



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: _____



1103847

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Victory Operating, Inc.
Well Name	ILS Land 1-20
Doc ID	1103847

All Electric Logs Run

compensated sonic
dual induction
microlog
compensated density/compensated neutron

OPERATOR

Company: Victory Operating, Inc.
 Address: 6 N. Scottsdales St.
 Wichita, KS 67230

Contact Geologist: Roscoe Mendenhall
 Contact Phone Nbr: 316-648-5633
 Well Name: ILS Land #1-20
 Location: 8 5/8" @ 1008' API: 15-145-21686-0000
 Pool: NE/4 NW/4 SW/4 Sec. 20-T22S-R16W Field:
 State: Kansas Country: USA



Musgrove

**PETROLEUM
 CORPORATION**
 Claflin, Kansas

Scale 1:240 Imperial

Well Name: ILS Land #1-20
 Surface Location: 8 5/8" @ 1008'
 Bottom Location:
 API: 15-145-21686-0000
 License Number:
 Spud Date: 9/19/2012 Time: 9:00 AM
 Region: Pawnee
 Drilling Completed: 9/30/2012 Time: 5:00 PM
 Surface Coordinates: 2195' FSL & 796' FWL
 Bottom Hole Coordinates:
 Ground Elevation: 2030.00ft
 K.B. Elevation: 2041.00ft
 Logged Interval: 3400.00ft To: 4260.00ft
 Total Depth: 4260.00ft
 Formation: Arbuckle
 Drilling Fluid Type: Chemical/Fresh Water Gel

LOGGED BY

Company: Musgrove Petroleum
 Address: 212 Main Street
 Claflin, KS 67525
 Phone Nbr: 620-450-7087
 Logged By: Geologist Name: Kurt Talbott

CONTRACTOR

Contractor: Sterling Drilling
 Rig #: 2
 Rig Type: mud rotary
 Spud Date: 9/19/2012 Time: 9:00 AM
 TD Date: 9/30/2012 Time: 5:00 PM
 Rig Release: Time:

ELEVATIONS

K.B. Elevation: 2041.00ft Ground Elevation: 2030.00ft
 K.B. to Ground: 11.00ft

NOTES

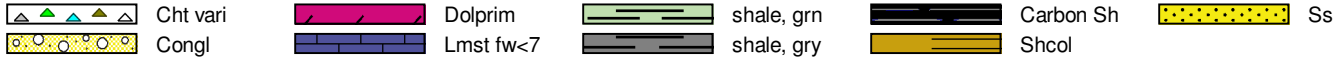
DST #1 3968-4050
 30-60-60-90
 IF: BOB 4 min

ISI: No return
 FF: BOB 10 sec. GTS 35 min TSTM
 FSI: No return

Recovery:
 3957' Gas In Pipe
 70' GM (10%gas 90%mud)

Pressures:
 ISIP 1120 psi
 FSIP 1250 psi
 IFP 143-90 psi
 FFP 108-104 psi
 HSH 1938-1820 psi

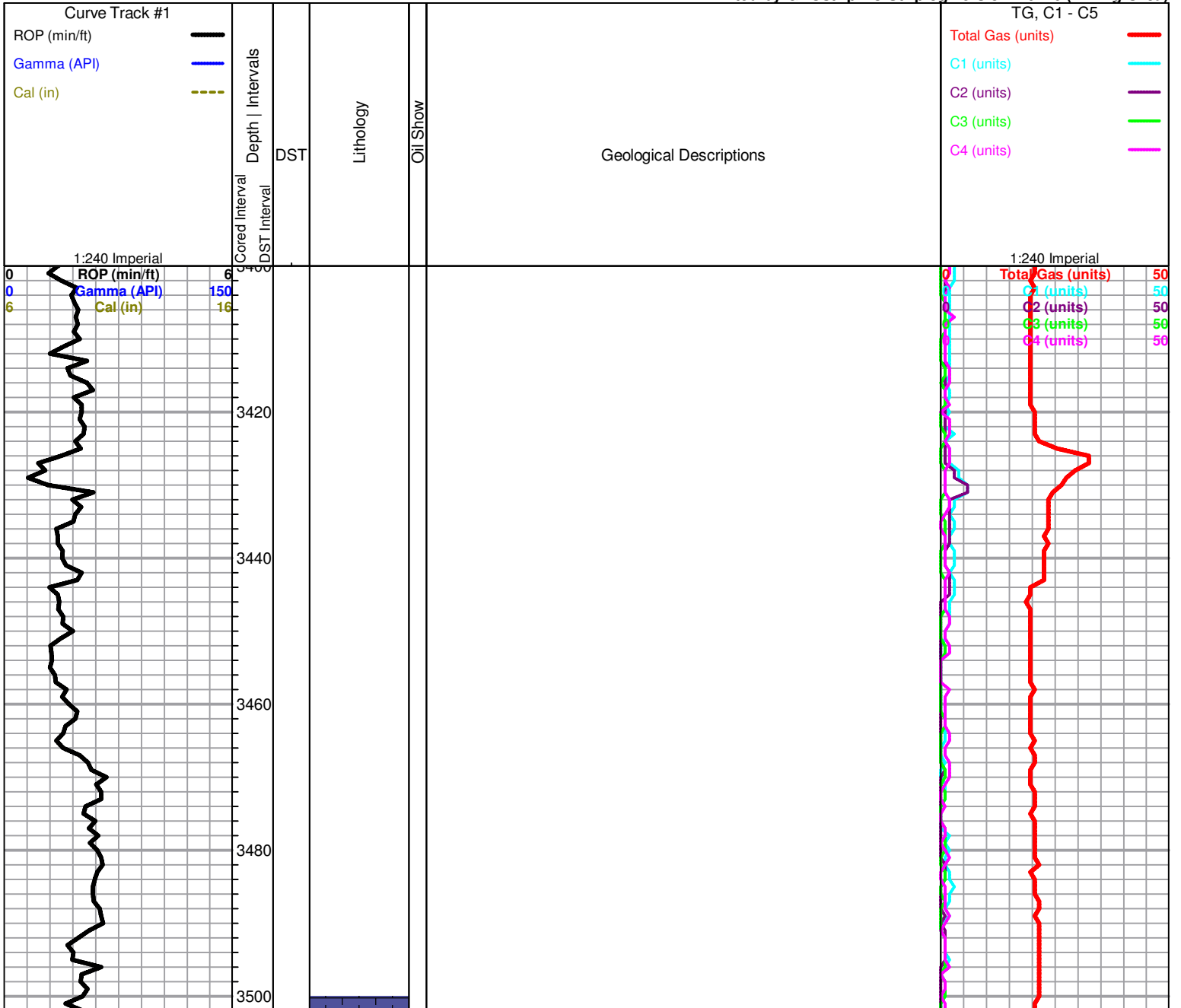
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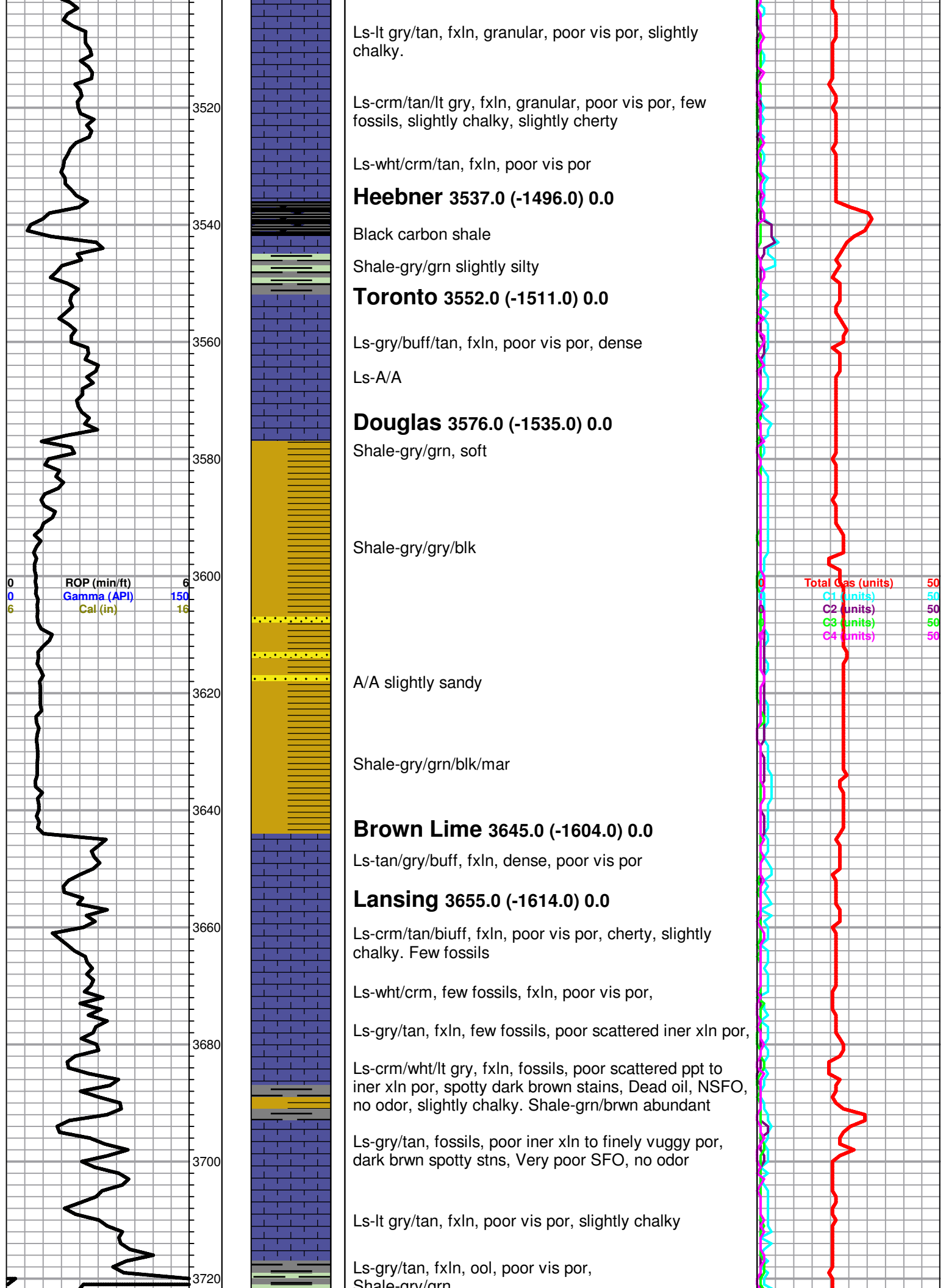


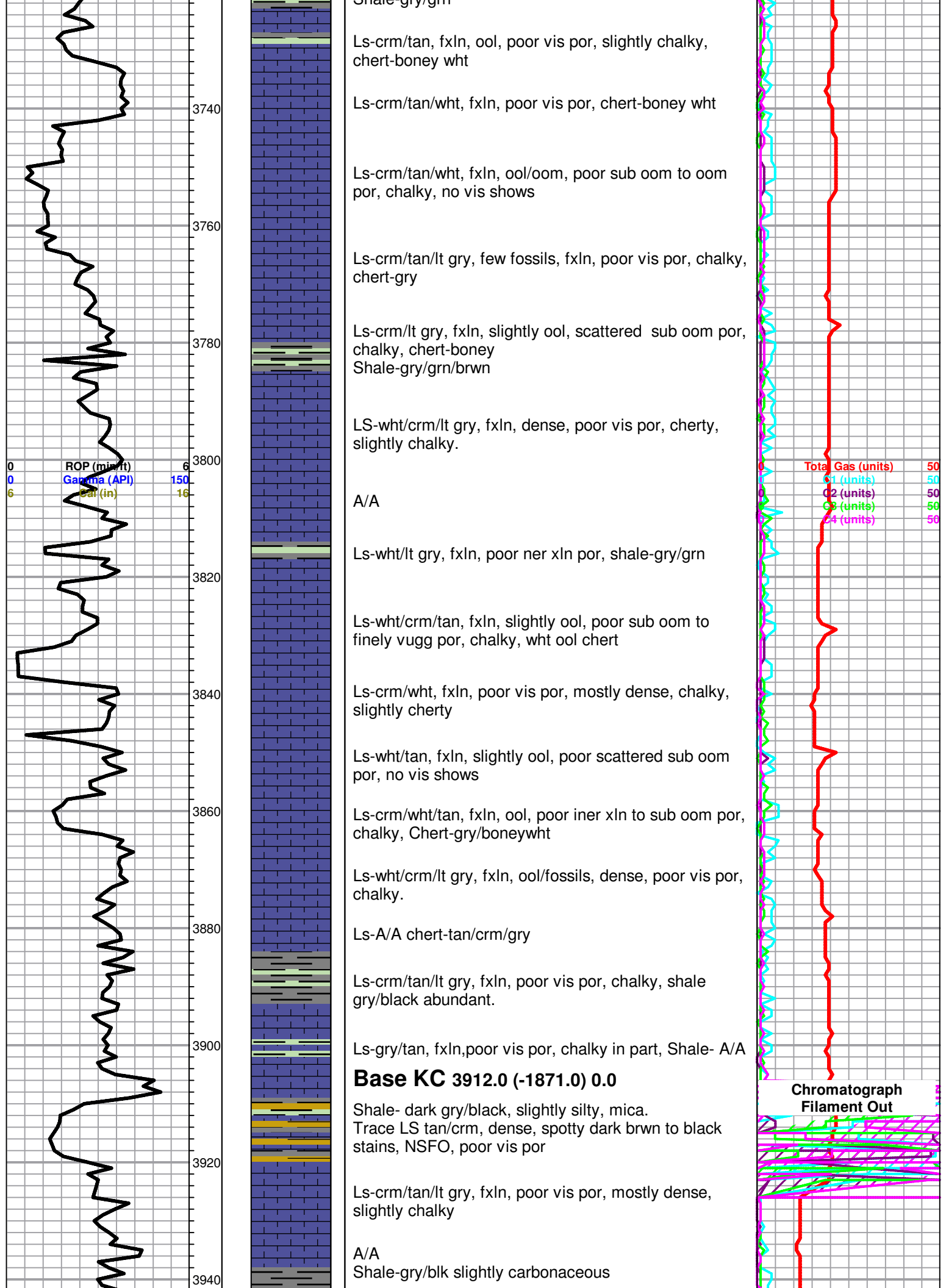
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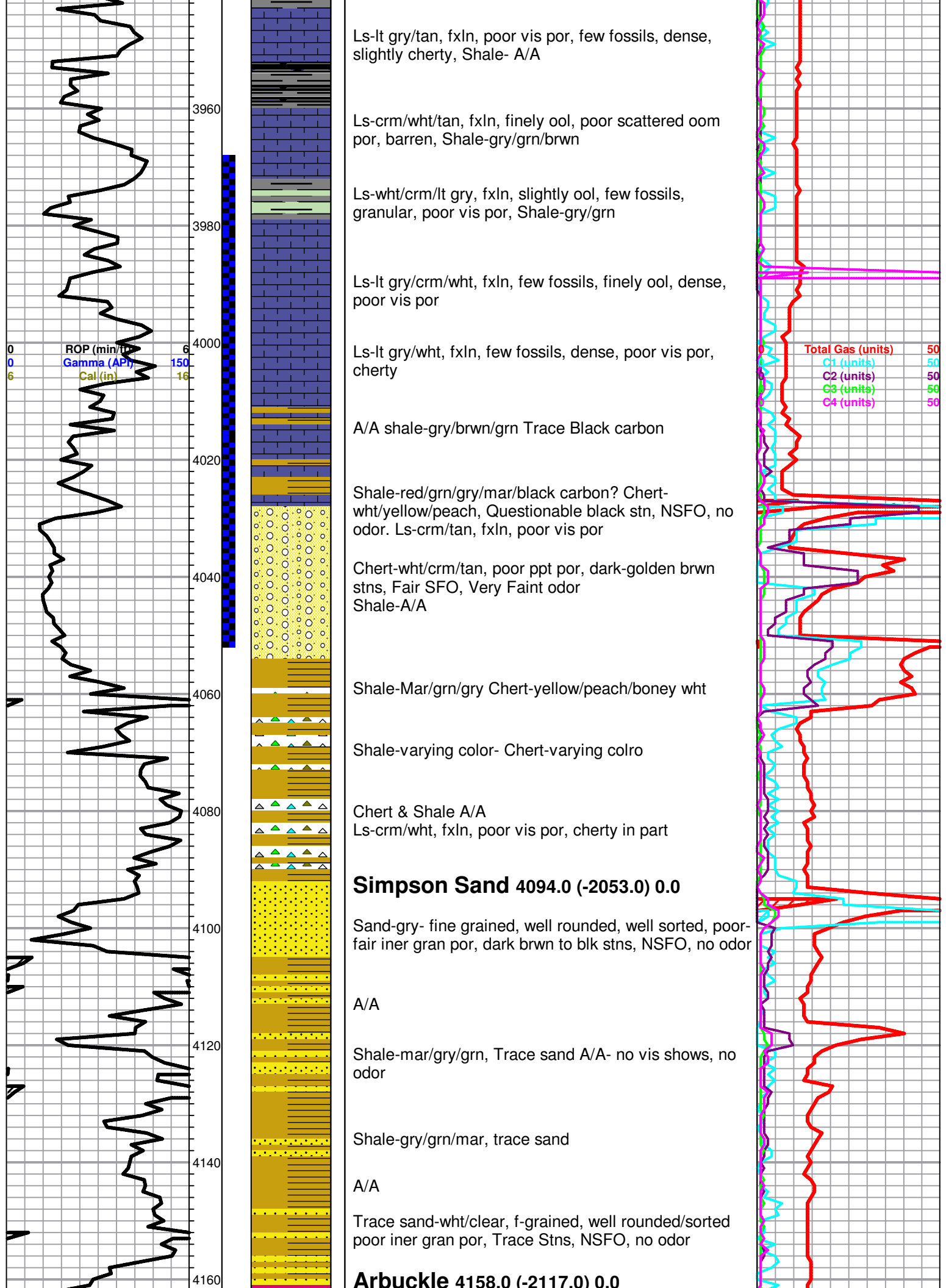


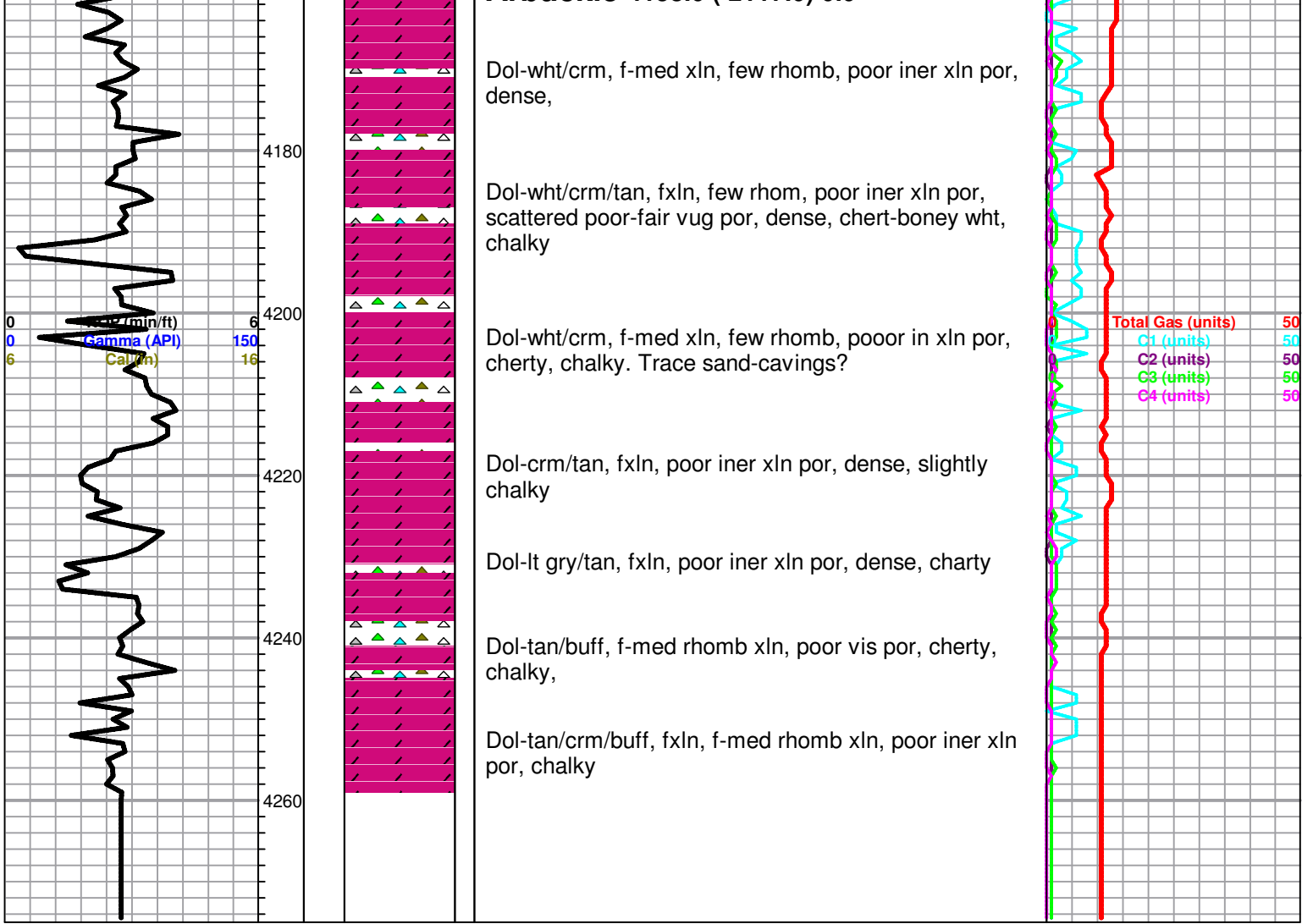
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BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 06606 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-27-12		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: Victory Operations				LEASE: ILS Land				1-20				WELL NO.			
ADDRESS:				COUNTY: Pawnee				STATE: KS							
CITY:				STATE:				SERVICE CREW: MATTHEW REED MELSON							
AUTHORIZED BY:				JOB TYPE: CNW PTA											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED		DATE	AM/PM	TIME					
14954	19905							9-27	AM	2:15					
70959	19918							9-27	AM	5:00					
37400								9-27	AM	7:15					
								9-27	AM	10:30					
								9-27	AM	11:30					
										55					

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 103	60/40 POZ	SK	220		2,640 00
CC 200	Cement Gel	lb	380		95 00
E 101	Heavy Mileage	Mi	110		770 00
CE 240	Mixing Charge	SK	220		308 00
E 113	Bulk Delivery	TM	523		836 00
CE 205	Depth Charge 4001'-5000'	4hr	1		2,520 00
S 003	Supervisor	Eq	1		175 00
E 100	Pickup Mileage	Mi	55		233 75

SUB TOTAL
DLS 5,304 43

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Joe Melson*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer Victory Operating Lease No. _____ Date 9-27-12
 Lease ILS Land Well # 1-20
 Field Order # 6606 Station PRATT Casing 4 1/2" OP Depth _____ County PAWNEE State KS
 Type Job CNW PTA Formation _____ Legal Description 20-225-164

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<u>4 1/2" OP</u>								5 Min.
Depth <u>4168</u>	Depth	From	To	Pre Pad	Max			
Volume	Volume	From	To	Pad	Min			10 Min.
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

Customer Representative UVALDO Station Manager D. SCOTT Treater JOE MELSON

Service Units	19959	19905	70959	19918	37900			
Driver Names	<u>MIKE MATTLE</u>	<u>BRETT REED</u>	<u>JOE MELSON</u>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>5:00 AM</u>					<u>ONLOC. SAFETY MEETING</u>
					<u>Plug 1 set at 4168'</u>
<u>7:15</u>	<u>400</u>		<u>20</u>	<u>5.75</u>	<u>START H2O SPACER</u>
	<u>400</u>		<u>12</u>	<u>5.75</u>	<u>MIX 50 SK 60/40 POZ WITH 4% GEL</u>
	<u>400</u>		<u>5</u>	<u>5.75</u>	<u>TAIL H2O</u>
<u>7:30</u>	<u>400</u>		<u>50</u>	<u>5.75</u>	<u>finish of with MUD</u>
					<u>PLUG 2 1026'</u>
<u>9:15</u>	<u>300</u>		<u>10</u>	<u>4.75</u>	<u>START H2O SPACER</u>
	<u>300</u>		<u>12</u>	<u>4.75</u>	<u>MIX 50 SK 60/40 POZ WITH 4% GEL</u>
<u>9:25</u>	<u>300</u>		<u>2</u>	<u>4.75</u>	<u>TAIL H2O</u>
					<u>PLUG 3 300'</u>
<u>9:50</u>	<u>300</u>		<u>5</u>	<u>5</u>	<u>START H2O SPACER</u>
	<u>300</u>		<u>5</u>	<u>5</u>	<u>MIX 50 SK 60/40 POZ WITH 4% GEL</u>
<u>9:53</u>	<u>300</u>		<u>1</u>	<u>5</u>	<u>TAIL H2O</u>
					<u>PLUG 4 60'</u>
<u>10:00</u>	<u>300</u>		<u>5</u>	<u>5</u>	<u>MIX 20 SK 60/40 POZ WITH 4% GEL</u>
<u>10:15</u>	<u>300</u>				<u>MIX BH AND MH WITH 60/40 POZ</u>
<u>10:30</u>					<u>JOB COMPLETE</u>
					<u>THANK YOU</u>
					<u>JOE</u>



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRESLINE

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

FIELD SERVICE TICKET
1718 06604 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>9-20-12</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>Victory Operating</u>		LEASE <u>ILS Land</u> 120 WELL NO.								
ADDRESS:		COUNTY <u>Pawnee</u> STATE <u>KS</u>								
CITY STATE		SERVICE CREW <u>McGraw Lawrence Melson</u>								
AUTHORIZED BY		JOB TYPE: <u>8 3/8 LAST CNW</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>27467</u>							<u>9-20-12</u>			<u>5:30</u>
<u>19526 19560</u>	<u>1</u>					ARRIVED AT JOB	<u>9-20-12</u>			<u>12:15</u>
<u>37900</u>	<u>1</u>					START OPERATION	<u>9-20-12</u>			<u>12:17</u>
						FINISH OPERATION	<u>9-20-12</u>			<u>1:17</u>
						RELEASED	<u>9-20-12</u>			<u>2:15</u>
						MILES FROM STATION TO WELL				<u>10.5</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
CP 101	A-CON Blend common	SK	200		3,600.00
CP 100	common	SK	200		3,200.00
CC 102	celloflake	lb	100		370.00
CL 109	Calcium Chloride	lb	940		987.00
CF 105	TOP Rubber Plug	eq	1		225.00
CF 203	8 3/8 Guide shoe	eq	1		550.00
CF 1453	Flapper Insert	eq	1		280.00
CF 1773	Centralizer	eq	3		145.00
CF 1903	8 3/8 Basket	eq	1		315.00
E 101	Heavy mileage	mi	110		770.00
CE 240	mixing charge	SK	400		560.00
E 113	Bulk Delivery	TM	1034		1,654.40
CE 201	Depth charge 50' - 1000'	4hr	1		1,200.00
CE 504	Plug container	JOB	1		250.00
S 003	supervisor	eq	1		175.00
E 100	Pickup Mileage	mi	55		233.75
DLS SUB TOTAL					10,363.61

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Joe Melson

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Responsible for all work performed by BES, including royalties



TREATMENT REPORT

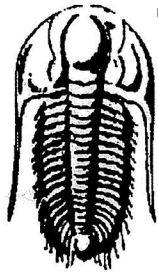
Customer: Victory Operating Lease No. _____ Date: 9-20-12
 Lease: ILS Land Well #: 1-20
 Field Order #: 6604 Station: Pratt Casing: 8 5/8 Depth: 1008 County: Pawnee State: KS
 Type Job: CNW 8 5/8 SF Formation: _____ Legal Description: 20-225-16

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<u>8 5/8</u>				Pre Pad	Max		5 Min.
Depth <u>1008</u>	Depth	From	To	Pad	Min		10 Min.
Volume <u>60</u>	Volume	From	To	Frac	Avg		15 Min.
Max Press <u>1100</u>	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load

Customer Representative: Roscoe Mendelsohn Station Manager: SCOTTY Treater: JOE MELSON

Service Units	27467	19926	19560	37900				
Driver Names	<u>McGraw</u>	<u>Lawrence</u>	<u>Melson</u>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>8 AM</u>					<u>on Loc - safety meeting</u>
					<u>Run 23 JTS 8 5/8 casing 28'</u>
					<u>Guide shoe on 1st JT</u>
					<u>centralizer 1-10-20</u>
					<u>Basket on 20</u>
<u>11 AM</u>					<u>Fill Pipe on JT 11</u>
<u>11:50</u>					<u>casing on Bottom</u>
<u>11:55</u>					<u>Breaks circulation with Pig</u>
<u>12:15</u>			<u>5</u>	<u>5</u>	<u>H2O space</u>
		<u>200</u>	<u>88</u>	<u>5</u>	<u>Mix 200 SK A-con 3% cc 1/4 # cellflake</u>
		<u>200</u>	<u>44</u>	<u>5</u>	<u>Mix 200 SK common 2% cc 1/4 # cellflake</u>
					<u>shut down</u>
					<u>Release Plug</u>
			<u>0</u>		<u>Start H2O Displacement</u>
		<u>300</u>	<u>20</u>	<u>5</u>	<u>Cement to surface</u>
<u>1:15 PM</u>		<u>500</u>	<u>60</u>	<u>5</u>	<u>Plug Down Held</u>
					<u>Circulation Thru Job</u>
					<u>Circulation 40 BBL cement to surface</u>
					<u>Job Complete</u>
					<u>Thank Joe</u>



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Victory Operating INC**
6 N Scottsdale
Wichita KS 67230

ATTN: Roscoe Mendenhall/ K

ILS Land #1-20

20-22s-16w Pawnee,KS

Start Date: 2012.09.25 @ 08:11:50

End Date: 2012.09.25 @ 17:20:20

Job Ticket #: 49655 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Victory Operating INC 20-22s-16w Pawnee,KS ILS Land #1-20 DST # 1 Conglomerate 2012.09.25



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Victory Operating INC

20-22s-16w Pawnee, KS

6 N Scottsdale
Wichita KS 67230

ILS Land #1-20

Job Ticket: 49655

DST#: 1

ATTN: Roscoe Mendenhall/ K

Test Start: 2012.09.25 @ 08:11:50

GENERAL INFORMATION:

Formation: **Conglomerate**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 11:23:05
 Time Test Ended: 17:20:20

Test Type: Conventional Bottom Hole (Initial)
 Tester: Chris Staats
 Unit No: 47

Interval: **3968.00 ft (KB) To 4050.00 ft (KB) (TVD)**
 Total Depth: 4050.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2041.00 ft (KB)
 2030.00 ft (CF)
 KB to GR/CF: 11.00 ft

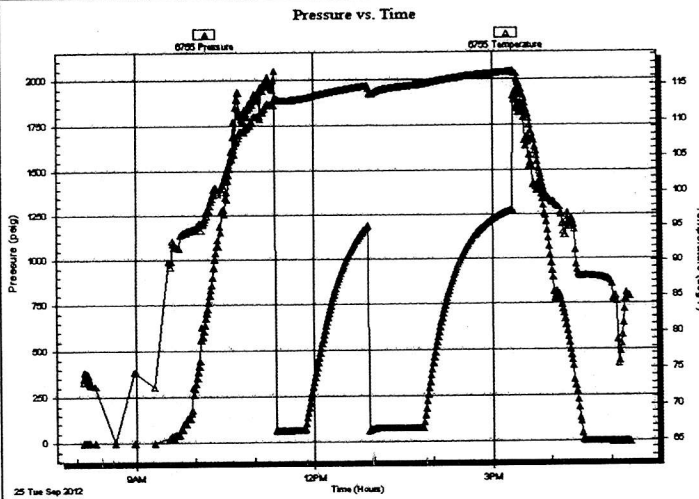
Serial #: **6755**

Inside

Press@RunDepth: psig @ 3969.00 ft (KB)
 Start Date: 2012.09.25 End Date: 2012.09.25
 Start Time: 08:06:59 End Time: 17:19:24

Capacity: 8000.00 psig
 Last Calib.: 2012.09.25
 Time On Btm:
 Time Off Btm:

TEST COMMENT: IF: Strong blow BOB 4 min
 IS: No blow back
 FF: Strong blow BOB 10 sec GTS 35 min TSTM
 FS: No blow back



PRESSURE SUMMARY

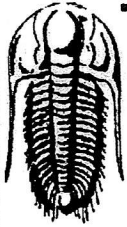
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
0.00	3957' GIP	0.00
70.00	G,M 10%gas 90% mud	0.34

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Victory Operating INC

20-22s-16w Pawnee, KS

6 N Scottsdale
Wichita KS 67230

ILS Land #1-20

Job Ticket: 49655

DST#: 1

ATTN: Roscoe Mendenhall/ K

Test Start: 2012.09.25 @ 08:11:50

Tool Information

Drill Pipe:	Length: 3740.00 ft	Diameter: 3.80 inches	Volume: 52.46 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: 217.00 ft	Diameter: 2.25 inches	Volume: 1.07 bbl	Weight to Pull Loose: 72000.00 lb
		<u>Total Volume:</u>	<u>53.53 bbl</u>	Tool Chased 2.00 ft
Drill Pipe Above KB:	17.00 ft			String Weight: Initial 65000.00 lb
Depth to Top Packer:	3968.00 ft			Final 65000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	82.00 ft			
Tool Length:	110.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3941.00	
Shut In Tool	5.00			3946.00	
Hydraulic tool	5.00			3951.00	
Jars	5.00			3956.00	
Safety Joint	3.00			3959.00	
Packer	5.00			3964.00	28.00 Bottom Of Top Packer
Packer	4.00			3968.00	
Stubb	1.00			3969.00	
Recorder	0.00	6773	Outside	3969.00	
Recorder	0.00	6755	Inside	3969.00	
Perforations	3.00			3972.00	
Change Over Sub	0.50			3972.50	
Drill Pipe	64.00			4036.50	
Change Over Sub	0.50			4037.00	
Perforations	10.00			4047.00	
Bullnose	3.00			4050.00	82.00 Bottom Packers & Anchor
Total Tool Length:	110.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Victory Operating INC

20-22s-16w Pawnee, KS

6 N Scottsdale
Wichita KS 67230

ILS Land #1-20

Job Ticket: 49655

DST#: 1

ATTN: Roscoe Mendenhall/ K

Test Start: 2012.09.25 @ 08:11:50

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 53.00 sec/qt
Water Loss: 9.98 in³
Resistivity: 0.00 ohm.m
Salinity: 11.00 ppm
Filter Cake: 0.02 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	3957' GIP	0.000
70.00	G.M 10%gas 90% mud	0.344

Total Length: 70.00 ft Total Volume: 0.344 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: