



KANSAS CORPORATION COMMISSION 1110916
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: _____



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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method:
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	LORRAINE 1-35
Doc ID	1110916

Tops

Name	Top	Datum
ANHYDRITE	983	+1042
BASE ANHYDRITE	996	+1029
HEEBNER	3668	-1643
BROWN LIME	3811	-1786
LANSING	3830	-1805
BASE KANSAS CITY	4118	-2093
MISSISSIPPI	4254	-2229
VIOLA	4330	-2305
SIMPSON	4491	-2466
ARBUCKLE	4586	-2561



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 07271 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-01-12		DISTRICT: Pratt KS		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.O. Drilling				LEASE: LORRAINE		1-35		WELL NO.	
ADDRESS:				COUNTY: STAFFORD		STATE: KS			
CITY:				STATE:		SERVICE CREW: Sullivan, Callaway, Pearson			
AUTHORIZED BY:				JOB TYPE: CNW 8 5/8 surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19889-19843	35						10-31-12	PM	9:45
19959-21010	35						11-01-12	AM	11:30
37900								AM	4:40
								AM	5:15
								AM	6:00
						MILES FROM STATION TO WELL: 20			

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	60/40 pot cut	SK	350		4,200.00
CC 102	Coll Fok	lb	88		325.60
CC 109	Calcium chloride	lb	903		948.15
CF 153	breakers Plug 8 5/8	SA	1		1,600.00
E 100	pink oil	mi	25		1,060.25
E 101	Heavy Coat oil	mi	50		350.00
E 113	Bulk Delivery	TM	376		602.00
CE 200	Depth charge	SA	1		1,000.00
CE 240	Blending - chitin	SK	350		490.00
SE 504	plug container rental	SA	1		250.00
5003	Spines Separator	SA	1		1,750.00

SUB TOTAL: 6,455.25

CHEMICAL / ACID DATA:			

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

Thank you TOTAL

SERVICE REPRESENTATIVE: *[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>11-01-12</i>	
Lease <i>LORRAINE</i>	Well # <i>7-35</i>		
Field Order # <i>7271</i>	Station <i>PRATT KS</i>	Casing <i>8 5/8</i>	Depth <i>395'</i>
Type Job <i>CNW 8 5/8 Surface</i>		County <i>STAFFORD</i>	State <i>KS</i>
Formation		Legal Description <i>35-25-15</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>								
Depth <i>395</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>24</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>100</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth / <i>312</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert L. Hines</i>
-------------------------	--------------------------------------	-----------------------------------

Service Units	<i>37900</i>	<i>19889</i>	<i>19843</i>	<i>19959</i>	<i>21010</i>				
Driver Names	<i>Sullivan</i>	<i>Callahan</i>	<i>Perison</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:30</i>					<i>on wa surface</i>
					<i>Run 9 JTS 8 5/8 # 23 csg.</i>
<i>4:20</i>					<i>CASING on bottom</i>
<i>4:30</i>					<i>Hook up to csg.</i>
<i>4:40</i>	<i>100</i>		<i>3</i>	<i>4</i>	<i>at SPIDER</i>
				<i>4.5</i>	<i>mix cmt 35usk 6/4/102 3%cc 1/4 CF</i>
			<i>75</i>		<i>cmt mix do shut down</i>
					<i>Release Plug</i>
				<i>4</i>	<i>at Disp</i>
<i>5:15</i>			<i>24</i>		<i>Plug down</i>
					<i>cmt in cellar.</i>
					<i>JOB complete</i>
					<i>Thank you</i>

Customer <i>L.D. Drilling</i>	Lease No.	Date <i>11-9-12</i>	
Lease <i>Lorraine</i>	Well # <i>1-35</i>		
Field Order # <i>7391</i>	Station <i>Pratt</i>	Casing	Depth
Type Job <i>PTA New well</i>	Formation	County <i>Stoddard</i>	State <i>KS</i>
		Legal Description <i>35-25-15</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
				<i>22052-60/40PO2</i>			5 Min.	
Depth	Depth	From	To	Pre Pad <i>1.432-1d</i>	Max			
Volume	Volume	From	To	Pad <i>1.01</i>	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 <i>Steve Stephens</i>	Station Manager <i>Dave Scott</i>	Treater <i>Steve Wilford</i>
---	-----------------------------------	------------------------------

Service Units	<i>17785</i>	<i>17881</i>	<i>17843</i>	<i>17831</i>	<i>17862</i>				
Driver Names	<i>W. Wood</i>	<i>W. Wood</i>	<i>W. Wood</i>	<i>P. Wood</i>	<i>P. Wood</i>				

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>10:30 AM</i>					<i>W/locat on - Safety check</i>
			<i>151M @ 41586</i>		<i>w/5032s 60/40PO2</i>
			<i>15</i>	<i>5</i>	<i>H2O Ahead</i>
			<i>12</i>	<i>5</i>	<i>mix 5032s @ 13.8"</i>
			<i>5</i>	<i>5</i>	<i>H2O spacer</i>
<i>1:45 PM</i>			<i>60</i>	<i>5</i>	<i>mod Displacement</i>
			<i>2nd plug @ 990</i>		<i>w/5032s 60/40PO2</i>
			<i>10</i>	<i>5</i>	<i>H2O Ahead</i>
			<i>12</i>	<i>5</i>	<i>mix 5032s @ 13.8"</i>
			<i>3</i>	<i>5</i>	<i>H2O Displacement</i>
<i>3:45 PM</i>			<i>6</i>	<i>5</i>	<i>mod Displacement</i>
			<i>3rd plug @ 1100</i>		<i>w/5032s 60/40PO2</i>
			<i>10</i>	<i>5</i>	<i>H2O Ahead</i>
			<i>12</i>	<i>5</i>	<i>mix 5032s</i>
<i>4:30 PM</i>			<i>14</i>	<i>5</i>	<i>H2O Displacement</i>
			<i>1120 PL @ 600</i>		<i>w/2032s</i>
<i>5:30 PM</i>			<i>5</i>		<i>mod Displacement</i>
					<i>connect to surface</i>
					<i>mix 5032s 60/40PO2 1H/1M 6/11</i>

GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: LORRAINE 1-35

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S35/25S/15W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1243

Test Unit:

Start Date: 2012/11/05 Start Time: 18:40:00

End Date: 2012/11/06 End Time: 01:45:00

Report Date: 2012/11/06 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 350' GAS IN PIPE, 100' SLIGHTLY OIL CUT GASSY 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.

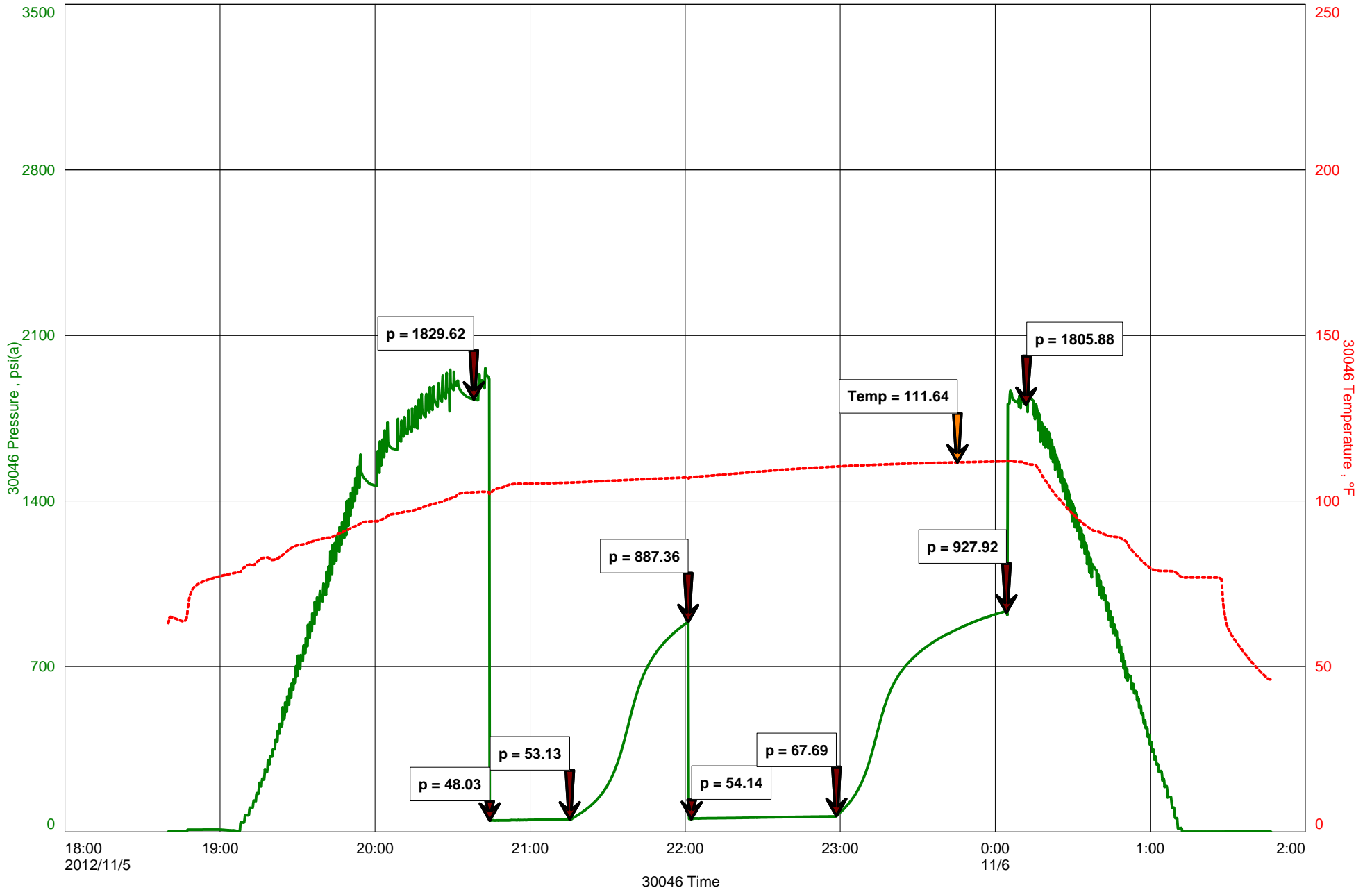
Blow: 1st Open: _____
 2nd Open: _____

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.

LORRAINE 1-35



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: LORRAINE 1-35

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S35/25S/15W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1244

Test Unit:

Start Date: 2012/11/06 Start Time: 11:00:00

End Date: 2012/11/06 End Time: 17:40:00

Report Date: 2012/11/06 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 250' SLIGHTLY 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.

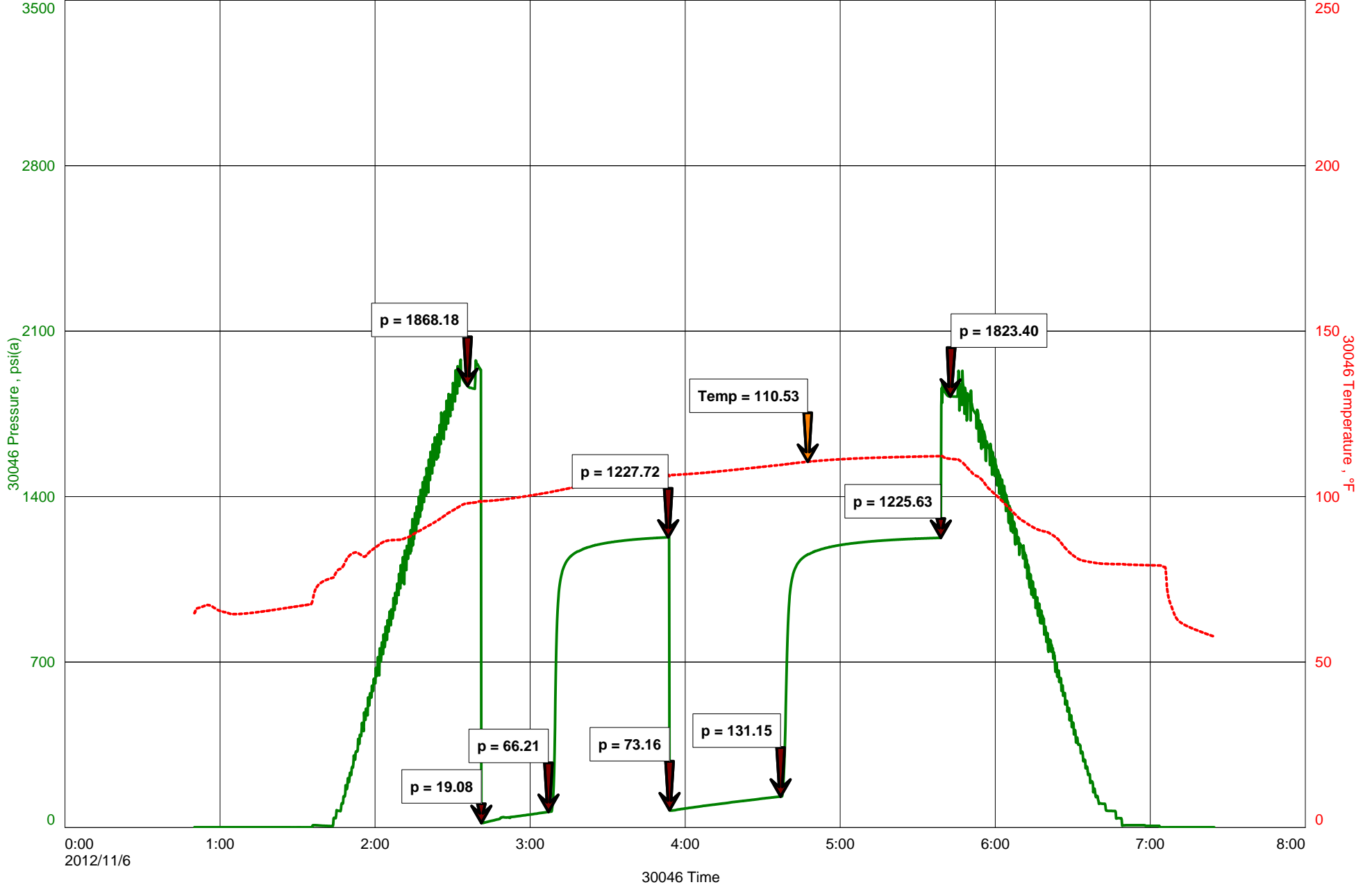
Blow: 1st Open: _____
 2nd Open: _____

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.

LORRAINE 1-35



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: LORRAINE 1-35

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S35/25S/15W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN REDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1245

Test Unit:

Start Date: 2012/11/07 Start Time: 21:30:00

End Date: 2012/11/08 End Time: 03:50:00

Report Date: 2012/11/08 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 5' 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.

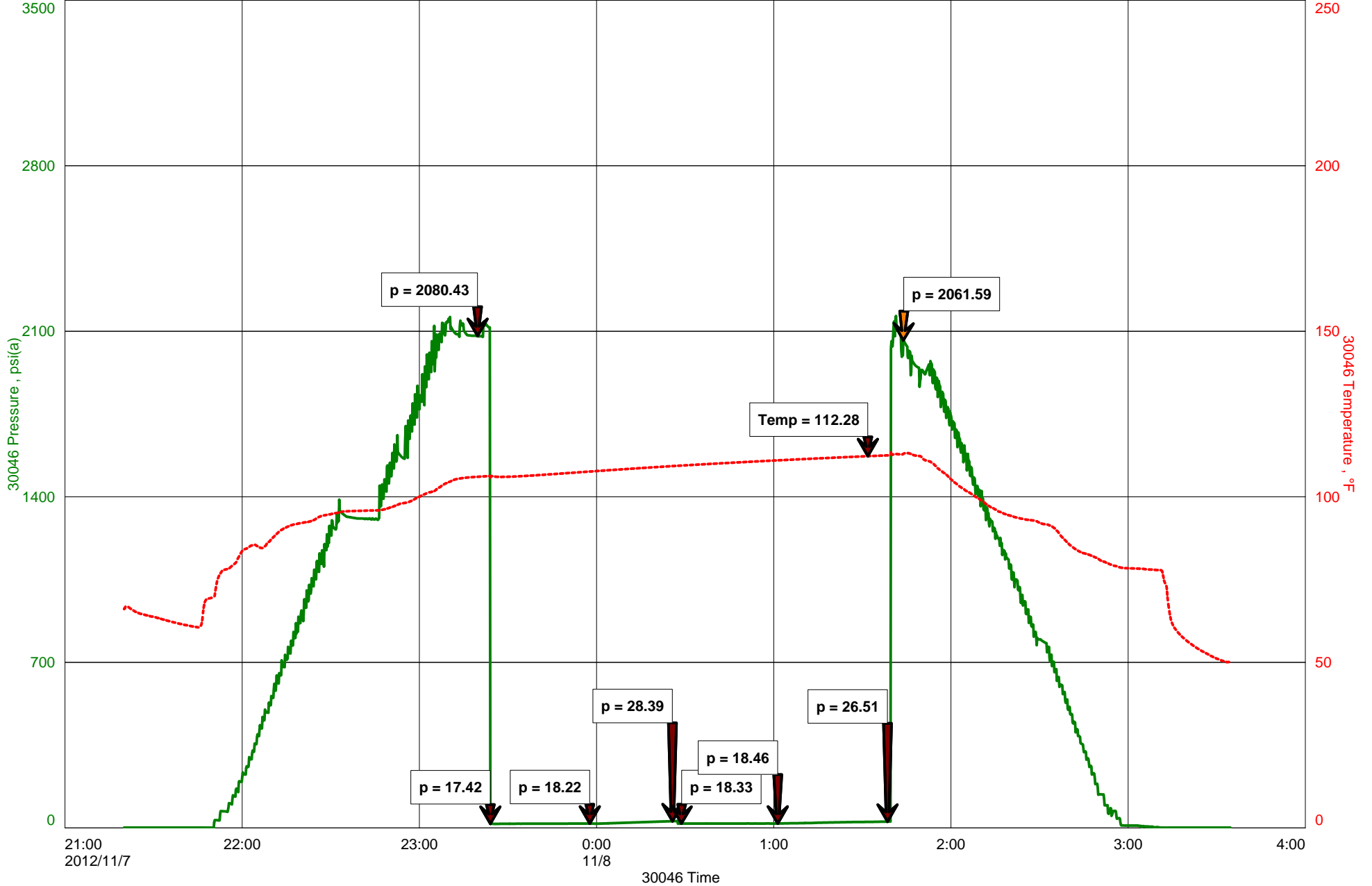
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
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.

LORRAINE 1-35



KIM B. SHOEMAKER

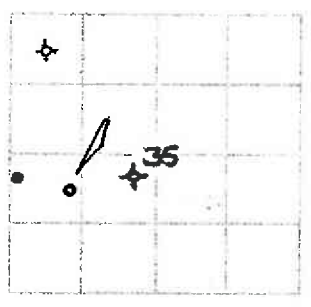
CONSULTING GEOLOGIST
316-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY <u>L. D. DRILLING, INC.</u>	ELEVATIONS
LEASE <u>* 1-35 LORRAINE</u>	KB <u>2025</u>
FIELD <u>WADDLE SOUTH</u>	DF _____
LOCATION <u>1880 FSL & 1130' FWL</u>	GL <u>2017</u>
SEC <u>35</u> TWP <u>25s</u> RGE <u>15w</u>	Measurements Are All From <u>2025 KB</u>
COUNTY <u>STAFFORD</u> STATE <u>KANSAS</u>	CASING SURFACE <u>8 5/8" @ 395'</u>
CONTRACTOR <u>DUKE DRILLING, CO. RIG 8</u>	PRODUCTIVE _____
SPUD <u>10-31-12</u> COMP <u>11-9-12</u>	ELECTRICAL SURVEYS
RID <u>4634</u> LTD <u>4634</u>	DUAL IND., DENS., N.
MUD UP <u>3211</u> TYPE MUD <u>CHEMICAL</u>	

SAMPLES SAVED FROM _____	<u>3600</u> TO <u>4634</u>
DRILLING TIME KEPT FROM _____	<u>3400</u> TO <u>4634</u>
SAMPLES EXAMINED FROM _____	<u>3600</u> TO <u>4634</u>
GEOLOGICAL SUPERVISION FROM _____	<u>3700</u> TO <u>4634</u>
GEOLOGIST ON WELL <u>KIM B. SHOEMAKER</u>	

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	983+1042	969+1056
B/ANH.	996+1029	990+1035
HEEBNER	3668-1643	3670-1645
BROWN LIME	3811-1786	3812-1787
LANSING	3830-1805	3830-1805
B/KC	4118-2093	4116-2091
MISSISSIPPI	4254-2229	4251-2226
VIOLA	4330-2305	4334-2309
SIMPSON	4491-2466	4491-2466
ARBOCKLE	4586-2561	4586-2561



REMARKS

10-31-12 SPUD
11-1 @ 395'
11-2 @ 1239'
11-3 @ 2500'
11-4 @ 3300'
11-5 @ 3800'
11-6 @ 3930'
11-7 @ 4150'
11-8 @ 4300'
11-9 @ 4634'

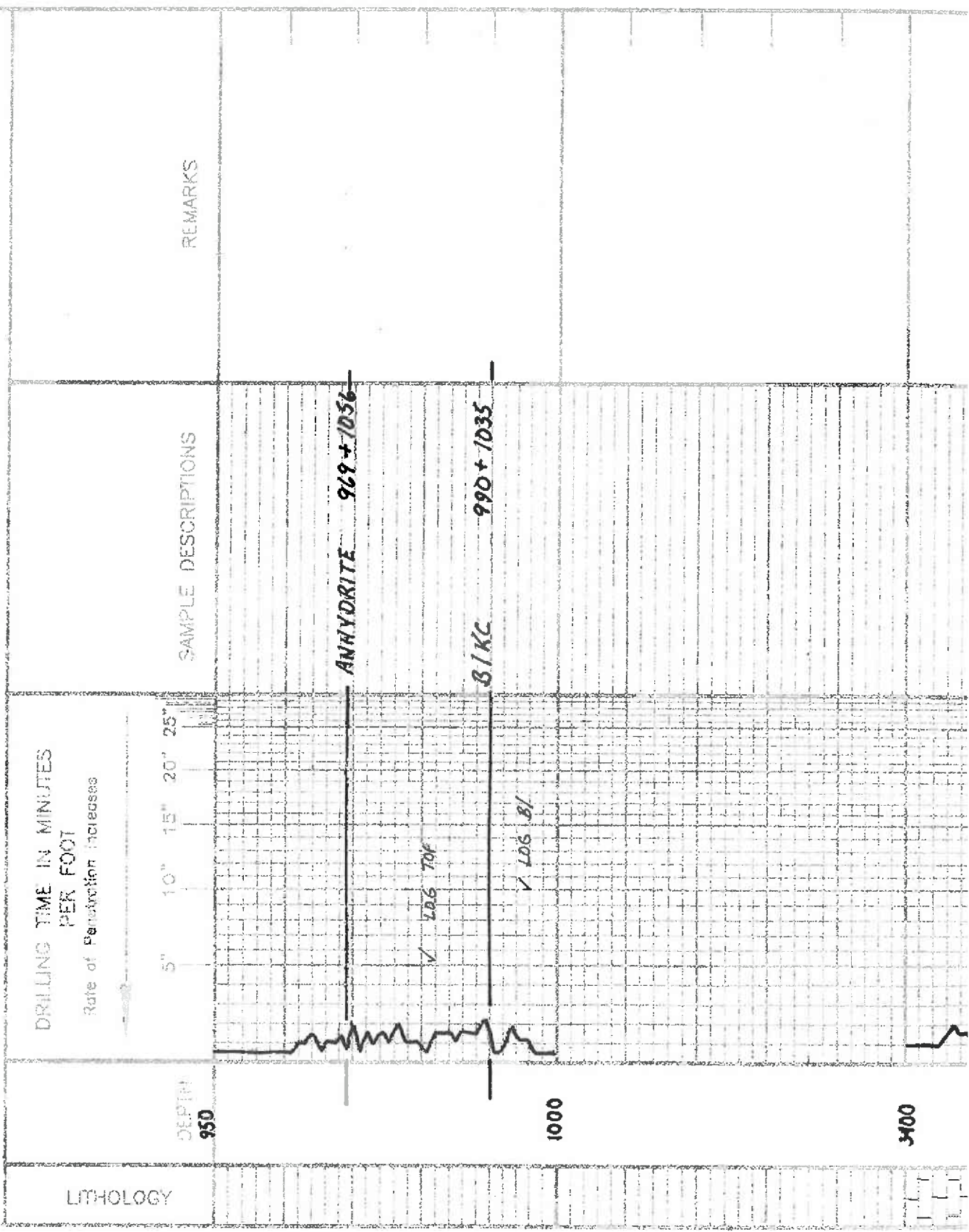
API: 15-185-23773

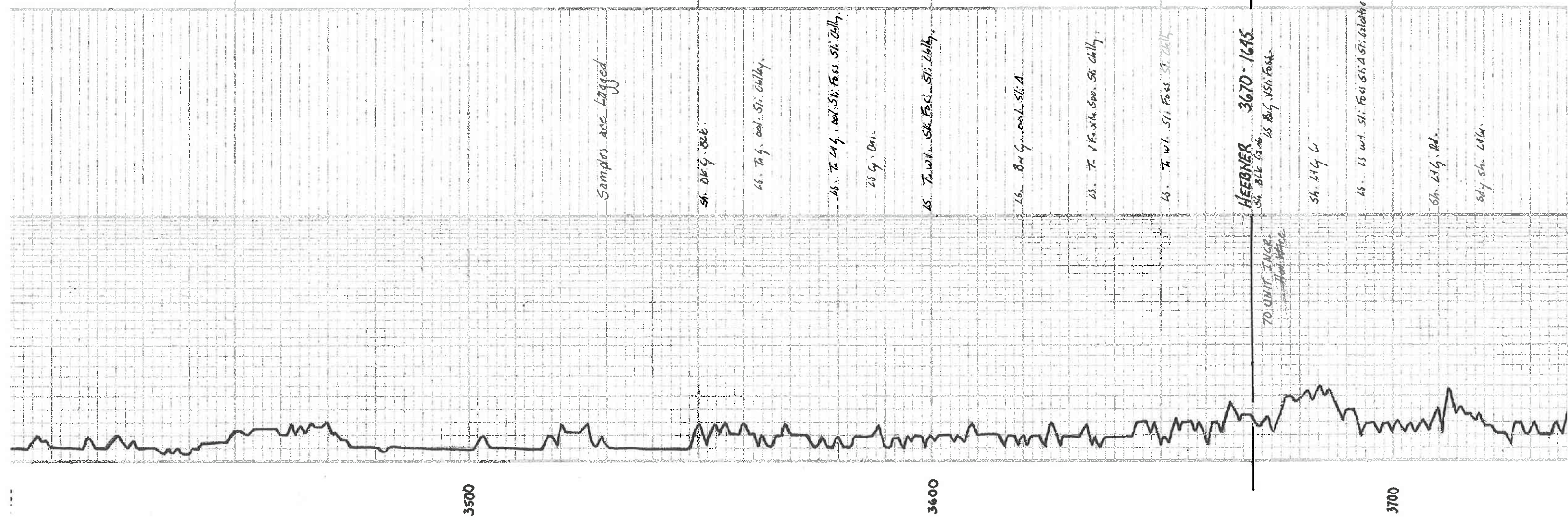
Hebner/Chrom. 2200 - 7D

LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Carbonate
- Limestone
- Coal/Lime
- Chert
- Dolomite

SHOE01-06





Samples are lagged

Sh. 219. 826.

14. T. w. q. 200. Sh. Chalky.

15. T. w. q. 200. Sh. Chalky.

25 g. Ore.

15. T. w. q. 200. Sh. Chalky.

16. 80 g. 200. Sh. A.

15. T. w. q. 200. Sh. Chalky.

15. T. w. q. 200. Sh. Chalky.

HEEDNER 3670-1645
Sh. 219. 826. 15 g. 200. Sh. Chalky.

Sh. 219. 826.

15. T. w. q. 200. Sh. Chalky.

Sh. 219. 826.

sdg. sh. 219.

TO UNIT INCR
100. 200.

ls. T. g. Foss. red. Collected. B. g. of
SP. DE. BU. dd. SW. T. PD. No. Foss.
No. 0.000

ls. T. g. Foss. red. Collected.

Sh. G. dk. g.

ls. Red. G. V. S. T. Foss.

Sh. G. g. ls.

B/KC 9116-2091

Sh. dk. g.

Sh. Blue. g.

ls. T. g. V. S. T. Foss. red. Collected.

ls. Red. G. D. A.

Sh. Bl. G.

ls. T. g. D. A. V. S. T. Foss.

Sh. dk. g.

ls. V. S. T. Foss. red. Collected.

Sh. Bl. G. D. A.

ls. G. D. A.

ls. T. g. D. A. S. T. A.

ls. T. g. V. S. T. Foss. red. Collected.

MISSISSIPPI 4251-2226

ls. V. S. T. Foss. red. Collected.

Sh. dk. g. S. T. A.

ls. V. S. T. Foss. red. Collected.

Sh. Blue. G. G. S. T. A.

Sh. Bl. G. D. A.

Sh. Red. G. Blue. D. A.

VIOLET 4331-2309

ls. V. S. T. Foss. red. Collected.

ls. T. g. S. T. A. Collected.

Sh. Blue. G.

ls. V. S. T. Foss. red. Collected.

ls. V. S. T. Foss. red. Collected.

ls. T. g. V. S. T. Foss. red. Collected.

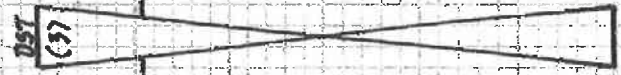
4100

4200

4300

4400

Vis: 18
WT: 94
VL: 104
CIL: 8000



DST (3) 4210-1300

1500ft: 8' low died 8' m. m.

2000ft: No Blow

30' 30" 30" 30"

Rec. 5' Mid

RP: 17-18 18-18

SIP: 28-27 4

Top 11274

Vis: 50
WT: 92
VL: 96
CIL: 4500

ls. Tan. M.W. Si. Foss. ~~Carboniferous~~
 ls. w/ chly.
 ls. To G. Dm.
 ls. w/ v. Frash. Pm.
 Δ wt.
 ls. Tan. Coar. 500 Cal. Pm.
SIMPSON 4491-2466
 Sh. Mar. Gm. shly.
 sd chly. low Fr. Md. Gm. Sub. Rd. w/ M. sp. & Carbon Spins.
 Sh. To Gmly.
 sd chly. w. cl. Gm. Fr. Md. Gm. Sub. Rd.
 Sh. Gm. Shly. Hd. Co. Gm. Sub. Rd.
 Sh. Tmly.
 sd chly. Gm. Hd. Co. Gm. Sub. Rd.
ARBUCKLE 4586-2561
 Dol. To Gm. v. Frash.
 Δ wt.
 Dol. To Gm. v. Frash.
 Dol. To Gm. Frash.
 Dol. To Gm. Coar.

