



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: \_\_\_\_\_



1099351

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	HENRY TRUST 2
Doc ID	1099351

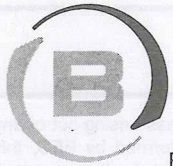
All Electric Logs Run

COMPOSITIVITY LOG
PHASED INDUCTION SHALLOW FOCUS SP LOG
BOREHOLE COMPENSATED SONIC LOG
COMPENSATED NEUTRON PELL DENSITY MICRO LOG

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	HENRY TRUST 2
Doc ID	1099351

Tops

Name	Top	Datum
HEEBNER	1107	+111
LANSING	1319	-101
BASE KANSAS CITY	1654	-436
CHEROKEE	1857	-639
MISSISSIPPI LIME	2536	-1318
KINDERHOOK	2600	-1382
HUNTON	2844	-1626
MAQUOKETA	3340	-2122
VIOLA	3406	-2188
SIMPSON GP	3520	-2302



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 06370 A

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

DATE OF JOB: <u>9/15/12</u>	DISTRICT: <u>PLATT, 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>LD DRILLING, ETC.</u>		LEASE: <u>HENRY TRUST #2</u> WELL NO.					
ADDRESS:		COUNTY: <u>JACKSON</u>		STATE: <u>KS</u>			
CITY:		STATE:		SERVICE CREW: <u>KG, McCLAIN, DAVE</u>			
AUTHORIZED BY:		JOB TYPE: <u>CNW-LOWESTRING</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM PM TIME
<u>19907</u>							<u>9-14</u> AM PM <u>1600</u>
						ARRIVED AT JOB	<u>9-14</u> AM PM <u>2200</u>
<u>27463</u>	<u>2</u>					START OPERATION	<u>9-15</u> AM PM <u>0200</u>
						FINISH OPERATION	<u>9-15</u> AM PM <u>0400</u>
<u>70959</u>	<u>2</u>					RELEASED	<u>9-15</u> AM PM <u>0500</u>
<u>19918</u>						MILES FROM STATION TO WELL	<u>275</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
CF100	COMMON CEMENT	SK	200		3200.00
CF100	COMMON CEMENT	SK	80		1280.00
CC105	DEFOAMER	10.	64		264.00
CC111	SALT	10.	2276		1138.00
CC112	CFR	10.	198		1188.00
CC113	GYPHUM	10.	1320		990.00
CC201	CRSOWITE	10.	1400		938.00
CF103	5/12 TOP RUBBER PLUG	EA	1		105.00
CF751	5/12 GUIDE SPODE	EA	1		250.00
CF451	5/12 API INSERT PLUG	EA	1		215.00
CF451	5/12 TURBOLEZER	EA	6		660.00
E100	TRUCK MILEAGE	mile	175		743.75
E101	TRUCK MILEAGE	mile	350		2450.00
E113	BULK DELIVERY	TN	2310		3696.00
CE204	DEPTH CHANGE 300' - 400'	EA	1		2160.00
CE240	BLENDING CHANGE	SK	280		392.00
CE504	PLUG CONTAINER	EA	1		250.00
S003	SLANDOG SUPERLUBER	EA	1		175.00
SUB TOTAL					15,071.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>K. Conroy</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>J.P. Davis</u>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

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

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer	LD DRILLING INC	Lease No.		Date	9-15-12
Lease	HENRY TRUST	Well #	2		
Field Order #	0370	Station	PRATT, KS	Casing	5 1/2
				Depth	3672
Type Job	CWW - LOW STRANG	Formation	TD-3675	County	JACKSON
				State	KS
				Legal Description	26-68-B

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	5 1/2	Tubing Size		Shots/Ft		Acid	30 SK SCAVENGER
Depth	3672	Depth		From	To	Pre-Pad	200 SK TSP
Volume		Volume		From	To	Pad	COMMON
Max Press		Max Press		From	To	Frac	15.5 # 1.30 @TSK
Well Connection		Annulus Vol.		From	To	HHP Used	
Plug Depth	3659	Packer Depth		From	To	Flush	
						Gas Volume	

Customer Representative	LD	Station Manager	SCOTT	Treater	GORDIEY
Service Units	19907	27462	70959-19918		
Driver Names	WJ	MCGRAW	DAVE		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2200					13' slope ft. ON LOCATION 9/14/12 RUN 3663' 5 1/2" 4" CSC - 87 JTS QUAD STATE, INSERT DU 12' COLLAR CENT - 1-3-5-7-9-11 N/A, BOTTOM W/LAND JTS - DROP BR BREAK CARE - 5" L SET AT 3672
0300	300		10	6	PUMP 30 SK SCAVENGER
	200		48	6	PUMP 200 SK COMMON CEMENT
					18% SALT 5% GYPSUM 5 #/SK CASINATE 3/4% CFR 1/4% DEFORMER STOP - WASH LINE - DROP PLUG
	0		0	6	START TEST
	200		60	6	LEFT CEMENT
	800		80	2	SLOW RATE
0400	1500		89.4	2	PLUG DOWN - HOLD
					PLUG RAT HOLE - 30 SK
					PLUG MOUSE HOLE - 20 SK
0500					JOB COMPLETE THANKS - KEVIN



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

**FIELD SERVICE TICKET**  
1718 06680 A

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

DATE OF JOB: 9-6-12		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: L.D. Drilling				LEASE: Henry Trust				WELL NO.:		2
ADDRESS:				COUNTY: Jackson		STATE: KS				
CITY:				STATE:		SERVICE CREW: Orlando, Mcbray, Rood				
AUTHORIZED BY:				JOB TYPE: CNW - 8 5/8 Sulf.						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37583	1/2						9-6-12			9:00
27463	1/2									ARRIVED AT JOB
20959-19918	1/2									START OPERATION
										FINISH OPERATION
										RELEASED
										MILES FROM STATION TO WELL

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
CP100C	Common Cement	SK	215		3440.00
CC102	Celluloflax	LB	54		199.80
CC109	Calcium Chloride	LB	406		426.36
E110	Pickup Mileage	mi	175		743.75
E111	Heavy Equipment Mileage	mi	350		2450.00
E113	Bulk Delivery	ea	1776		2842.00
CE200	Depth Charge 0.500'	ea	1		1000.00
CE240	Blending & Mixing	SK	215		301.00
5003	Service Supervisor	ea	1		175.00

SUB TOTAL  
DLS 8683.39

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Steve O. [Signature]

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>L.D. Drilling</i>	Lease No.	Date <i>9-6-10</i>
Lease <i>Henry Tract</i>	Well # <i>2</i>	
Field Order # <i>6680</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i>
		Depth <i>337</i>
Type Job <i>CNW-8 5/8 Surface</i>	Formation	County <i>Jackson</i>
		State <i>KS</i>
		Legal Description <i>20-65-13E</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>2 7/8</i>		<i>215</i>		<i>Common</i>				
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
<i>350</i>			<i>270</i>	<i>CC</i>				
Volume	Volume	From	To	Pad	Min		10 Min.	
<i>25.20</i>			<i>1/11</i>	<i>Collisade</i>				
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	
<i>337</i>				<i>21</i>				

Customer Representative <i>Duk</i>	Station Manager <i>Dino Scott</i>	Treater <i>Steve Orlando</i>
Service Units <i>27083 27463 70959/17719</i>		
Driver Names <i>W. J. ...</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2:00 PM</i>					<i>Run 3 Jts 8 5/8 casing</i>
					<i>Casing on bottom</i>
					<i>Break Circ w/ log</i>
<i>4:07</i>	<i>300</i>		<i>3</i>	<i>5</i>	<i>H2O Ahead</i>
<i>4:30</i>	<i>250</i>		<i>46</i>	<i>5</i>	<i>Mix 215 shots @ 15.6"</i>
<i>4:41</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>Start H2O Displacement</i>
<i>4:44</i>	<i>300</i>		<i>15</i>	<i>5</i>	<i>Conent To Surface</i>
<i>4:45 PM</i>	<i>300</i>		<i>21</i>	<i>5</i>	<i>Displacement Complete</i>
					<i>Circulation New 504</i>
					<i>Circulated 6 bbl Top it</i>
					<i>Sub Complete</i>
					<i>Thank Steve</i>





**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

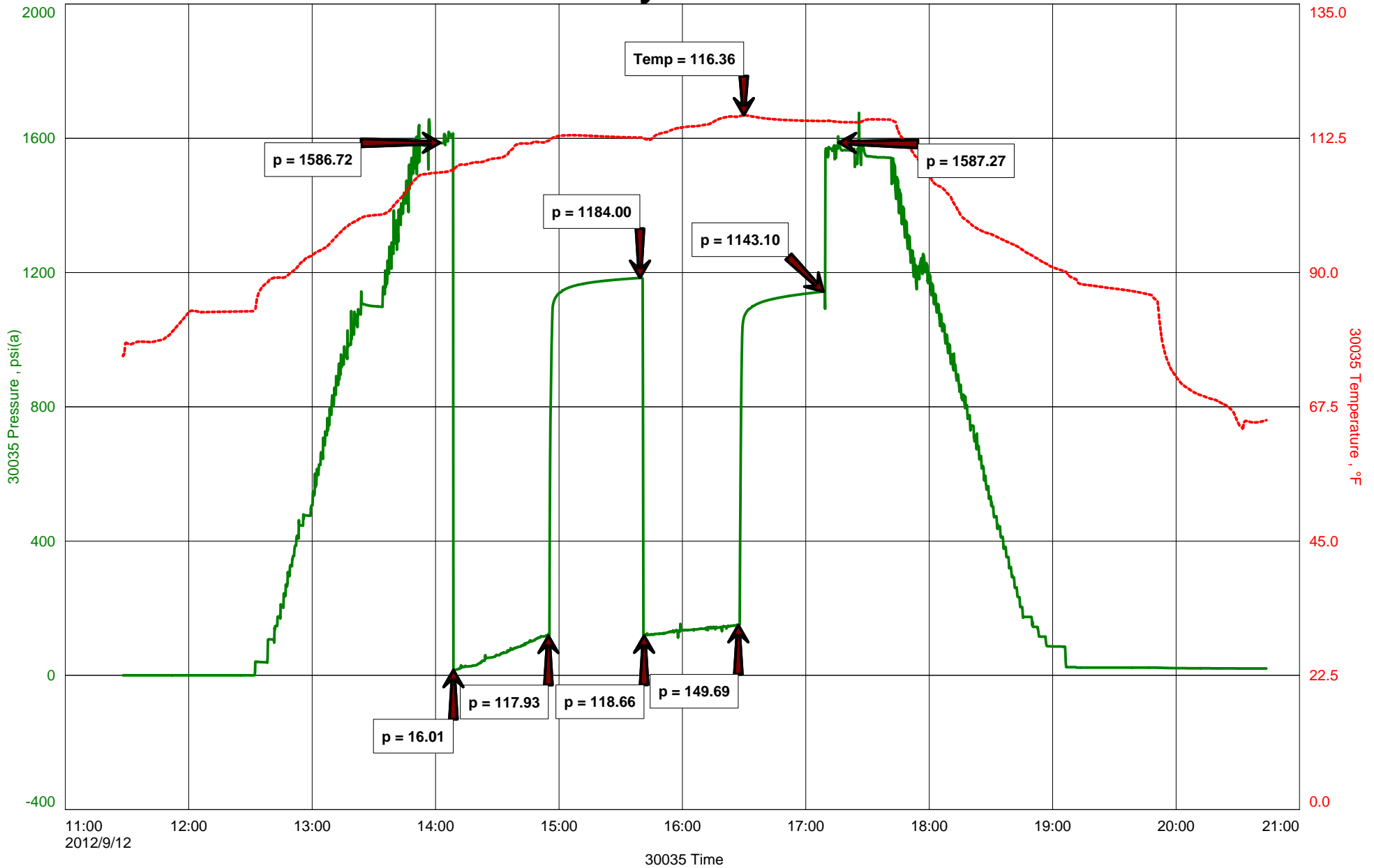
Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period..... Minutes \_\_\_\_\_ (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.

LD Drilling Inc  
DST #1 Viola 3375.5-3423'  
Start Test Date: 2012/09/12  
Final Test Date: 2012/09/12

Henry Trust #2  
Formation: DST #1 Viola 3375.5-3423'  
Pool: Wildcat  
Job Number: S0212

# Henry Trust #2



# Diamond Testing

## General information Report

### General Information

**Company Name** LD Drilling Inc

<b>Contact</b>	LD Davis	<b>Job Number</b>	S0212
<b>Well Name</b>	Henry Trust #2	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST #1 Viola 3375.5-3423'	<b>Well Operator</b>	LD Drilling Inc
<b>Surface Location</b>	SEC 26-6S-13E Jackson County	<b>Report Date</b>	2012/09/12
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	Soldier		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test		
<b>Formation</b>	DST #1 Viola 3375.5-3423'		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	11:28:00
		<b>Final Test Time</b>	20:45:00
<b>Start Test Date</b>	2012/09/12		
<b>Final Test Date</b>	2012/09/12		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

#### RECOVERED:

65'	DM	100% DM			
243'	Oil Cut Muddy WTR	5% Oil	55% WTR	40% MUD	
308'	TOTAL FLUID				

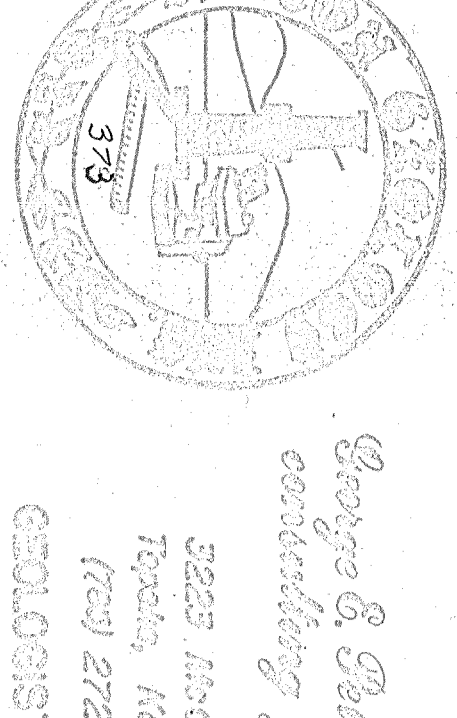
PH: 7

RW: .61 @ 67 degrees F

Chlorides: 12,000 ppm

#### TOOL SAMPLE:

10% OIL 80% WTR 10% MUD



George & Johnson Geophysical Co.  
 Consulting Geophysicists  
 3225 MacDermid Rd  
 Topeka, Kansas 66604  
 (703) 272-4333

GEOPHYSICAL LOG

COMPANY: LD DRILLING, INC.  
 WELL NAME: HENRY TRUST #2  
 LOCATION: SW SW SW  
 SEC. 26 T. 6 S. R. 13 E.  
 COUNTY: JACKSON STATE, Kansas  
 ELEVATION: 6112.00 KB 12/8  
 API #: 5505-20089-00-00  
 FIELD: SANGER  
 CONTRACTOR: G.D. DRILLING, INC.  
 GEOLOGIST: GEORGE E. PETERSEB  
 START DATE: 9/5/12  
 COURSE DATE: 9/11/12  
 SAMPLES SAVED FROM: TO: 7D  
 SAMPLES EXAMINED FROM: 2400 TO: 3675  
 CORES: 11/2  
 IP: 1184  
 FIP: 1173  
 FSP: 1587  
 LTD: 3675

SHRIMP CASING SET: 300 8 7/8 PROD. CASING SET: 5 7/8  
 GEOMETRICAL SURVEY FROM: 2400 TO: 7D  
 COMMENTS: Hole should be sealed  
 1" by 1" results after fracture test disburse!

FORMATION	SURF ELEVATION	DEPTH	NEUTRAL POSITION			
			A	B	C	D
HEBBER	1209	107	711	715	716	711
LANISING	1371	1319	701	701	701	701
B/LK	1630	1657	682	681	681	681
Cherokee	1813	1857	639	648	640	638
Burg ss	2472	2576	1206	1206	1206	1206
Y3	2536	2576	1307	1315	1315	1320
Y4	2601	2600	1322	1320	1317	1322
Hunter	2881	2874	1432	1431	1429	1433
V10B	3336	3340	2133	2119	2122	2122
V10A	3408	3406	2187	2187	2191	2191
Simple GP	3577	3506	2309	2321	2327	2327
SWD SD	3577	3572	2352	2352	2354	2354
A-B	3054	3054	2433	2424		
G-D						

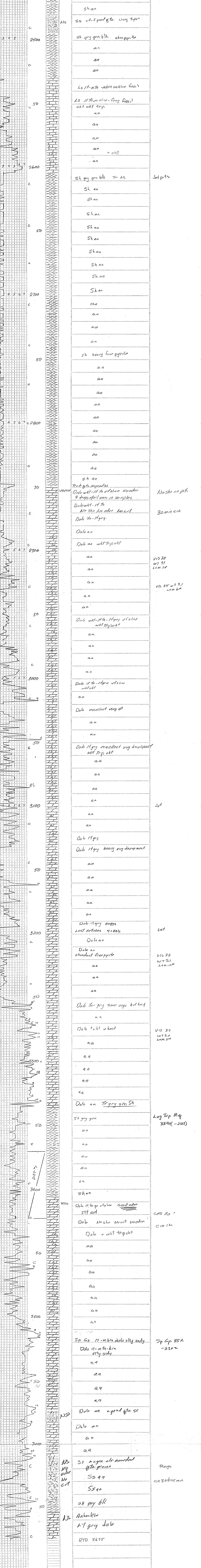
REFERENCE WELL FOR STRUCTURE:  
 A. Henry E. Wellbore 5653 65 15E  
 B. Dugan #1 5653 65 15E  
 C. Dugan #2 5653 65 15E

LOG INT.	FIP	ISIP	FSP	RECOVERY
33765-	1587	1173	1587	68' Drilling and core
34723				52' and 52' and core
				40' and core

LEGEND



SCALE 1" = 100'



CONTRACTOR \_\_\_\_\_ LOCATION \_\_\_\_\_  
 LEASE \_\_\_\_\_ IP \_\_\_\_\_ SEC. \_\_\_\_\_ TWP \_\_\_\_\_ R1G \_\_\_\_\_  
 ELEVATION \_\_\_\_\_ RTO \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_