



KANSAS CORPORATION COMMISSION 111918
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: _____



1111918

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	STENZEL PARTNERSHIP 2-20
Doc ID	1111918

Tops

Name	Top	Datum
ANHYDRITE	1561	+737
BASE ANHYDRITE	1601	+697
HEEBNER	3666	-1368
LANSING	3707	-1409
BASE KANSAS CITY	4027	-1729
MARMATON	4034	-1736
FORT SCOTT	4206	-1908
CHEROKEE	4230	-1932
MISSISSIPPI	4306	-2008



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 06611 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-6-12		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: LD Drilling				LEASE: Stenzel Partnership				WELL NO. 220			
ADDRESS:				COUNTY: Ness				STATE: KS			
CITY:				STATE:				SERVICE CREW: ED SCOTT JOE			
AUTHORIZED BY:				JOB TYPE: CNW 8 5/8 SF							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME		
19889-19843	45						11-6-12	PM	3:30		
19959-21010	45						11-6-12	AM	7:00		
37586							11-6-12	AM	10:45		
							11-6-12	PM	11:30		
							11-7-12	AM	12:30		
						RELEASED					
						MILES FROM STATION TO WELL		100			

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 P02	270	270		3,240 00	
CC 102	Celloflake	lb	68		251 60	
CC 109	Calcium Chloride	lb	699		733 95	
CF 153	Wooden Plug	ea	1		160 00	
E 100	Pickup Mileage	mi	100		425 00	
E 101	Heavy Mileage	mi	200		1,400 00	
E 113	Bulk Delivery	TM	1165		1,864 00	
CE 200	Depth Charge	4hr	1		1,000 00	
CE 240	Mixing Charge	SK	270		378 00	
CE 504	Plug Con Tainer	JOB	1		250 00	
S 003	Service Supervisor	ea	1		175 00	
					SUB TOTAL	7,408 16

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		7,100 66

SERVICE REPRESENTATIVE: <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
--	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

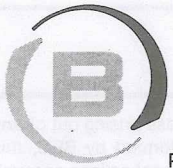
Customer <i>L.O Drilling</i>	Lease No.	Date <i>11-12</i>
Lease <i>STENZEL PARTNER SHIP</i>	Well # <i>2-20</i>	
Field Order # <i>6610</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i> Depth <i>387</i> County <i>Ness</i> State <i>KS</i>
Type Job <i>CNW 8 5/8 SF</i>	Formation	Legal Description <i>20-18-24</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>8 5/8</i>							5 Min.
Depth <i>384</i>	Depth	From	To	Pre Pad	Max		
Volume <i>24</i>	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 <i>387</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative *RICK* Station Manager *SCOTTY* Treater *JOE MELSON*

Service Units	<i>19884</i>	<i>19843</i>	<i>19959-21010</i>	<i>37586</i>				
Driver Names	<i>ED</i>	<i>SCOTT</i>		<i>JOE</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>7:00</i>					<i>ON LOC - Safety Meeting</i>
					<i>Run 9 JTS 8 5/8 24 # CSG</i>
<i>10:45</i>					<i>Casing on BOTTOM</i>
					<i>Break cir. with Rig</i>
<i>10:55</i>	<i>100</i>		<i>58</i>	<i>5</i>	<i>MIX 270 SLS 60/40 POZ 3% CC 1/4 cel</i>
					<i>SHUT DOWN</i>
					<i>Release Plug</i>
			<i>0</i>	<i>5</i>	<i>START H2O DISP.</i>
	<i>100</i>		<i>23</i>	<i>5</i>	<i>CEMENT TO SURFACE</i>
<i>11:30</i>	<i>100</i>		<i>24</i>	<i>5</i>	<i>Plug DOWN</i>
					<i>Circ. Thru JOB</i>
					<i>Circ. 1 bbl cement TO PIT</i>
					<i>JOB COMPLETE</i>
					<i>Thank you Joe Melson</i>



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 07159 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>11-15-2012</u> 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 <u>LD DRILLING, INC.</u>		LEASE <u>STENZEL PARTNERSHIP</u> WELL NO. <u>2-20</u>						
ADDRESS _____		COUNTY <u>NESS</u> STATE <u>Ks.</u>						
CITY _____ STATE _____		SERVICE CREW <u>LESLEY, McGRAD, GORDLEY, PLYE, CALAWAY</u>						
AUTHORIZED BY _____		JOB TYPE: <u>CNW - 5 1/2" TWO STAGE</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<u>37586</u>	<u>7</u>					<u>11-15-12</u>	<u>PM</u>	<u>1:00</u>
<u>27463</u>	<u>7</u>					ARRIVED AT JOB		<u>PM 3:30</u>
<u>19907-GORDLEY</u>	<u>7</u>					START OPERATION		<u>PM 3:45</u>
<u>70959-19918</u>	<u>7</u>					FINISH OPERATION		<u>PM 9:45</u>
<u>19960-21010</u>	<u>7</u>					RELEASED		<u>PM 10:30</u>
						MILES FROM STATION TO WELL	<u>100</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.

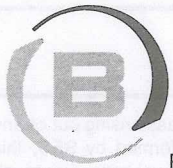
SIGNED: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP100C	COMMON CMT.	SK	200		3,200.00	
CP 101	A-CON BLEND	SK	250		4,500.00	
CP 100C	COMMON CMT.	SK	60		960.00	
CC 105	C-4IP DEFOAMER	lb	62		248.00	
CC 111	SALT	lb	2112		1,056.00	
CC 112	CMT. FRICTION REDUCER	lb	184		1,104.00	
CC 113	GYPSON	lb	1225		918.75	
CC 201	GILSONITE	lb	1300		871.00	
CC 102	CELLOFLAKE	lb	63		233.10	
CC 109	CALCIUM CHLORIDE	lb	705		740.25	
CF 401	TWO STAGE CMT. COLLAR, 5 1/2"	EA	1		6,100.00	
CF 601	LATCH DOWN PLUG ASSEMBLY, 5 1/2"	EA	1		850.00	
CF 851	FLOAT SHOE, 5 1/2"	EA	1		425.00	
CF 1651	TURBOLIZER, 5 1/2"	EA	6		660.00	
CF 1901	BASKET, 5 1/2"	EA	1		290.00	
					SUB TOTAL	

CHEMICAL / ACID DATA:			

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

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



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 07160 A

"CONTINUATION"

DATE _____ TICKET NO. _____

DATE OF JOB 11-15-2012 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 LD DRILLING, INC.	LEASE STENZEL PARTNERSHIP WELL NO. 2-20
ADDRESS _____	COUNTY NESS STATE Ks.
CITY _____ STATE _____	SERVICE CREW Wesley, McGrath, Page, Callaway, Gordley
AUTHORIZED BY _____	JOB TYPE: CNW - 5 1/2" TWO-STAGE
EQUIPMENT# _____ HRS _____	EQUIPMENT# _____ HRS _____
EQUIPMENT# _____ HRS _____	EQUIPMENT# _____ HRS _____
TRUCK CALLED _____ DATE _____ AM/PM _____ TIME _____	
ARRIVED AT JOB _____ AM/PM _____	
START OPERATION _____ AM/PM _____	
FINISH OPERATION _____ AM/PM _____	
RELEASED _____ AM/PM _____	
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: *Don J. McGrath*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E 100	PICKUP MILEAGE	MI	100		425 00
E 101	HEAVY EQUIPMENT MILEAGE	MI	300		2,100 00
E 113	BULK DELIVERY CHARGE	TM	2400		3,840 00
CE 205	DEPTH CHARGE; 4001'-5000'	HR	1-4		2,520 00
CE 240	BLENDING SERVICE CHARGE	SK	510		714 00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250 00
S 003	SERVICE SUPERVISOR	EA	1		175 00
CE 202	DEPTH CHARGE; 1001'-2000'	HR	1-4		1,500 00

SUB TOTAL \$ 25,260.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u><i>Wesley</i></u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u><i>Don J. McGrath</i></u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO. _____	

BASIC

energy services, L.P.

Pg # 1 of # 2

TREATMENT REPORT

Customer LD DRILLING, INC.	Lease No.	Date 11-15-2012
Lease STENZEL PARTNERSHIP	Well # 2-20	
Field Order # 07159	Station PRATT, KS.	County NESS
Type Job CNW - 5 1/2" TWO-STAGE	Casing 5 1/2"	Depth 4399
	Formation TD - 4400'	State KS.
		Legal Description 20-18-24

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 5 1/2" x 17'	# Tubing 17'	Shots/Ft CMT -	Acid 30SKS. SCAVENGER @ 14 PPG	Pre Pad 200SKS. COMMON	Max SJ = 12.90'	ISIP	5 Min.
Depth 4204.22	Depth	From CMT -	To @ 1.36 COFT	Pad H₂O - 70	Min 104 JTS. RAN		10 Min.
Volume 107.46 BBL	Volume	From	To	Frac MUD - 30	Avg		15 Min.
Max Press 1500	Max Press	From	To	Flush 107 BBL	HHP Used		Annulus Pressure
Well Connection P.C.	Annulus Vol.	From	To		Gas Volume		Total Load
Plug Depth 4391.32'	Packer Depth	From	To				

Customer Representative L.D. DAVIS	Station Manager D. SCOTT	Treater K. LESLEY
Service Units 37586 27463 70959 19918 19960 21010		
Driver Names LESLEY McBRAN PRYE CALLAWAY		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30 PM					ON LOCATION - SAFETY MEETING
3:40 PM					RUN 10 JTS. 5 1/2" x 17' CSG.
}					D.V. TOOL @ 1624' = #65
					TURBO - 2, 3, 5, 7, 9, 104
					BASKET - 65
5:20 PM					CSG. ON BOTTOM
5:30 PM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
6:00 PM			10	6	MIX 30SKS. SCAVENGER @ 14.0 PPG
6:02 PM			48	6	MIX 200SKS. COMMON @ 15.5 PPG
6:10 PM					CLEAR TOB, PUMP & LINE - DROP L.D. PLUG
}	0		0	6	START DISPLACEMENT W/ H ₂ O
	500		70	6	SWITCH TO MUD DISPLACEMENT
	700		97	2	SLOW RATE
6:14 PM	1500		107	2	PLUG DOWN - HELD
6:15 PM					DROP D.V. OPEN PLUG
6:45 PM					OPEN D.V. TOOL
7:00 PM - 9:00 PM					CIRC. W/ RIG PUMP FOR 2 HRS.

OVER →

BASIC

energy services, L.P.

Pg. # 2 OF # 2

TREATMENT REPORT

Customer LD DRILLING, INC.	Lease No.	Date 11-15-2012
Lease STENZEL PARTNERSHIP	Well # 2-20	
Field Order # 07154	Station PRATT, KS.	Casing 5 1/2"
Type Job CNW - 5 1/2" TWO-STAGE	Depth 4399	County NESS
	Formation TD-4405	State Ks.
		Legal Description 20-18-24

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2 x 15.5"		CMT-		250 SKS. A-CON				Max
Depth DV-1424'	Depth 1424'	From	To	Pre Pad @ 2.47 CUFT				Min
Volume 39.6 BBL	Volume	From	To	Pad				Avg
Max Press 1500	Max Press	From	To	Frac				HHP Used
Well Connection P.C.	Annulus Vol.	From	To	Flush 39.6 BBL				Annulus Pressure
Plug Depth 1424'	Packer Depth	From	To		Gas Volume			Total Load

Customer Representative LD DAVIS	Station Manager D. SCOTT	Treater K. LESLEY
Service Units 37586 27463 70959 19918 19960 21010		
Driver Names LESLEY McGRAW PAYE - CALLAWAY -		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					* TOP STAGE *
9:00pm	300		5	6	HOD AHEAD
9:05pm	200		110	6	MIX 250SKS. A-CON @ 12 PPG
9:23pm					CLEAR TUB, PUMP & LINE
9:28pm					DROP DV CLOSING PLUG
9:30pm	0		0	5	START DISPLACEMENT
9:37pm	500		30	3	SLOW RATE
9:40pm	1700		39.6	3	PLUG DOWN - CLOSE DV TOOL
					CIRCULATE CEMENT TO PET

**JOB COMPLETE,
THANKS -
KEVEN LESLEY**

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: STENZEL-PARTNERSHIP 2-20

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S20/18S/24W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1246

Test Unit:

Start Date: 2012/11/13 Start Time: 02:30:00

End Date: 2012/11/13 End Time: 10:40:00

Report Date: 2012/11/13 Prepared By: JOHNRIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 600' GAS IN PIPE, 100' GAS+OIL CUT MUD, 60' GAS+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.

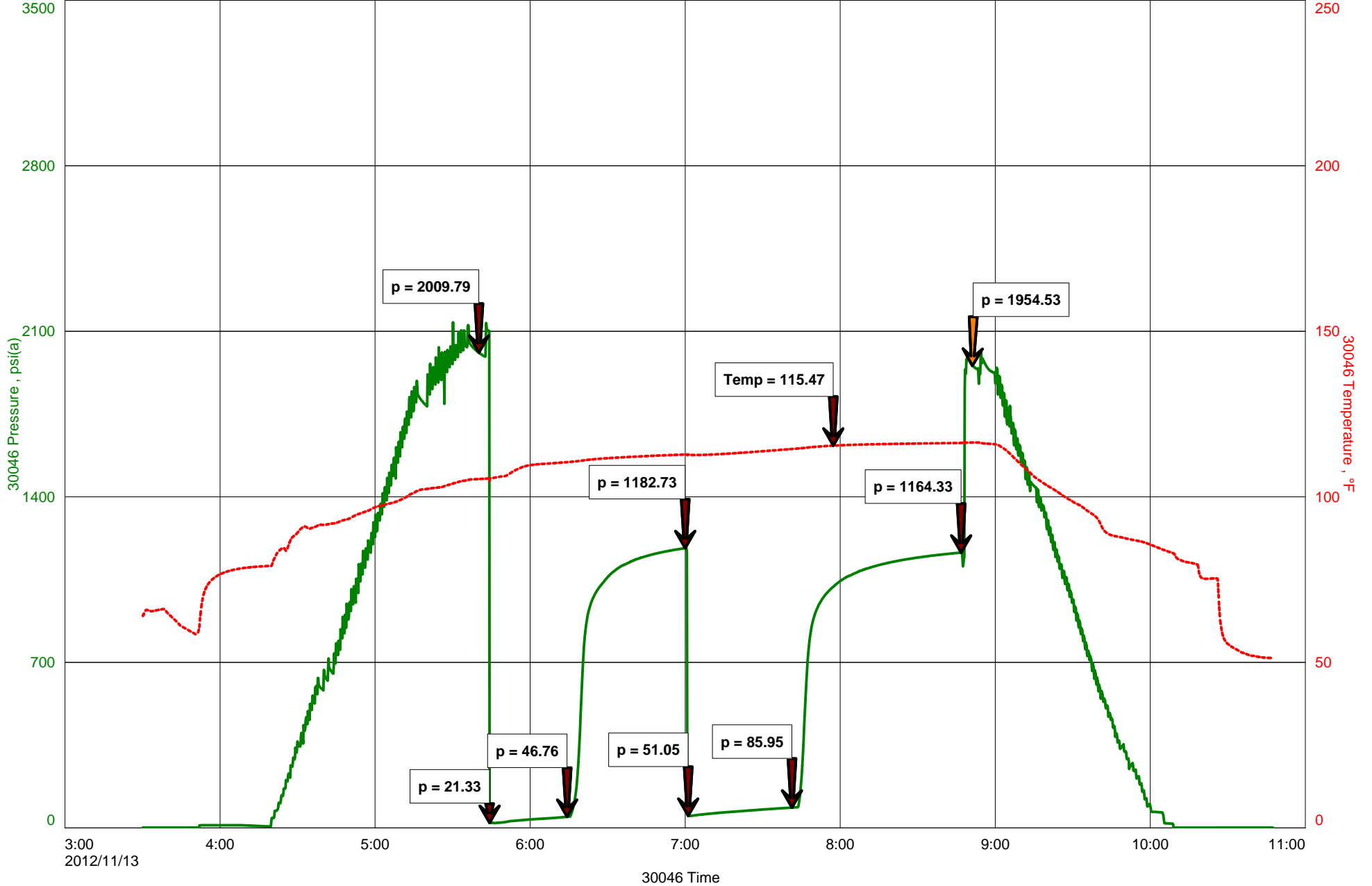
Blow: 1st Open: _____
 2nd Open: _____

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.

STENZEL-PARTNERSHIP 2-20



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: STENZEL-PARTNERSHIP 2-20

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S20/18S/24W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1247

Test Unit:

Start Date: 2012/11/13 Start Time: 22:00:00

End Date: 2012/11/14 End Time: 05:15:00

Report Date: 2012/11/14 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 60' GAS IN PIPE, 5' FREE OIL, 55' GASmud cut oil



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.

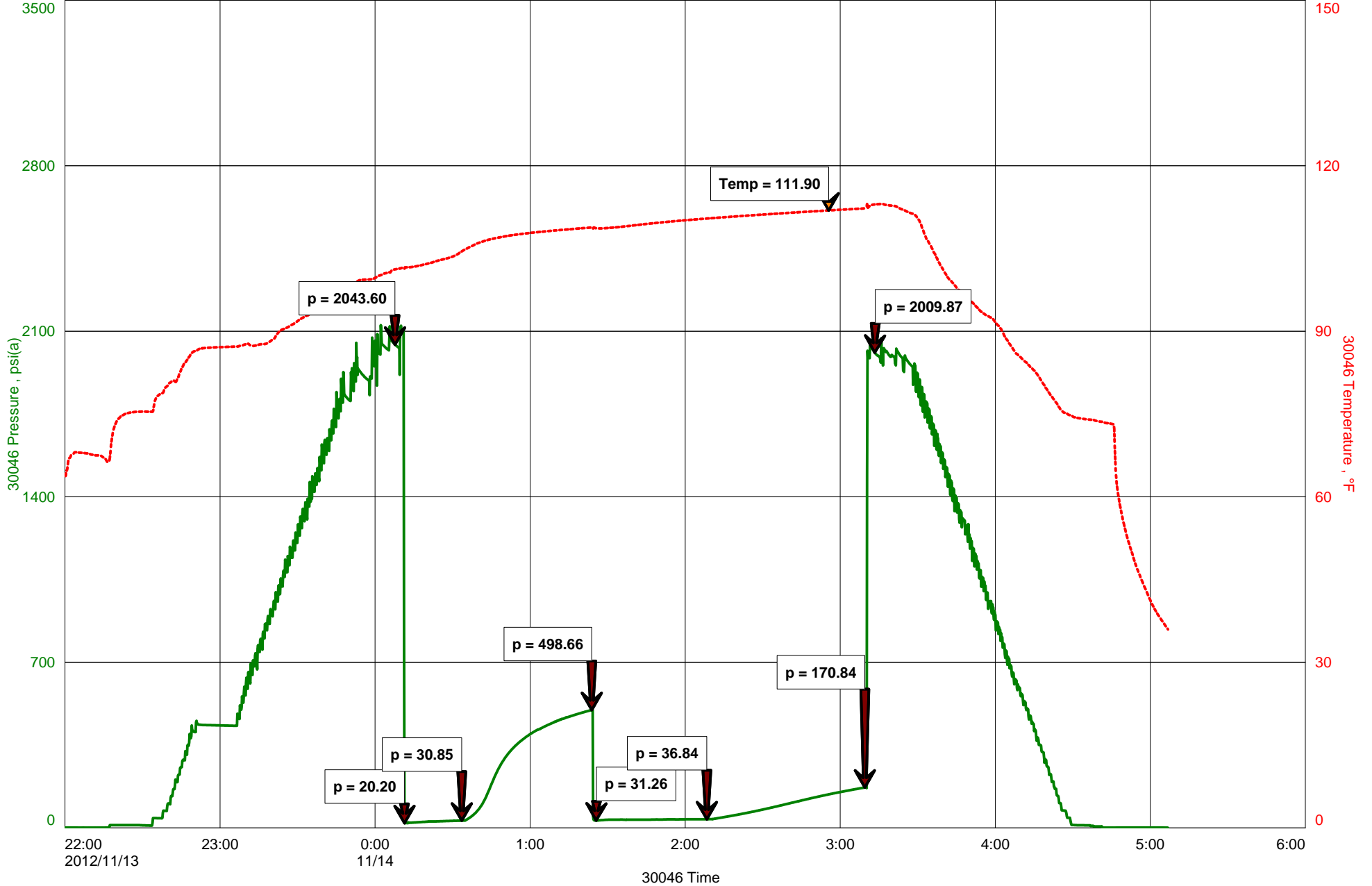
Blow: 1st Open: _____
 2nd Open: _____

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.

STENZEL-PARTNERSHIP 2-20



GENERAL INFORMATION

Client Information:

Company: LD DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: STENZEL-PARTNERSHIP2-20

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S20/18S/24W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1248

Test Unit:

Start Date: 2012/11/14 Start Time: 12:00:00

End Date: 2012/11/14 End Time: 19:50:00

Report Date: 2012/11/14 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 250' GAS IN PIPE, 600' GASSY OIL



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.

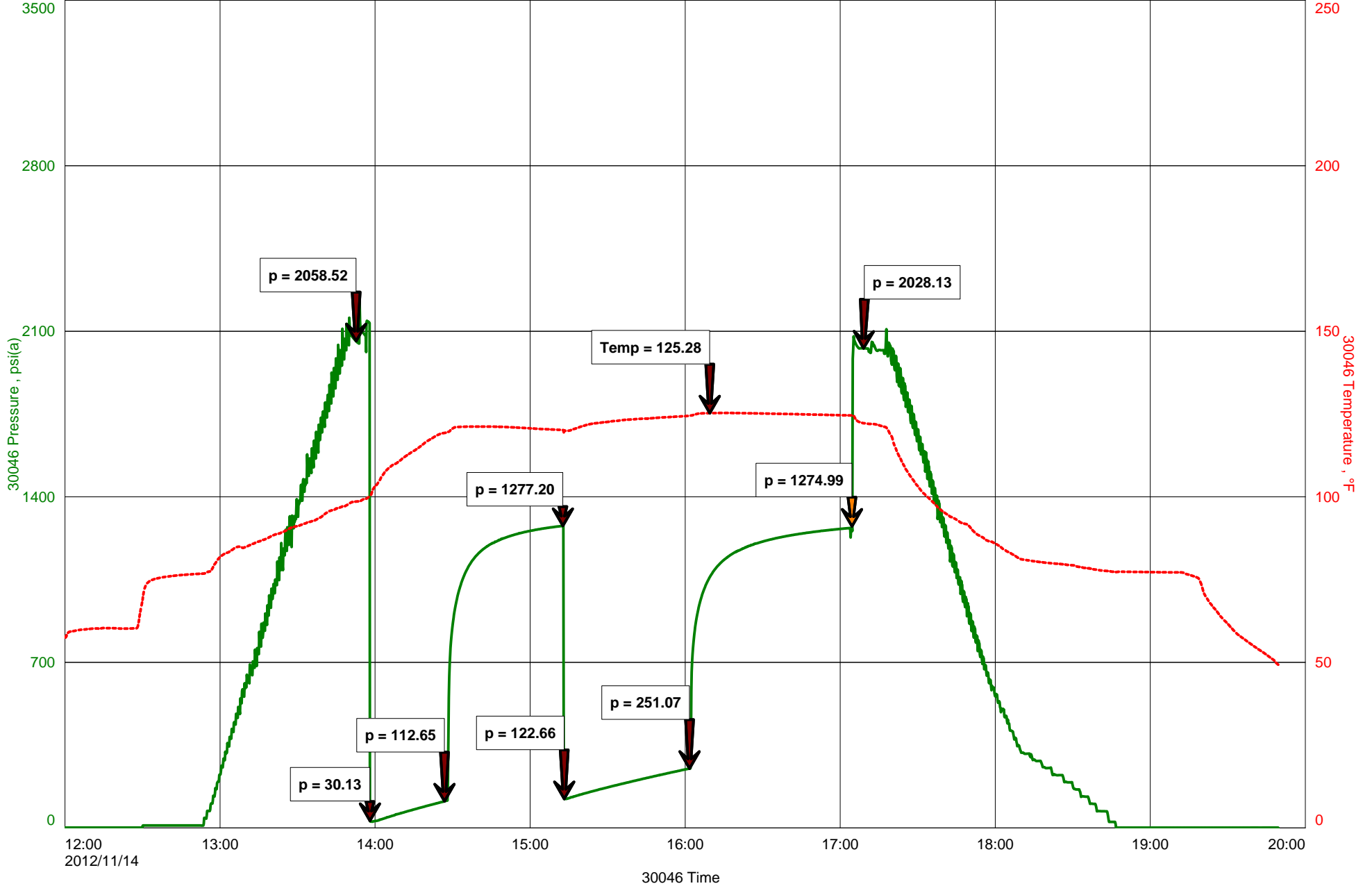
Blow: 1st Open: _____
2nd Open: _____

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.

STENZEL-PARTNERSHIP2-20



KIM B. SHOEMAKER

CONSULTING GEOLOGIST
316-684-9709 * WICHITA, KS

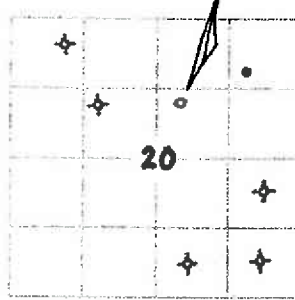
GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.
LEASE #2-20 STENZEL PARTNERSHIP
FIELD L.T.P. NORTH
LOCATION 1650' FNL & 2290' FEL
SEC 20 TWP 18s RGE 24w
COUNTY NESS STATE KANSAS
CONTRACTOR L. D. DRILLING, INC.
SPUD 11-6-12 COMP 11-15-12
RTD 4400 LTD 4402
MUD UP 3384 TYPE MUD CHEMICAL

ELEVATIONS
KB 2298
DF _____
GL 2293
Measurements Are All
From 2298 KB
CASING
SURFACE 8 5/8" @ 387'
PRODUCTION 5 1/2" @
ELECTRICAL SURVEYS
DUAL IND.
DENS. - N., MICRO

SAMPLES SAVED FROM 3600 TO 4400
DRILLING TIME KEPT FROM 3500 TO 4400
SAMPLES EXAMINED FROM 3600 TO 4400
GEOLOGICAL SUPERVISION FROM 3700 TO 4400
GEOLOGIST ON WELL KIM B. SHOEMAKER

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	1561 + 737	1561 + 737
B/ANN	1601 + 697	1600 + 698
HEEGNER	3666 - 1368	3666 - 1368
LANSING	3707 - 1409	3706 - 1408
B/KC	4027 - 1729	4026 - 1728
MARMATON	4034 - 1736	4032 - 1734
FORT SCOTT	4206 - 1908	4205 - 1907
CHEROKEE	4230 - 1932	4229 - 1931
MISSISSIPPI	4306 - 2008	4306 - 2008



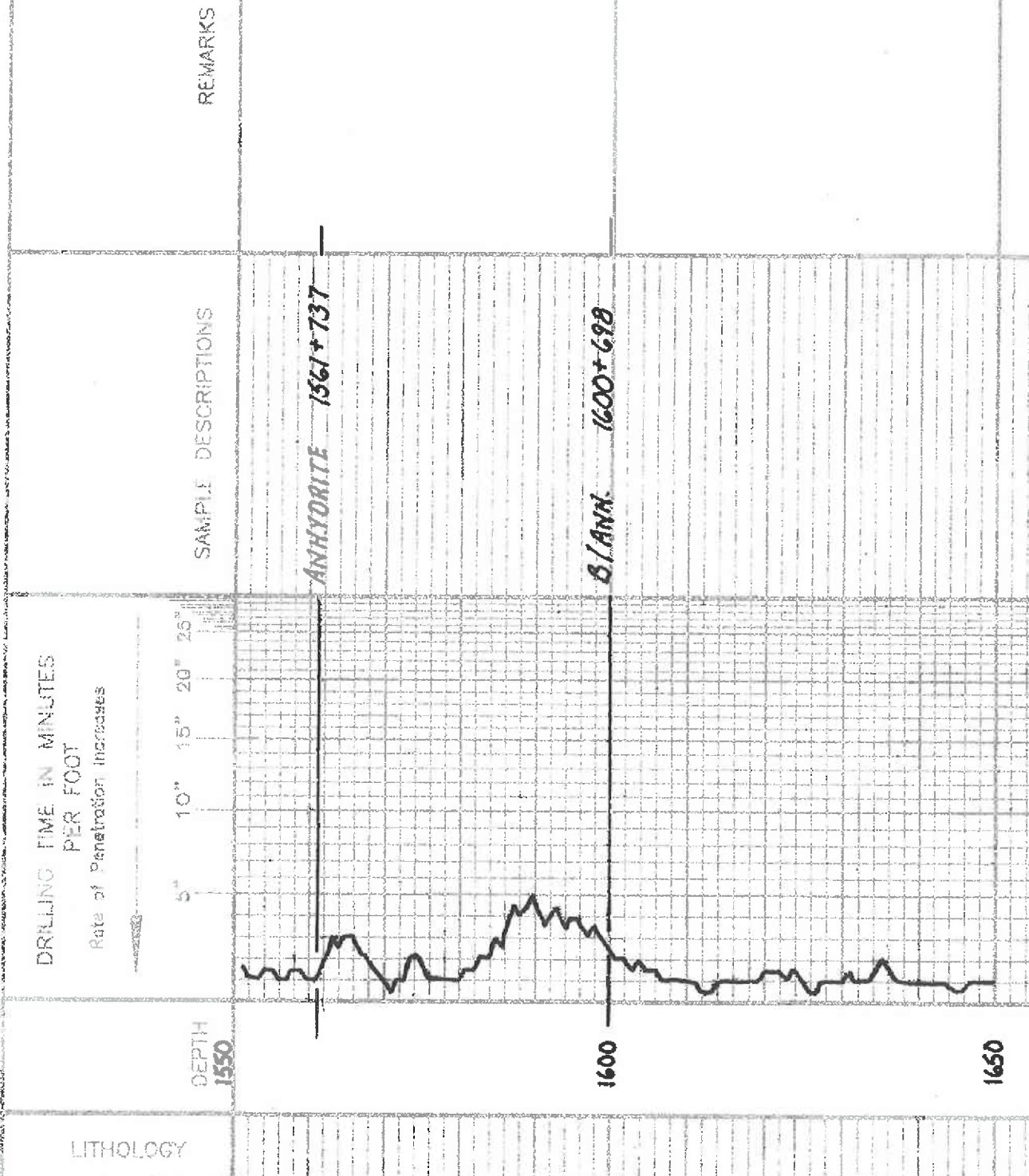
API: 15-135-25371

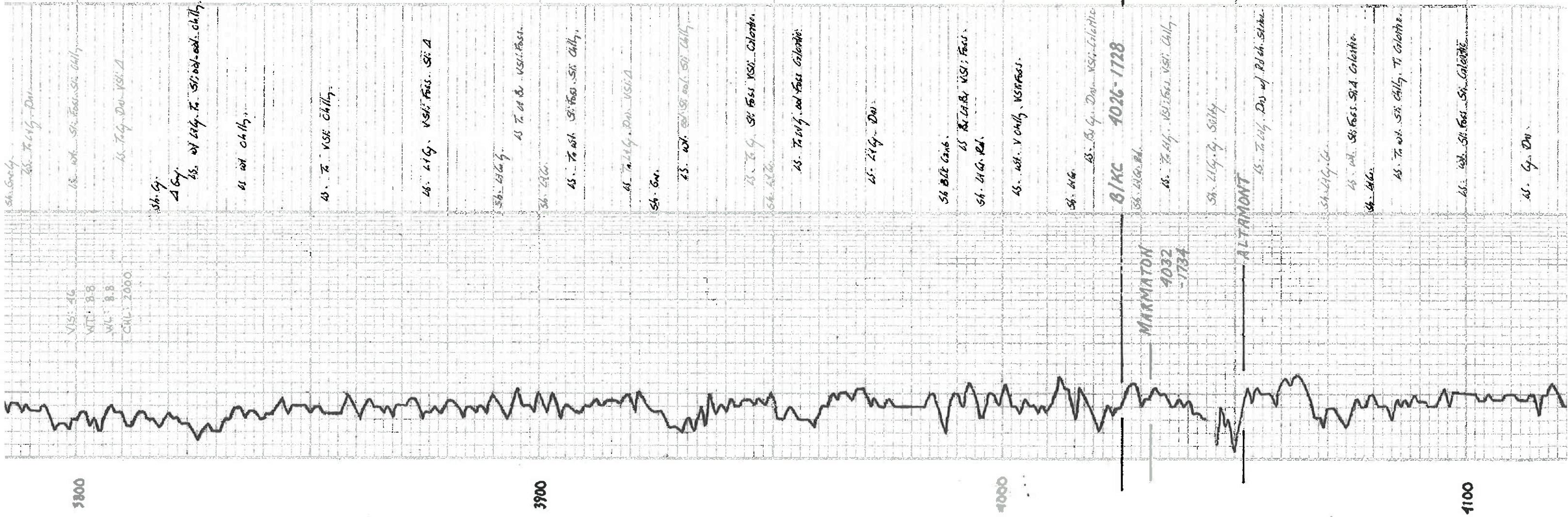
REMARKS
11-6-12 SPUD
11-7 @ 390'
11-8 @ 1760'
11-9 @ 2655'
11-10 @ 3190'
11-11 @ 3690'
11-12 @ 4060'
11-13 @ 4230'
11-14 @ 4306'
11-15 @ 4400'

LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Carb sh
- Limestone
- Dol. Lime
- Chert
- Dolomite

SHOEO1-06





Sh. G. G.

42. To 1/4 mi. - Dm.

43. wt. Silt. Foss. Silt. Chilly.

44. To 1/4 mi. - Dm. - V.S.I. A

Sh. G.

Δ G.

45. wt. 1/4 mi. To Silt. Foss. Silt. Chilly.

46. wt. Chilly.

47. To V.S.I. Chilly.

48. 1/4 mi. V.S.I. Foss. Silt. A

Sh. G. G.

49. To 1/4 mi. V.S.I. Foss.

Sh. G. G.

50. To 1/4 mi. Silt. Foss. Silt. Chilly.

51. To 1/4 mi. Dm. - V.S.I. A

Sh. G. G.

52. wt. Silt. Foss. Silt. Chilly.

53. To 1/4 mi. Silt. Foss. V.S.I. Colotho.

Sh. G. G.

54. To 1/4 mi. Silt. Foss. Colotho.

55. 1/4 mi. Dm.

Sh. G. G. Camb.

56. To 1/4 mi. V.S.I. Foss.

Sh. G. G. Rd.

57. wt. V. Chilly, V.S.I. Foss.

Sh. G. G.

58. To 1/4 mi. Dm. - V.S.I. Colotho.

B/KC 4026-1728

Sh. G. G. Rd.

MARMATON

4032

-1734

59. To 1/4 mi. V.S.I. Foss. V.S.I. Chilly.

Sh. G. G. Silt.

ALTAMONT

60. To 1/4 mi. Dm. w/ Rd. Ch. Silt.

Sh. G. G.

61. wt. Silt. Foss. Silt. Colotho.

Sh. G. G.

62. To 1/4 mi. Silt. Chilly, To Colotho.

63. wt. Silt. Foss. Silt. Colotho.

64. G. Dm.

PAWNEE 4129-1831

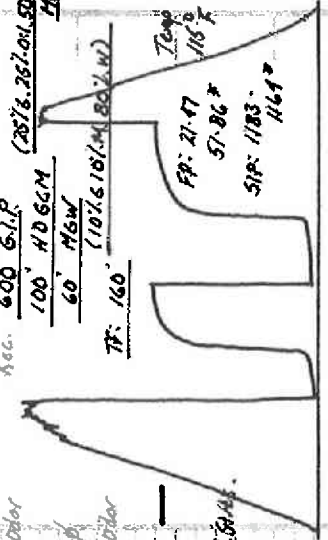
Sh. dk gy. ls. wt. chky. ls. gy. silty
ls. gy. silty
ls. gy. dk. gy. silty
ls. dk. gy. silty

DST (1) 9193-9230
1st OPEN: Bottom bucket 12 min.
2nd OPEN: " " " "

FORT SCOTT 1205-1907

Sh. blk carb.
ls. to sh. fossiliferous ls. with sh. fossils
ls. to sh. fossiliferous ls. with sh. fossils
ls. to sh. fossiliferous ls. with sh. fossils

Rec. 600' G.I.P.
100' HD GCM
60' HGW
TF: 160'
(10% to 10% M. 80% L.W.)

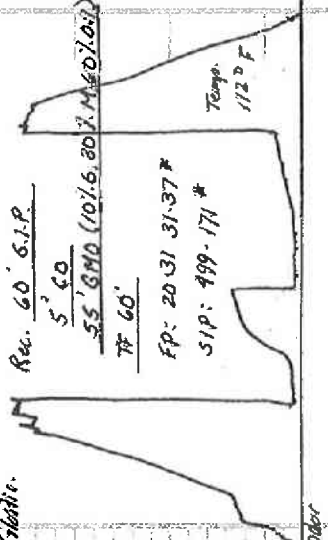


CHEROKEE 1229-1931

Sh. blk carb.
ls. wt. sh. fossils. Silty. Sh. A
Sh. dk. gy. ls. gy.

DST (2) 9263-9300
1st OPEN: Blow built to 5"
2nd OPEN: " " " 2"

Rec. 60' G.I.P.
5' CO
55' GMD (10% to 20% M. 80% L.W.)
TF: 60'

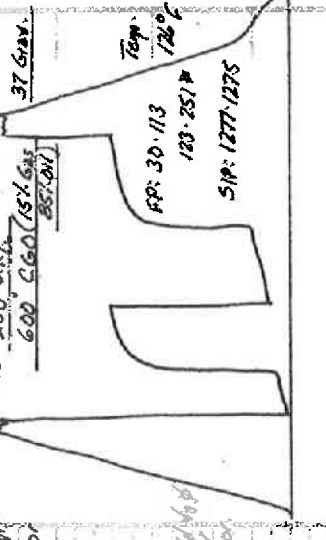


S/CHERO LIME 1270-1912

ls. to sh. wt. sh. fossils. Silty. Sh. A
Sh. blk carb.
ls. wt. sh. fossils. Silty. Sh. A
ls. wt. sh. fossils. Silty. Sh. A

DST (3) 1309-9318
1st OPEN: Bottom bucket 17 min.
2nd OPEN: Blow built to 8"

Rec. 250' G.I.P.
600' GCM (5% to 8% M. 95% L.W.)
TF: 160'



MISSISSIPPI 1306-2008

ls. wt. sh. fossils. Silty. Sh. A
ls. wt. sh. fossils. Silty. Sh. A
ls. wt. sh. fossils. Silty. Sh. A

RTD 1400-2102