



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: _____



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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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	HAMMEKE - MARY S UNIT 1-9
Doc ID	1105856

Tops

Name	Top	Datum
HEEBNER	3002	-1173
TORONTO	3020	-1191
DOUGLAS	3036	-1207
BROWN LIME	3112	-1283
LANSING	3126	-1297
BASE KANSAS CITY	3354	-1525
CONGLOMERATE	3367	-1538
ARBUCKLE	NA	



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

FIELD SERVICE TICKET
 1718 06884 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-26-2012 DISTRICT _____				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: C.D. DRILLING, INC.				LEASE: HAMMEKE-MARY S. UNIT WELL NO. 1-9					
ADDRESS _____				COUNTY: BARTON STATE: Ks.					
CITY _____ STATE _____				SERVICE CREW: LESLEY, MARQUEZ, PRYCE					
AUTHORIZED BY _____				JOB TYPE: CNW-8.5/8" S.P.					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	3						9-25-12		8:30
27463	3								10:30
19959-19918	3						9-26-12		12:00
									1:00
									1:30
						MILES FROM STATION TO WELL: 60			

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: *[Signature]*
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP 103	100/40 POZ	SK	300		3,600.00	
CC 102	CELL FLAKE	lb	75		277.50	
CC 109	CALCIUM CHLORIDE	lb	774		812.70	
CF 153	WOODEN CMT. PLUG, 8.5/8"	EA	1		160.00	
E 100	PICKUP MILEAGE	MI	60		255.00	
E 101	HEAVY EQUIPMENT MILEAGE	MI	180		840.00	
E 113	BULK DELIVERY CHARGE	TM	774		1,238.40	
CE 200	DEPTH CHARGE: 0-500'	HR	1-4		1,000.00	
CE 240	BLENDING CHARGE	SK	300		420.00	
CE 504	PLUG CONTAINER CHARGE	JOB	1		250.00	
S 003	SERVICE SUPERVISOR	EA	1		175.00	
					SUB TOTAL	16,771.40

CHEMICAL / ACID DATA:			

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

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

Customer LD DRILLING	Lease No.	Date 9-26-2012
Lease HAMEKE-MARY S. UNIT	Well # 1-9	
Field Order # 010884	Station	Casing 8 1/2" Depth
Type Job CNW-8 5/8" S.P.	Formation TD-315'	County BARTON State Ks.

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 8 1/2"	Tubing Size 2 1/2"	Shots/Ft	CMT-	Acid 300 SKS. 60/40 POZ	RATE	PRESS	ISIP
Depth 315'	Depth	From	To	Pre Pad @ 1.2 CU FT	Max		5 Min.
Volume 20 BBL	Volume	From	To	Pad	Min		10 Min.
Max Press 300	Max Press	From	To	Frac	Avg		15 Min.
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 210'	Packer Depth	From	To	Flush 19 BBL	Gas Volume		Total Load

Customer Representative **LD DAVIS** Station Manager **D. SCOTT** Treater **K. LESLEY**

Service Units	37586	27463	70959	19918					
Driver Names	LESLEY	MARQUEZ	PHYE						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:30 PM	9-25-12				ON LOCATION - SAFETY MEETING
11:30 PM	9-25-12				RUN 7 JTS. 8 5/8" x 2 1/2" CSG.
12:10 AM	9-26-12				CSG. ON BOTTOM
12:15 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
12:20 AM	200		5	6	H2O AHEAD
12:24 AM	100		65	6	MIX 300 SKS. 60/40 POZ @ 14.8 PPG
12:35 AM					SHUT DOWN - RELEASE PLUG
12:39 AM	0		0	4	START DISPLACEMENT
12:43 AM	175		15	3	SLOW RATE
12:45 AM	200		19	3	PLUG @ DESIRED DEPTH
					CIRC. THRU JOB
					CIRC. 10 BBL TO PIT
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY



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 06608 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-2-12 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 LD Drilling INC		LEASE Hammeke-Marysuni WELL NO. 1-9								
ADDRESS		COUNTY Barton STATE KS								
CITY STATE		SERVICE CREW ED STEVE JOE								
AUTHORIZED BY		JOB TYPE: CNW 4 1/2 LS								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
33708-20920	.45						10-1			7:00
19960-21010	.45						10-1			10:30
37900							10-2			1:30
							10-2			2:15
							10-2			2:15
										60

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: *Jim Michle*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	Common Cement	S/S	150		2,400 00
CP 103	60/40 Poz	S/S	60		720 00
CC 105	C-41P Defomer	lb	36		144 00
CC 111	SALT	lb	1216		608 00
CC 112	Cement Friction Reducer	lb	106		636 00
CC 113	Gypsum	lb	705		538 75
CC 201	Gilsonite	lb	750		502 50
CF 102	TOP Rubber Plug	eg	1		80 00
CF 250	Guide shoe	eg	1		225 00
CF 1450	Flapper Insert	eg	1		200 00
CF 1650	Turbolizer	eg	6		510 00
E 100	Pickup mileage	mi	60		255 00
E 101	Heavy mileage	mi	120		840 00
E 113	Bulk Delivery	TM	579		926 40
CE 204	Depth charge	4HRS	1		2,160 00
CE 240	Mixing charge	SK	210		294 00
CE 504	Plug container	JOB	1		250 00
S 003	supervisor	eg	1		175 00

SUB TOTAL **DLS** **8,590 99**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u><i>Joe Medina</i></u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u><i>Jim Michle</i></u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Customer LD Drilling	Lease No.	Date 10-2-12
Lease Hammekke - Marysmit	Well # 1-9	
Field Order # 6608	Station Pratt	Casing 4 1/2
		Depth 3430
Type Job CNW 4 1/2 LS	Formation	County BARTON
		State KS
		Legal Description 9-19-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
4 1/2								
Depth 3430	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 54.2	Volume	From	To	Pad	Min		10 Min.	
Max Press 2000	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 3415	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative L.D.	Station Manager SCOTTY	Treater JOE MELSON
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Service Units	33708	20920	19960	21010	37900				
Driver Names	EDMUND	DO	YOUNG	JOE					

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
10:30					ON LOC SAFETY MEETING
					RUN 81 JTS 4 1/2 X 10.5 CS6.
					CENT. 1-3-5-7-9-11
					CS6 ON BOTTOM
					HOOK UP TO CIRC. W/ BIG
1:45	200		5	5	H2O SPACER
			9	5	MIX 30% SCAVENGER 12.8#
			36	5	MIX 150 S/S COMMON W/ 115.5#
					SHUT DOWN CLEAR PUMP LINES
					DROP PLUG
2	200		0	6	START DISPLACEMENT
	400		38	6	LIFT PRESSURE
	400		44	2	SLOW RATE
2:15	1000		54	2	PLUG DOWN - HELD
					CIRC. THRU JOB
					PLUG R.H.
					JOB COMPLETE
					Thank you
					Joe

GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: HAMMAKE MARY S 1-19

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S9/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: DST #1 CONVENTIONAL Job Number: 1221

Test Unit:

Start Date: 2012/09/28 Start Time: 21:15:00

End Date: 2012/09/29 End Time: 00:45:00

Report Date: 2012/09/29 Prepared By: JOHN RIEDL

Qualified By: JOSHAUSTIN

Remarks:

RECOVERY: 65' DRILLING MUD, 60' MUDDY WATER



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.

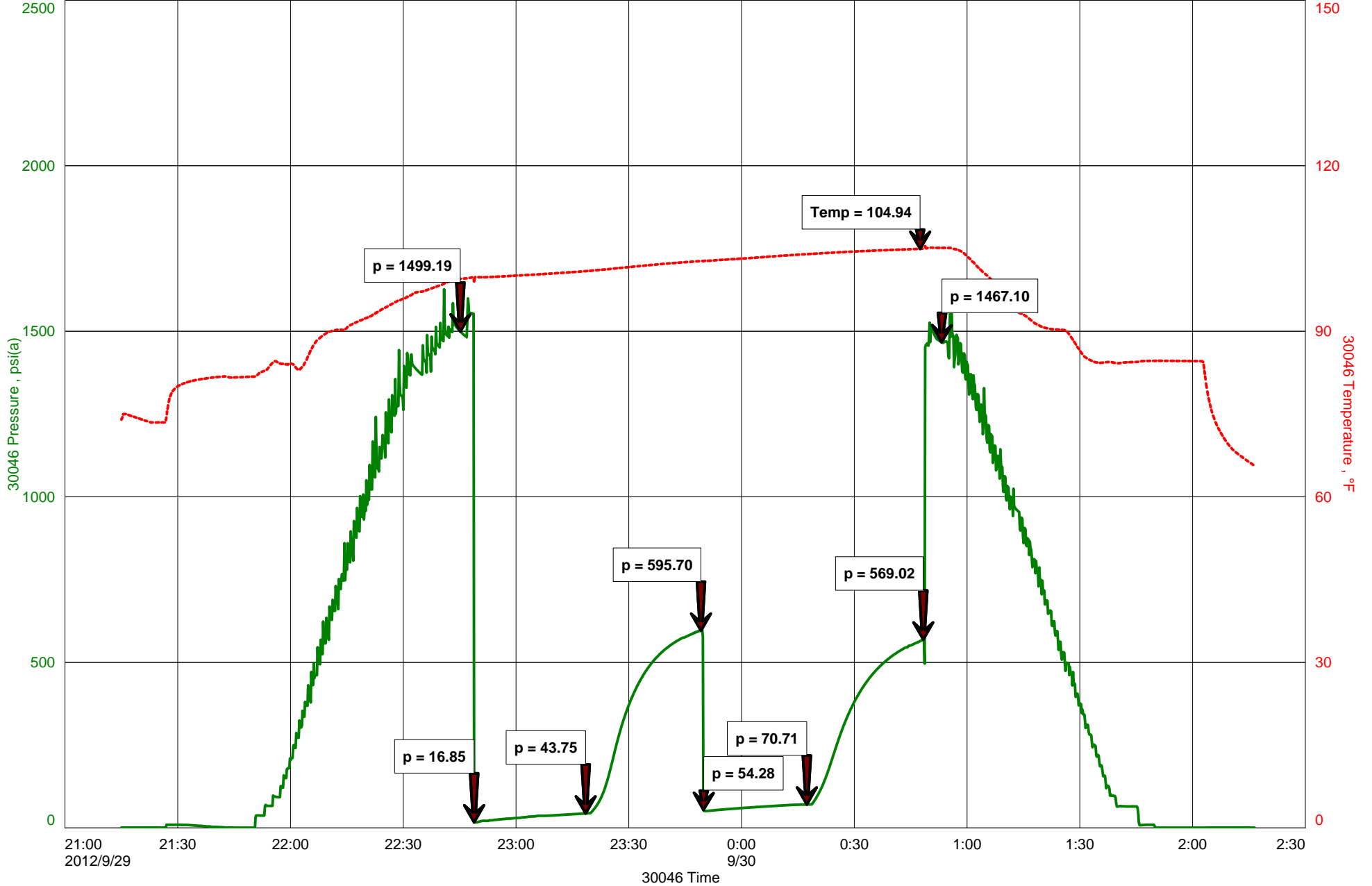
Blow: 1st Open: _____
 2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

HAMMAKE MARY S 1-19



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INS

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: HAMMEKE MARY S 1-9

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S9/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: DST #2 CONVENTIONAL Job Number: D1222

Test Unit:

Start Date: 2012/09/29 Start Time: 08:20:00

End Date: 2012/09/29 End Time: 14:40:00

Report Date: 2012/09/29 Prepared By: JOHN RIEDL

Remarks: Qualified By: JOSH AUSTIN

RECOVERY: 1100' GAS IN PIPE. 70' GASSY OIL, 150' GAS+OIL CUT MUDDY WATER, 650' GASSY WATER



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.

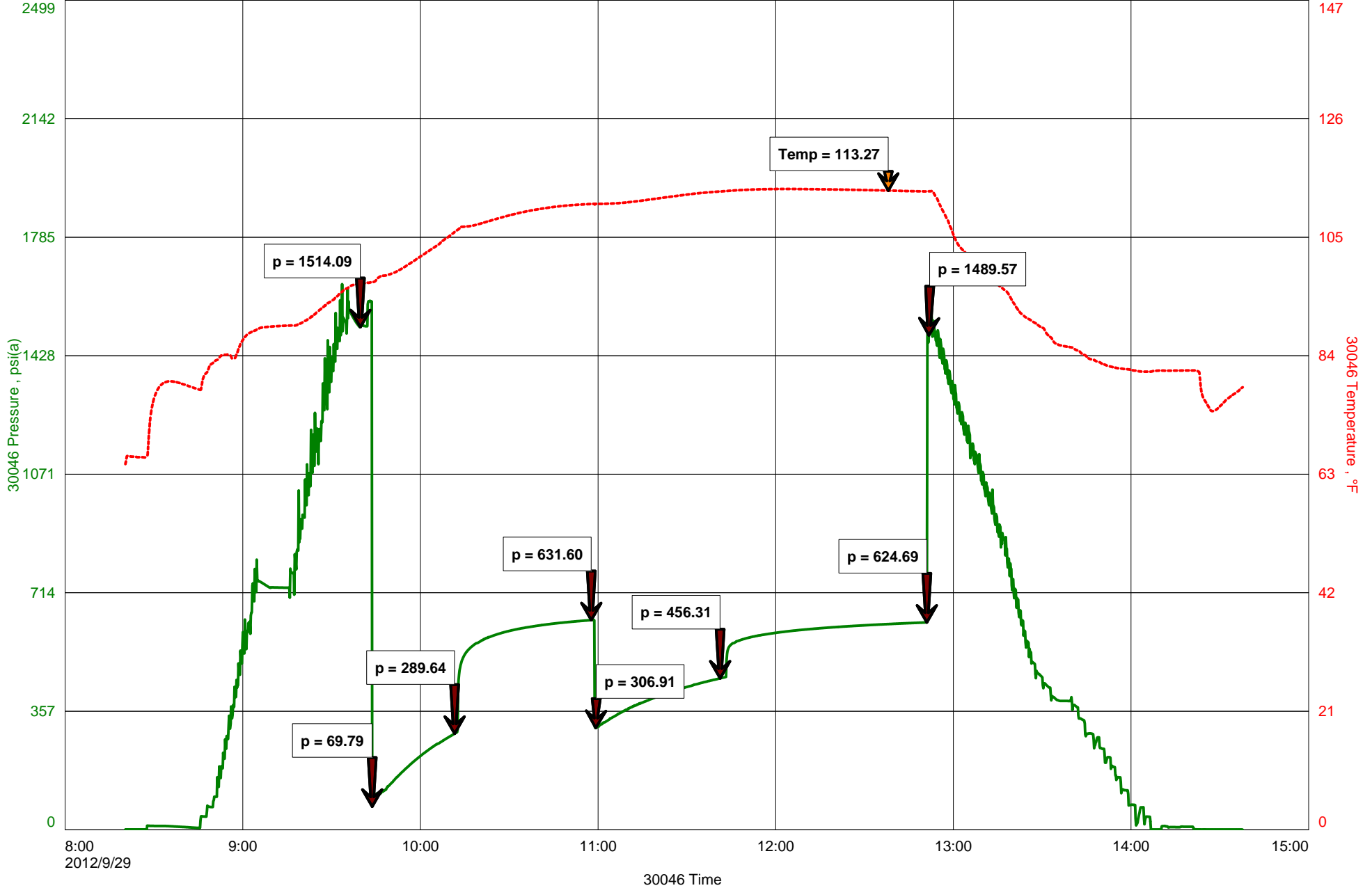
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

HAMMEKE MARY S 1-9



GENERAL INFORMATION

Client Information:

Company: LD DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: HAMMEKE-MARY S 1-9

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S9/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: DST #3 CONVENTIONAL Job Number: D1223

Test Unit:

Start Date: 2012/09/30 Start Time: 03:20:00

End Date: 2012/09/30 End Time: 10:40:00

Report Date: Prepared By:

Remarks: Qualified By:

RECOVERY: 70' GAS IN PIPE, 2' FREE OIL, 150' MUD CUT WATER



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.

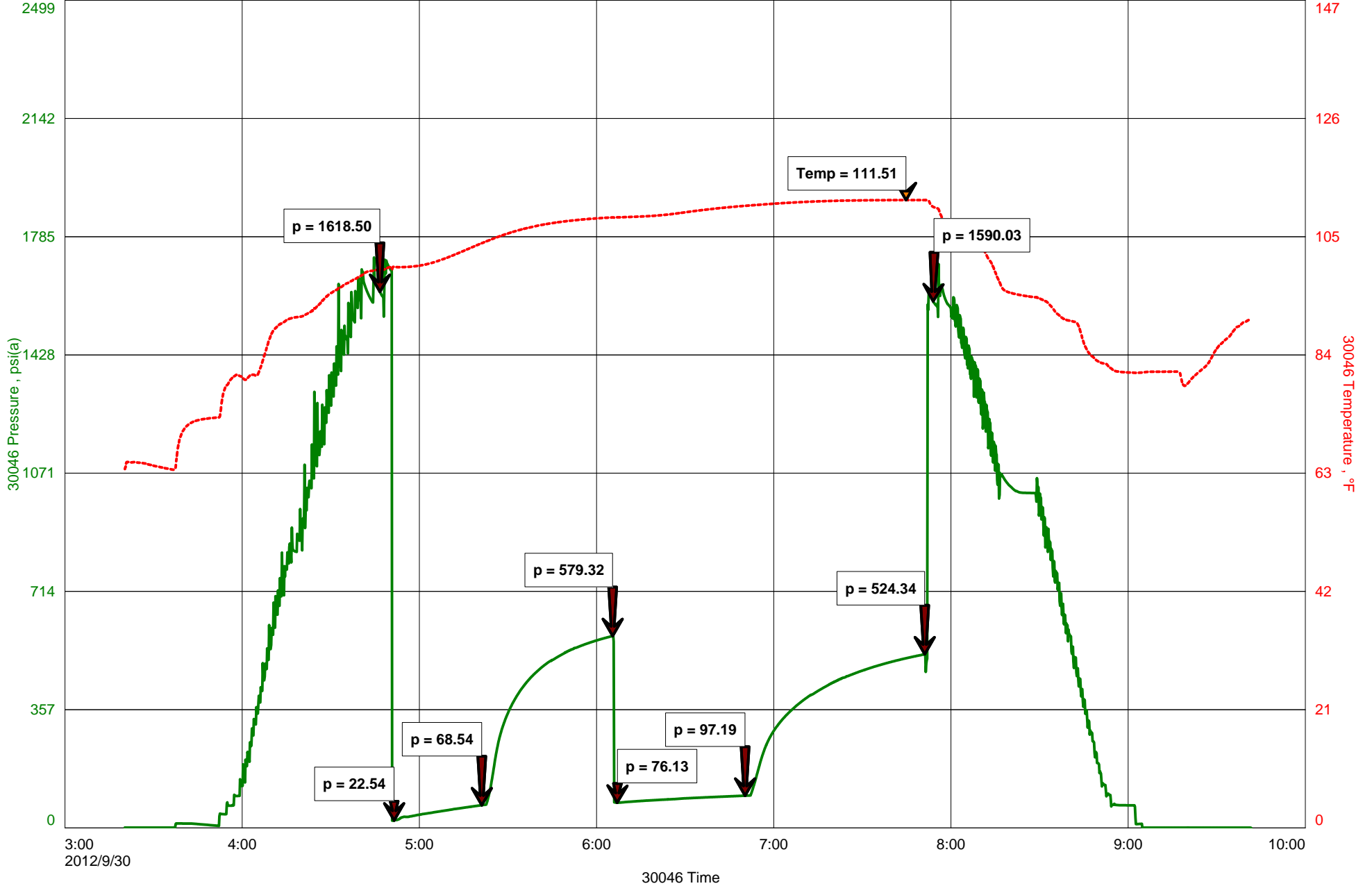
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

HAMMEKE-MARY S 1-9



GENERAL INFORMATION

Client Information:

Company: LD DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: HAMMEKE-MARY S 1-9

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S9/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOH RIEDL

Supervisor: JOSH AUSTIN

Test Type: DST #4 CONVENTIONAL Job Number: D1224

Test Unit:

Start Date: 2012/09/30 Start Time: 19:20:00

End Date: 2012/09/30 End Time: 23:05:00

Report Date: 2012/09/30 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 10' DRILLING MUD



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.

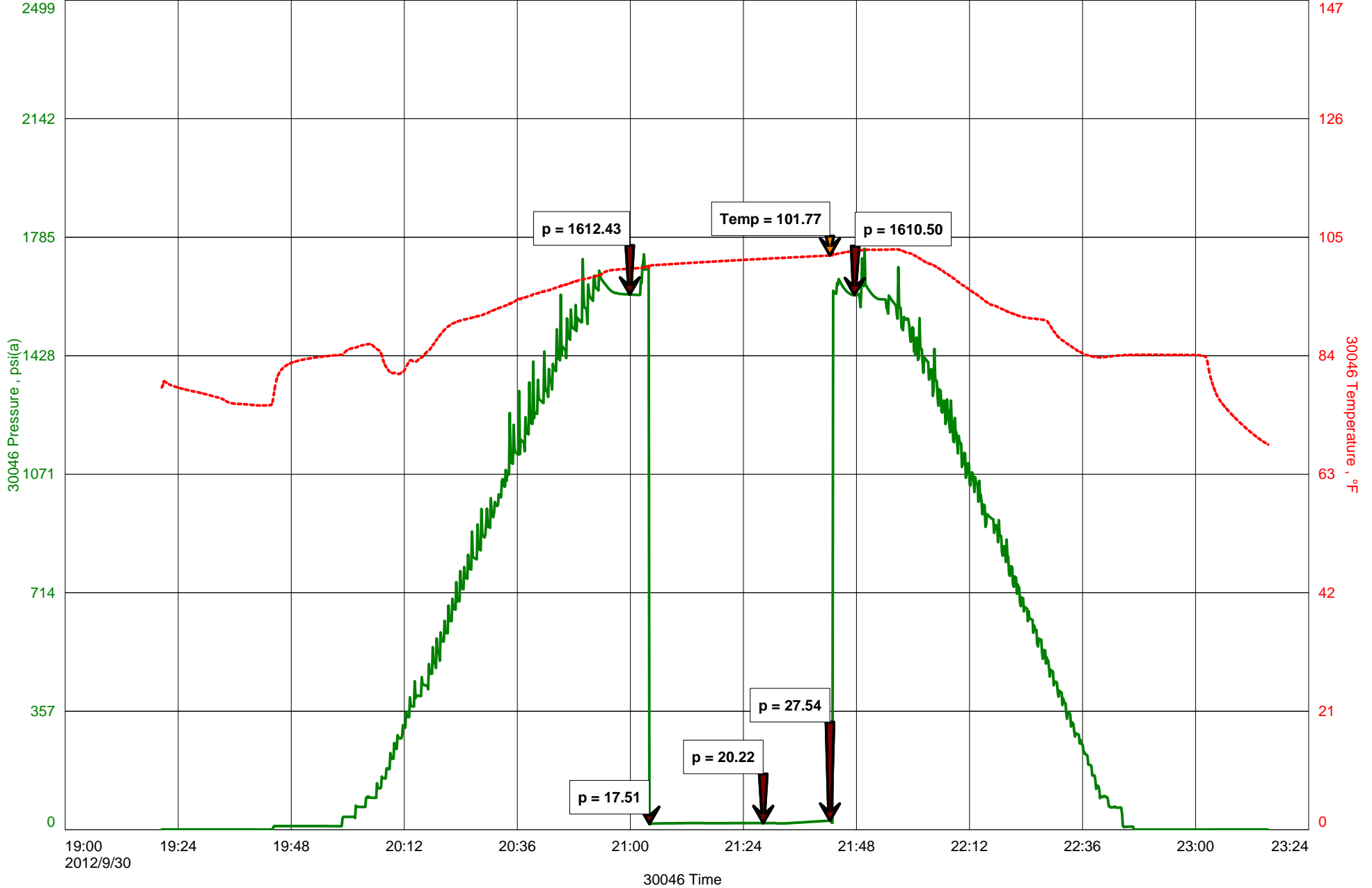
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

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HAMMEKE-MARY S 1-9



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: HAMMEKE-MARY S 1-9

Operator: L D DAVIS

Location-Downhole:

Location-Surface: S9/19S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: DST #5 CONVENTIONAL Job Number: D1225

Test Unit:

Start Date: 2012/10/01 Start Time: 04:00:00

End Date: 2012/10/01 End Time: 08:00:00

Report Date: 2012/10/01 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 20' DRILLING MUD



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.

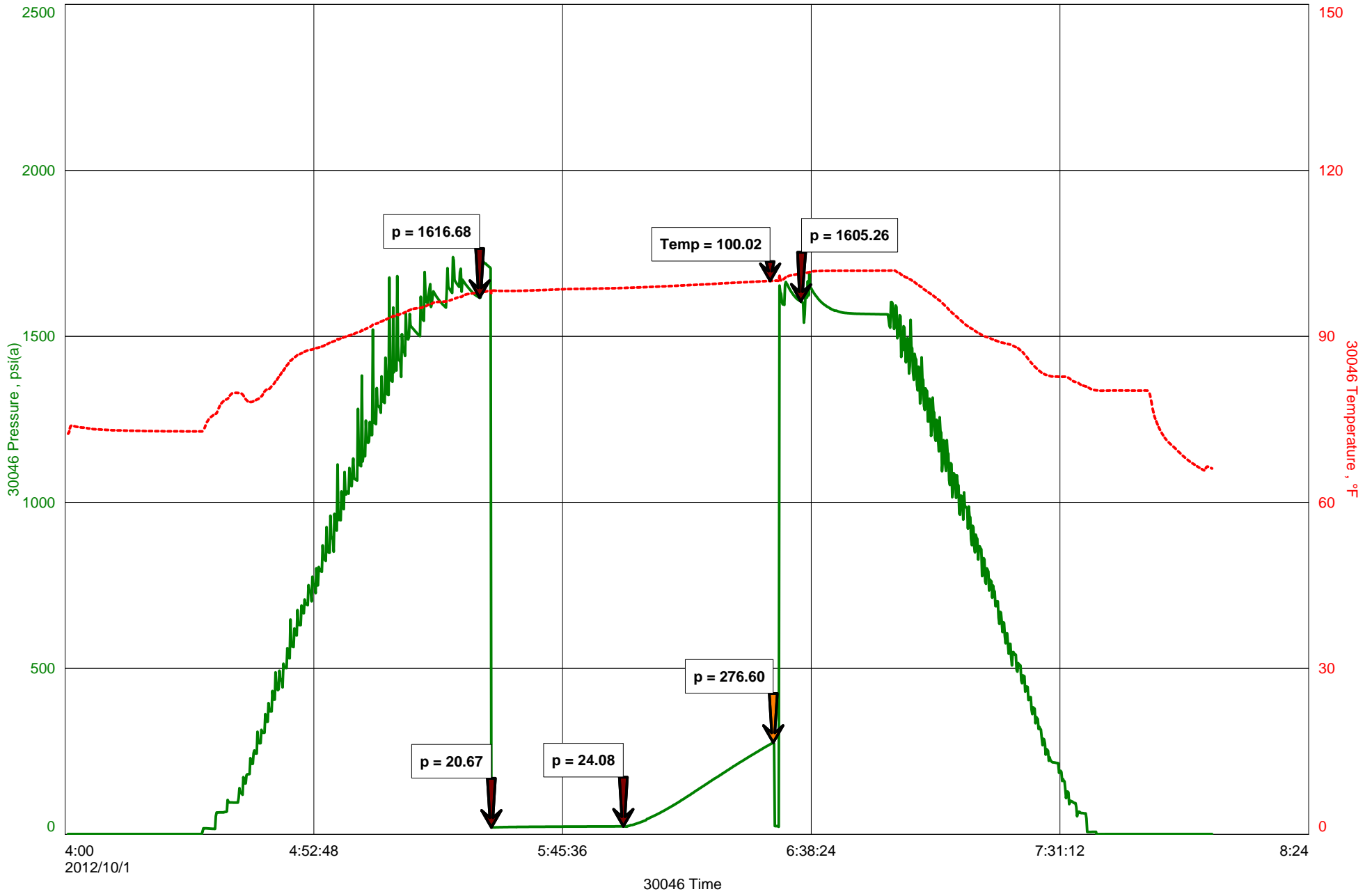
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

HAMMEKE-MARY S 1-9



OPERATOR

Company: L.D. Drilling, Inc
 Address: 7 SW 26th Ave
 Great Bend, Kansas 67530

Contact Geologist:
 Contact Phone Nbr: 620-793-3051
 Well Name: Hammeke-Mary S unit #1-9
 Location: 8 5/8" @ 305'
 Pool:
 State: Kansas, Barton County

API: 15-009-25754-00-00
 Field: Knop
 Country: USA



Joshua R. Austin

Petroleum Geologist

report for

L.D. DRILLING, INC.



Scale 1:240 Imperial

Well Name: Hammeke-Mary S unit #1-9
 Surface Location: 8 5/8" @ 305'
 Bottom Location:
 API: 15-009-25754-00-00
 License Number:
 Spud Date: 9/24/2012 Time: 3:34 PM
 Region: Se-Sw-Se-Ne 9-19s-12w
 Drilling Completed: 10/1/2012 Time: 5:50 PM
 Surface Coordinates: 2,350' From North Line & 850' From East Line
 Bottom Hole Coordinates:
 Ground Elevation: 1824.00ft
 K.B. Elevation: 1829.00ft
 Logged Interval: 2800.00ft To: 3434.00ft
 Total Depth: 3434.00ft
 Formation: Arbuckle
 Drilling Fluid Type: Chemical mud was displaced at 2600'

SURFACE CO-ORDINATES

Well Type: Vertical
 Longitude: Latitude:
 N/S Co-ord: 2,350' From North Line
 E/W Co-ord: 850' From East Line

LOGGED BY

Company: Joshua R. Austin, Petroleum Geologist
 Address: 732 NE 110th Ave
 Stafford, KS 67578

Phone Nbr: 620-546-3960
 Logged By: Geologist Name: Josh Austin

CONTRACTOR

Contractor: Petromark Drilling, LLC
 Rig #: 2
 Rig Type: mud rotary
 Spud Date: 9/24/2012 Time: 3:34 PM
 TD Date: 10/1/2012 Time: 5:50 PM
 Rig Release: Time:

ELEVATIONS

K.B. Elevation: 1829.00ft
 K.B. to Ground: 5.00ft

Ground Elevation: 1824.00ft

NOTES

After reviewing the electric logs it was recommended by all parties involed in the Hammeke-Mary S. Unit # 1-9, to run 5 1/2" casing to further test the Lansing zones;

- Lansing K 3336-42
- Lansing I 3288-90
- Lansing E 3184-86
- Lansing D 3173-78

L.D. Drilling, Inc.

well comparison sheet

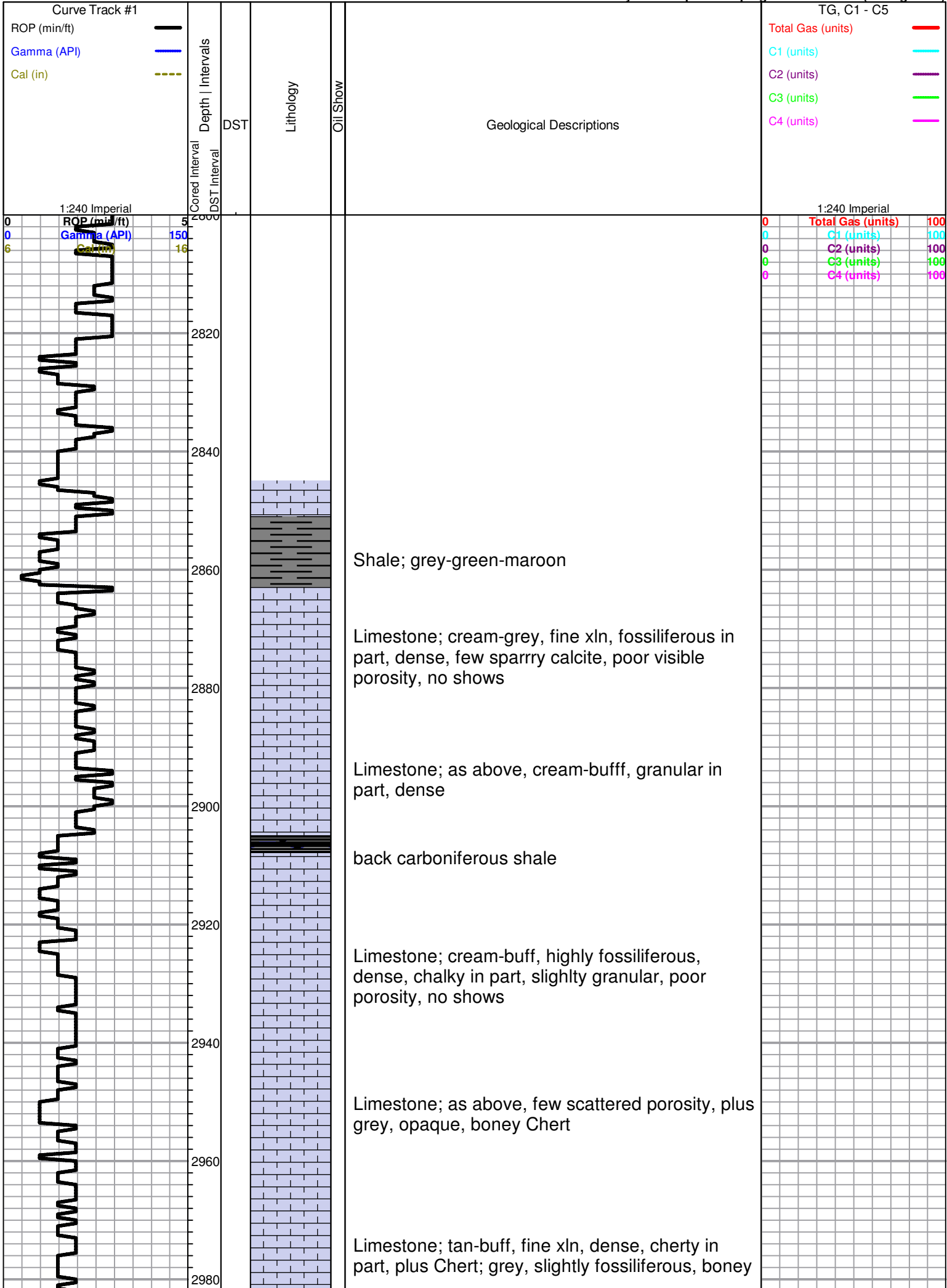
DRILLING WELL					COMPARISON WELL			
Hammeke-Mary S. Unit 1-9					Mary S. Unit 1-9			
							Structural Relationship	
1829 KB					1837 KB			
Formation	Sample	Sub-Sea	Log	Sub-Sea	Log	Sub-Sea	Sample	Log
Heebner	3000	-1171	3002	-1173	3001	-1164	-7	-9
Toronto	3018	-1189	3020	-1191				
Douglas	3035	-1206	3036	-1207				
Brown Lime	3111	-1282	3112	-1283	3111	-1274	-8	-9
Lansing	3127	-1298	3126	-1297	3126	-1289	-9	-8
Base KC	3351	-1522	3354	-1525	3355	-1518	-4	-7
Conglomerate	3368	-1539	3367	-1538				
Arbuckle	3414	-1585	N/A	N/A	3397	-1560	-25	
Total Depth	3434	-1605	3433	-1604	3500	-1663		

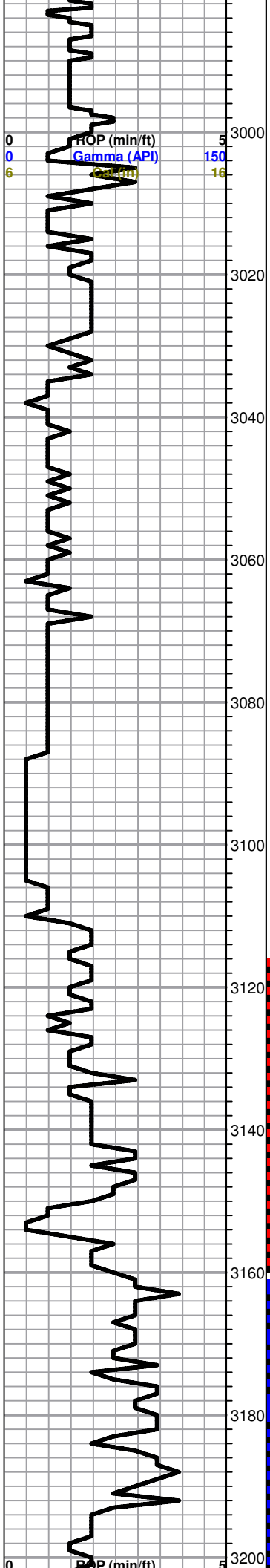
ROCK TYPES

- | | | | |
|----------|-----------|------------|-----------|
| Congl | Dolsec | shale, grn | Carbon Sh |
| Chtcongl | Lmst fw7> | shale, gry | |

OTHER SYMBOLS

- DST**
- DST Int
 - DST alt
 - Core
 - tail pipe





HEEBNER 3000 (-1171)

black carboniferous shale

grey-greish green shale

TORONTO 3018 (-1189)

Limestone; cream-white, very chalky, granular, poor porosity, no shows

DOUGLAS 3035 (-1206)

Shale; grey-greish green, maroon, soft, silty in part

Shale; grey-greish green, silty, micaceous in part, trace Sand; very fine grained, micaceous, no shows

Shale and Sand as above

Shale; grey-dark grey, soft, micaceous in part

BROWN LIME 3111 (-1282)

Limestone; tan-brown, fine xln, dense, cherty, slightly fossiliferous

Shale; grey-green-maroon

LANSING 3127 (-1298)

Limestone; cream, fine xln, chalky, few inter xln porosity, golden brown-brown stain, spotty SFO, faint-fair odor

Limestone; cream-buff, oomoldic, oolitic, chalky in part, fair-good oomoldic porosity, golden brown-grey stain, trace spotty free oil, faint-fair odor

Limestone; cream, fine xln, dense, chalky, poor porosity, no shows

Limestone; cream-buff, fine xln, dense, fossiliferous, few inter xln-vuggy type porosity, brown stain, spotty SFO, faint odor

Limestone; grey-buff, fine xln, chalky in part, scattered vuggy type porosity, highly fossiliferous, dark brown-black stain, slight show of fossiliferous

0	Total Gas (units)	100
0	C1 (units)	100
0	C2 (units)	100
0	C3 (units)	100
0	C4 (units)	100

DST #1 3116-3160
30-30-30-30

Blow; weak

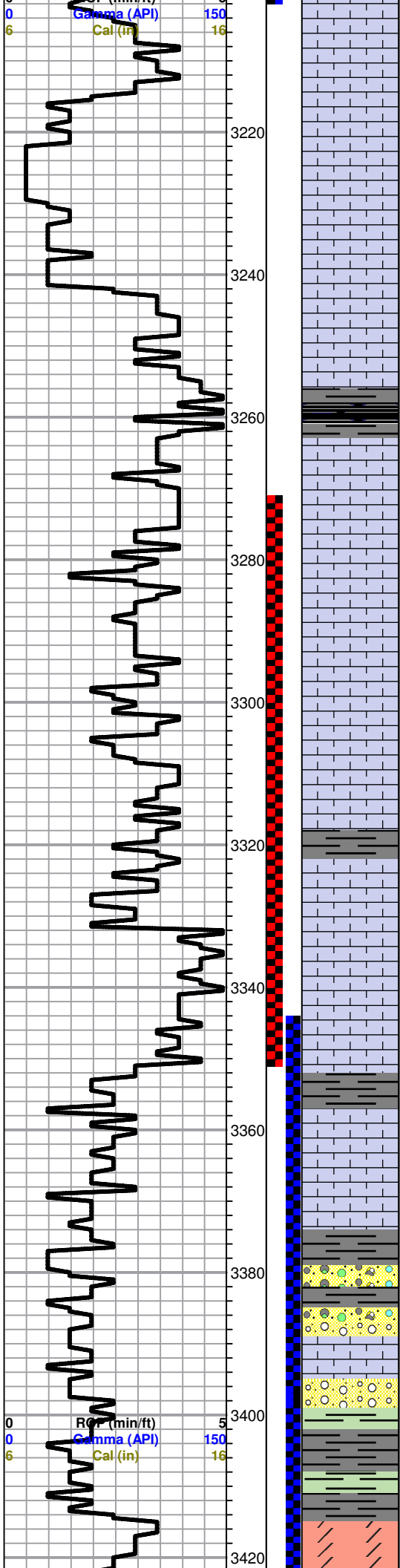
Recovery;
65' mud
60' muddy water

Pressure;
ISIP 596
FSIP 569
IFP 17-44
FFP 54-71
HSH 1500-1467

DST #2 3161-3205
30-45-45-60

Blow; BOB 3 minutes
strong blow back
Final; BOB 5 minutes
strong blow back

Recovery;
1100' GIP
70' GO (20% @ 80% @)



of tree oil, faint-fair odor

Limestone; tan-buff, oomoldic, few oolitic, fair-good oomoldic porosity (barren)

Limestone; as above

Limestone; cream-tan, fine xln, dense, chalky in part, poor visilbe porosity, trace grey chert

black carboniferous shale

Limestone; lt.grey, fine xln, dense, poorly developed porosity, no shows

Limestone; cream-lt. grey, fine xln, oolitic, chalky, trace brown-black stain, trace spotty free oil, faint odor, poorly developed porosity

Limestone; cream, oolitic, oomoldic type porosity, trace black stain, NSFO, no odor

Limestone; cream-lt. grey, fine xln, chalky, dense, slightly fossiliferous, no shows

grey-black shale

Limestone; cream, fine xln, cherty in part, poorly developed porosity, trace brown stain, trace spotty free oil, no odor, plus Chert, cream-lt. grey

BASE KANSAS CITY 3351 (-1522)

grey-greyish green-black shale

CONGLOMERATE 3368 (-1539)

Limestone; cream-lt. grey, fine xln, chalky, dense, plus redish- orange chert, abundant Shale; grey-brick red-maroon

Limestone; cream, chalky, fossiliferous-oolitic, fair inter xln-vuggy porosity, trace dark brown stain, trace spotty free oil, no odor

grey-maroon-greyish green shale

ARBUCKLE 3414 (-1585)

Dolomite; white, fine-medium xln, fair inter xln porosity, trace brown-black stain, spotty SFO,

150' G&OCMW
(15%g, 5%o, 35%m, 45%w)
650' GW

Pressures;
ISIP 632
FSIP 625
IFP 70-290
FFP 306-456
HSH 1514-1490

DST #3 3272-3350
30-45-45-60

Blow; Fair 4"

Recovery;
70' GIP
2' Free Oil
150' muddy water

Pressures;
ISIP 579
FSIP 524
IFP 23-69
FFP 76-97
HSH 1619-1590

DST #4 3344-3417
30-X-1-15

Blow; dead in 5 min

Recovery;
10' mud

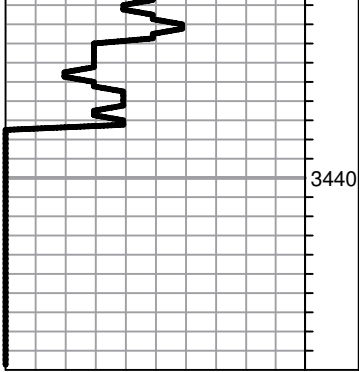
Pressures;
ISIP -----
FSIP -----
IFP 17-20
FFP 15-28
HSH 1612-1611

DST #5 3344-3425
30-30-X-X

Blow; dead in 20 min

Recovery;
20' mud

Pressures;
ISIP 277
FSIP -----
IFP 21 24



3440



very faint odor

Trace tan dolomite; medium xln, good inter xln porosity, brown stain, SFO faint odor

Dolomite; cream-white; fine xln, cherty, dense, poor porosity, no shows, plus white-cream, chert

ROTARY TOTAL DEPTH 3434 (-1605)

IFF 21-24

FFP -----

HSR 1617-1605

