



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Grand Mesa Operating Co.

17-11s-26w-Gove

1700 N. Waterfront Parkway
 Building 600
 Wichita, KS. 67206
 ATTN:

QR #1-17

Job Ticket: 48705

DST#: 1

Test Start: 2012.10.13 @ 10:45:52

GENERAL INFORMATION:

Formation: **C**
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 12:32:52
 Time Test Ended: 16:33:07
 Interval: **3934.00 ft (KB) To 3960.00 ft (KB) (TVD)**
 Total Depth: 3960.00 ft (KB) (TVD)
 Hole Diameter: 7.80 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jason McLemore
 Unit No: 54
 Reference Elevations: 2652.00 ft (KB)
 2647.00 ft (CF)
 KB to GR/CF: 5.00 ft

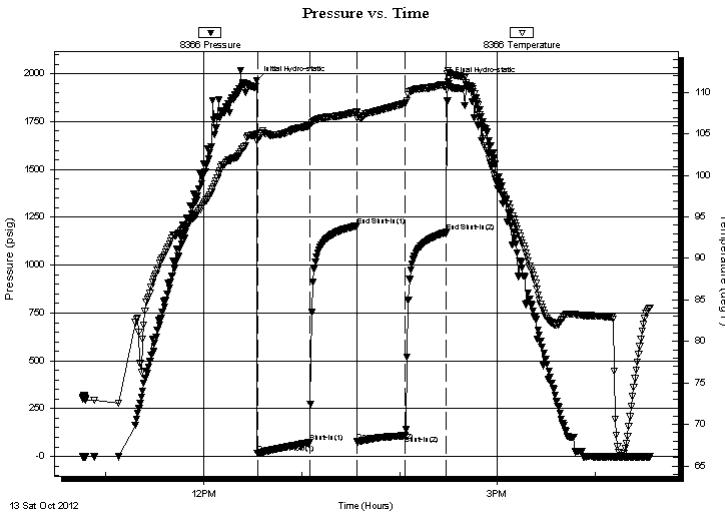
Serial #: 8366

Inside

Press @ Run Depth: 108.87 psig @ 3937.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.10.13 End Date: 2012.10.13 Last Calib.: 2012.10.13
 Start Time: 10:45:54 End Time: 16:33:07 Time On Btm: 2012.10.13 @ 12:32:37
 Time Off Btm: 2012.10.13 @ 14:29:37

TEST COMMENT: IFP-Weak Blow , Built to 2"
 ISI-Dead
 FFP-Weak Blow , Built to 2"
 FSI-Dead

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1964.99	105.05	Initial Hydro-static
1	16.32	104.18	Open To Flow (1)
33	75.00	106.00	Shut-In(1)
61	1205.02	107.64	End Shut-In(1)
62	76.88	106.98	Open To Flow (2)
91	108.87	108.71	Shut-In(2)
116	1171.46	110.83	End Shut-In(2)
117	1958.60	112.66	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
195.00	MW W/Oil Scum	1.04

Gas Rates

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



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FLUID SUMMARY

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Mud and Cushion Information

Mud Type:		Cushion Type:		Oil API:	deg API
Mud Weight:	lb/gal	Cushion Length:	ft	Water Salinity:	24000 ppm
Viscosity:	sec/qt	Cushion Volume:	bbl		
Water Loss:	in ³	Gas Cushion Type:			
Resistivity:	ohm.m	Gas Cushion Pressure:	psig		
Salinity:	ppm				
Filter Cake:	inches				

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
195.00	MW W/Oil Scum	1.041

Total Length: 195.00 ft Total Volume: 1.041 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

