EA	1		\$ 400 00
CF1251	Auto Fill Float Shoe 5/2" 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
CG04	Cl-max KCL sub.	gal	5		\$ 210 00
CC151	M40 Flush	gal	500		\$ 430 00

SUB TOTAL

**DLS**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <b>Allen F. Wirth</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <b>[Signature]</b>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.





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

FIELD SERVICE TICKET

1718 06273 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 6-6-12		DISTRICT: Pratt		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: Griffin Management				LEASE: Dillman Ash		5#		WELL NO.:	
ADDRESS:				COUNTY: Barber		STATE: KS			
CITY:		STATE:		SERVICE CREW: Melson Young Lesley					
AUTHORIZED BY:				JOB TYPE: 8 1/2" SI CWL					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
4903-19905	2						6-5-12	AM	11:10
19531-19802	2						6-6-12	AM	12:30
37596	2						6-6-12	AM	3:45
							6-6-12	AM	4:30
							6-6-12	AM	5:45
MILES FROM STATION TO WELL						40			

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	SK	200		3,200.00
CC 102	Collapsible	lb	50		185.00
CC 109	Calcium Chloride	lb	376		374.80
CF 153	Wood Cement	eg	1		160.00
E 100	Pickup Mileage	mi	40		170.00
E 101	Heavy Mileage	mi	80		560.00
E 113	Bulk Delivery	Tm	376		601.60
CE 200	Depth Charge	4hr	1		1,000.00
CE 240	Mixing Charge	SK			
CE 514	Plug Container	JOB	1		250.00
S 003	Supervisor	eg	1		175.00

SUB TOTAL DLS 5,581.10

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Melson Young Lesley*  
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

FIELD SERVICE ORDER NO. \_\_\_\_\_

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)







**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Charles N Griffin

34-32s-12w Barber, KS

PO Box 347  
Pratt, KS 67124

Dillman Ash #5

Job Ticket: 47498

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.06.13 @ 06:52:00

### GENERAL INFORMATION:

Formation: **Simpson Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 10:28:45

Time Test Ended: 17:13:15

Interval: **4780.00 ft (KB) To 4810.00 ft (KB) (TVD)**

Total Depth: 4810.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Test Type: Conventional Bottom Hole (Initial)

Tester: Leal Cason

Unit No: 45

Reference Elevations: 1552.00 ft (KB)

1542.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: **6798**

Inside

Press@RunDepth: 337.06 psig @ 4781.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.06.13

End Date:

2012.06.13

Last Calib.: 2012.06.13

Start Time: 06:52:01

End Time:

17:13:15

Time On Btm: 2012.06.13 @ 10:22:30

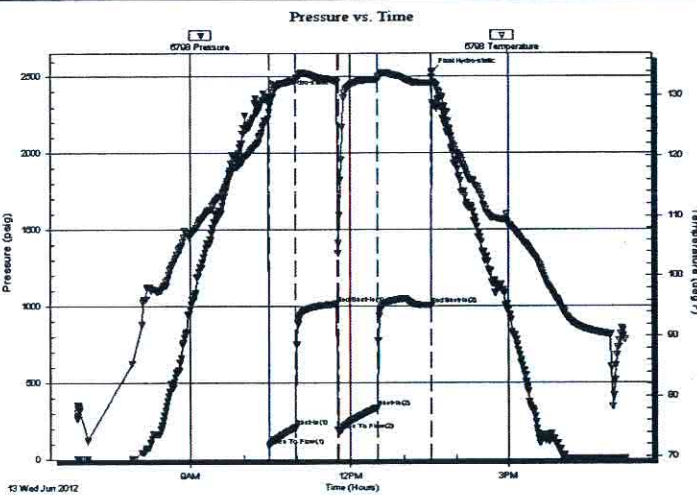
Time Off Btm: 2012.06.13 @ 13:31:30

TEST COMMENT: IF: Strong Blow, BOB in 90 seconds, GTS in 18 minutes, TSTM

ISI: BOB Blow Back in 24 minutes

FF: Strong Blow, BOB & GTS Immediate, Gauged Gas

FSI: BOB Blow Back in 40 minutes



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2390.45	125.08	Initial Hydro-static
7	84.92	127.18	Open To Flow (1)
37	209.35	132.39	Shut-In(1)
83	1015.86	132.23	End Shut-In(1)
85	184.79	105.40	Open To Flow (2)
128	337.06	132.53	Shut-In(2)
189	1005.30	131.99	End Shut-In(2)
189	2529.98	132.96	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
0.00	4110 GIP	0.00
380.00	Water	3.92
120.00	GOMCW 10%G 5%O 40%M 45%W	1.68
140.00	GOWCM 10%G 5%O 5%W 80%M	1.96

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	17.00	11.75
Last Gas Rate	0.13	16.00	11.38
Max. Gas Rate	0.13	18.00	12.13





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

34-32s-12w Barber,KS

PO Box 347  
Pratt, KS 67124

Dillman Ash #5

Job Ticket: 47498

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.06.13 @ 06:52:00

### Tool Information

Drill Pipe:	Length: 4610.00 ft	Diameter: 3.80 inches	Volume: 64.67 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 155.00 ft	Diameter: 2.25 inches	Volume: 0.76 bbl	Weight to Pull Loose: 65000.00 lb
			<u>Total Volume: 65.43 bbl</u>	Tool Chased ft
Drill Pipe Above KB:	12.00 ft			String Weight: Initial 58000.00 lb
Depth to Top Packer:	4780.00 ft			Final 60000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	30.00 ft			
Tool Length:	57.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Shut In Tool	5.00			4758.00	
Hydraulic tool	5.00			4763.00	
Jars	5.00			4768.00	
Safety Joint	2.00			4770.00	
Packer	5.00			4775.00	27.00 Bottom Of Top Packer
Packer	5.00			4780.00	
Stubb	1.00			4781.00	
Recorder	0.00	6798	Inside	4781.00	
Recorder	0.00	8367	Outside	4781.00	
Perforations	26.00			4807.00	
Bullnose	3.00			4810.00	30.00 Bottom Packers & Anchor

**Total Tool Length: 57.00**





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N Griffin

34-32s-12w Barber, KS

PO Box 347  
Pratt, KS 67124

Dillman Ash #5

Job Ticket: 47498

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.06.13 @ 06:52:00

### 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:	85000 ppm
Viscosity: 47.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4000.00 ppm			
Filter Cake: 0.02 inches			

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	4110 GIP	0.000
380.00	Water	3.918
120.00	GOMCW 10%G 5%O 40%M 45%W	1.683
140.00	GOWCM 10%G 5%O 5%W 80%M	1.964

Total Length: 640.00 ft      Total Volume: 7.565 bbl

Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:

Laboratory Name:      Laboratory Location:

Recovery Comments: RW was .08 @ 82 degrees



**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

**GAS RATES**

Charles N Griffin

**34-32s-12w Barber,KS**

PO Box 347  
Pratt, KS 67124

**Dillman Ash #5**

Job Ticket: 47498

**DST#: 1**

ATTN: Bruce Reed

Test Start: 2012.06.13 @ 06:52:00

### 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)
2	10	0.13	17.00	11.75
2	10	0.13	17.00	11.75
2	20	0.13	18.00	12.13
2	30	0.13	16.00	11.38
2	40	0.13	16.00	11.38

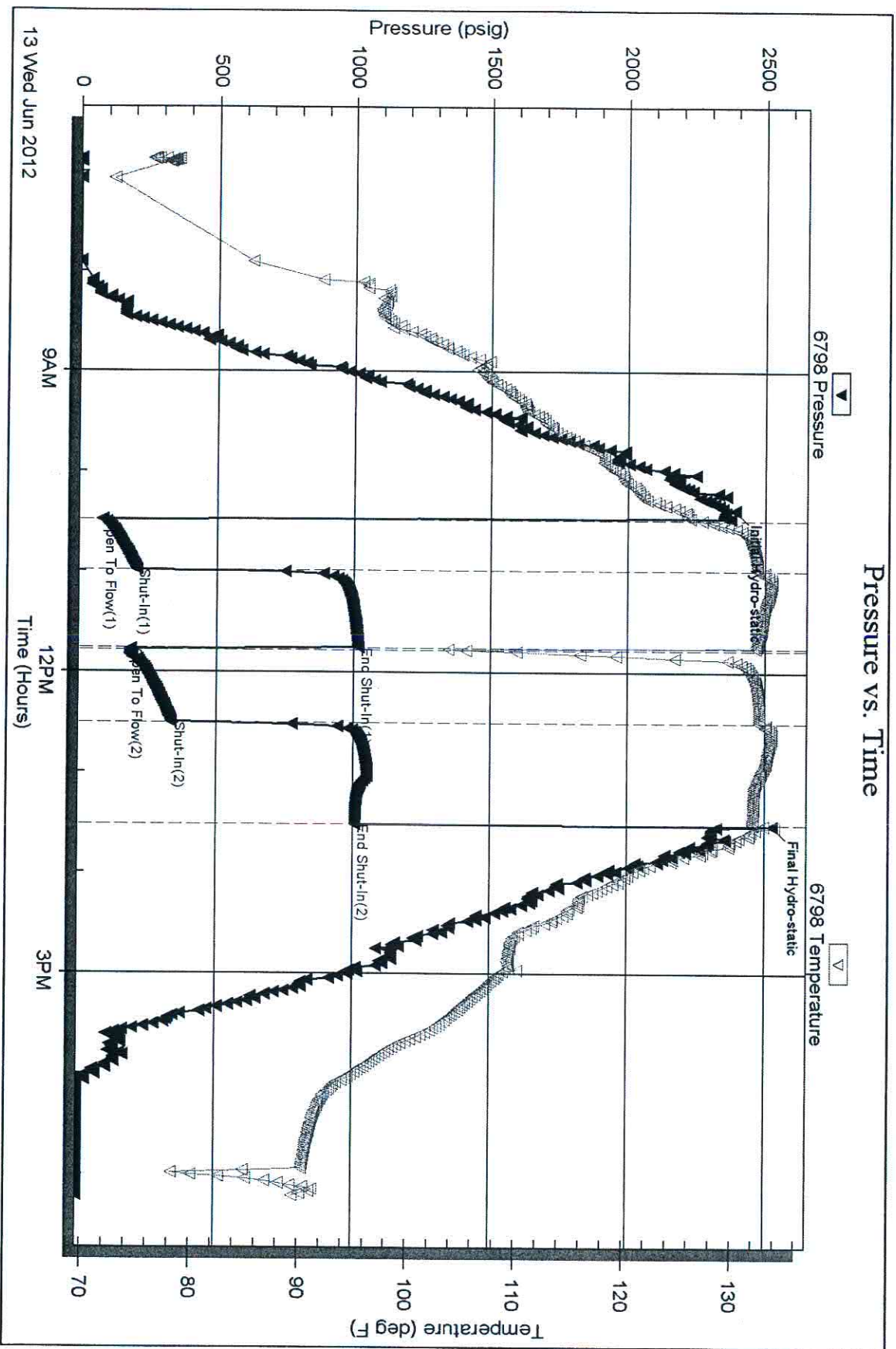
Serial #: 6798

Inside

Charles N Griffin

Dillman Ash #5

DST Test Number: 1





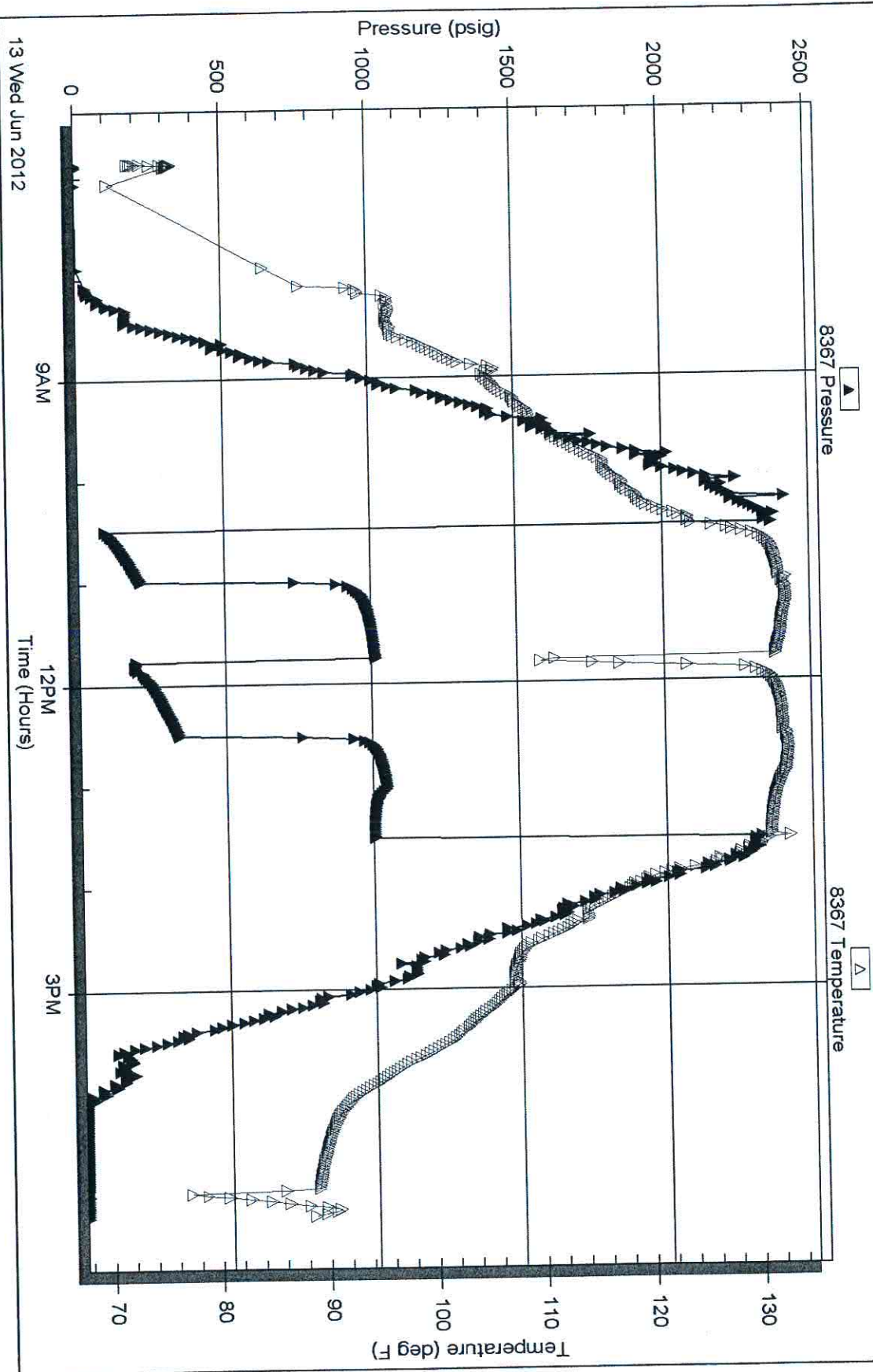
Serial #: 8367

Outside Charles N Griffin

Dilman Ash #5

DST Test Number: 1

### Pressure vs. Time





# TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

## Test Ticket

NO. 47498

Well Name & No. Dillman Ash 5 Test No. 1 Date 06/13/12  
 Company Charles N. Griffin Elevation 1552 KB 1542 GL  
 Address PO Box 347 Pratt, KS 67124  
 Co. Rep / Geo. Bruce Reed Rig Fossil 2  
 Location: Sec. 34 Twp. 32S Rge. 12W Co. Barber State KS

Interval Tested 4780 - 4810 Zone Tested Simpson sand  
 Anchor Length 30 Drill Pipe Run 4610 Mud Wt. 9.2  
 Top Packer Depth 4775 Drill Collars Run 155 Vis 47  
 Bottom Packer Depth 4780 Wt. Pipe Run 0 WL 8-8  
 Total Depth 4810 Chlorides 4000 ppm System LCM 2

Blow Description IF Strong Blow, BOB in 90 seconds, GTS in 18 minutes, TSTM  
ISI: BOB Blow back in 24 minutes  
FF: Strong Blow, BOB + GTS Immediate, Gauged Gas  
FSI: BOB Blow Back in 40 minutes

Rec	Feet of	%gas	%oil	%water	%mud
<u>410</u>	<u>Feet of GIP</u>				
<u>140</u>	<u>Feet of GOC MW</u>	<u>10</u>	<u>5</u>	<u>5</u>	<u>80</u>
<u>120</u>	<u>Feet of GOMCW</u>	<u>10</u>	<u>5</u>	<u>45</u>	<u>40</u>
<u>380</u>	<u>Feet of Water</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec Total	<u>640</u> BIIT <u>1310</u>	Gravity <u>NIC</u>	API RW <u>.08</u>	@ <u>82</u> °F	Chlorides <u>85000</u> ppm

(A) Initial Hydrostatic 2390  Test 1250 T-On Location 05:30  
 (B) First Initial Flow 85  Jars 250 T-Started 06:52  
 (C) First Final Flow 209  Safety Joint 75 T-Open 10:28  
 (D) Initial Shut-In 101500  Circ Sub T-Pulled 13:31  
 (E) Second Initial Flow 185  Hourly Standby 1.75h 175 T-Out 17:13  
 (F) Second Final Flow 337  Mileage (80) 124 Comments \_\_\_\_\_  
 (G) Final Shut-In 1005  Sampler \_\_\_\_\_  
 (H) Final Hydrostatic 2530  Straddle \_\_\_\_\_  
 Shale Packer \_\_\_\_\_  
 Extra Packer \_\_\_\_\_  
 Extra Recorder \_\_\_\_\_  
 Day Standby \_\_\_\_\_  
 Accessibility \_\_\_\_\_

Initial Open 30  
 Initial Shut-In 45  
 Final Flow 45  
 Final Shut-In 60  
 Sub Total 1874  
 Total 1874  
 MP/DST Disc't \_\_\_\_\_

Approved By Bruce Reed

Our Representative [Signature]

Trilobite Testing Inc. shall not be liable for damaged of 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.



