



KANSAS CORPORATION COMMISSION 1119387
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 Date Reached TD Completion Date or
Recompletion Date 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
_____ 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Marexco, Inc.
Well Name	STAPP FARMS 34-21
Doc ID	1119387

Tops

Name	Top	Datum
Anhydrite	1861	+543
Base of Anhydrite	1889	+515
Heebner	3146	-742
Toronto	3180	-776
Lansing	3187	-783
BKC	3393	-989
Granite Wash	3495	-1091
3525	3525	-1121



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Marexco, Inc.
3033 NW 63rd St. STE #151
Oklahoma City, OK 73116
ATTN: Larry Nicholson

21-1s-26w-Decatur-KS
Stapp Farms #34-21
Job Ticket: 47060 DST#: 4
Test Start: 2012.07.02 @ 19:00:00

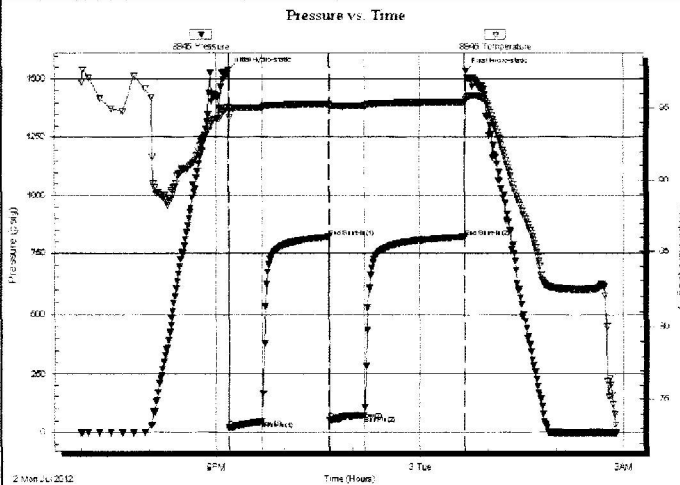
GENERAL INFORMATION:

Formation: LKC "C"
Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole (Initial)
Time Tool Opened: 21:11:30 Tester: Kevin Mack
Time Test Ended: 02:54:30 Unit No: 64
Interval: 3211.00 ft (KB) To 3250.00 ft (KB) (TVD) Reference Elevations: 2402.00 ft (KB)
Total Depth: 3250.00 ft (KB) (TVD) 2397.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 5.00 ft

Serial #: 8845

Press@RunDepth: 73.32 psig @ ft (KB) Capacity: 8000.00 psig
Start Date: 2012.07.02 End Date: 2012.07.03 Last Calib.: 2012.07.03
Start Time: 19:00:00 End Time: 02:54:30 Time On Btm: 2012.07.02 @ 21:10:30
Time Off Btm: 2012.07.03 @ 00:40:30

TEST COMMENT: 30 - IF - 1/4" Blow built to 2 1/2"
60 - IS- No Return
30 - FF- No Blow . Flushed tool @ 10 min. - Surface blow built to 1"
90 - FS- No Return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1540.19	95.08	Initial Hydro-static
1	20.19	94.36	Open To Flow (1)
30	48.09	95.04	Shut-In(1)
89	821.43	95.30	End Shut-In(1)
90	52.61	95.12	Open To Flow (2)
120	73.32	95.16	Shut-In(2)
209	821.64	95.44	End Shut-In(2)
210	1533.72	95.62	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
140.00	Mud 100M	0.87

Gas Rates

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



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Marexco, Inc.
 3033 NW 63rd St. STE #151
 Oklahoma City, OK 73116
 ATTN: Larry Nicholson

21-1s-26w-Decatur-KS
Stapp Farms #34-21
 Job Ticket: 47058 DST#: 2
 Test Start: 2012.07.01 @ 16:35:00

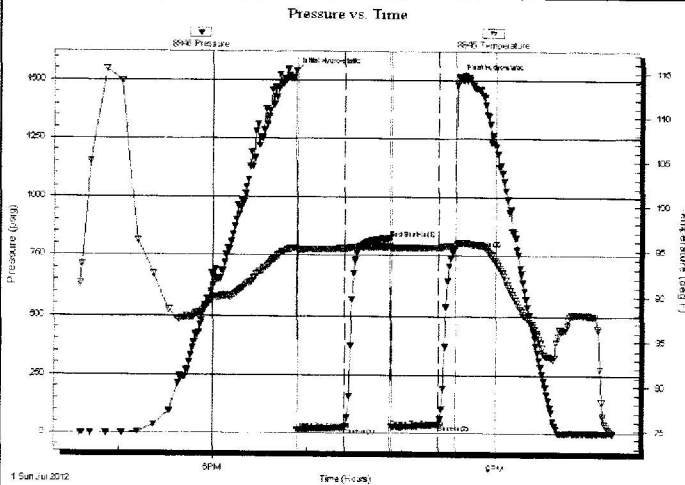
GENERAL INFORMATION:

Formation: LKC "B"
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 18:53:30
 Time Test Ended: 22:15:00
 Interval: 3211.00 ft (KB) To 3231.00 ft (KB) (TVD)
 Total Depth: 3231.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Kevin Mack
 Unit No: 64
 Reference Elevations: 2402.00 ft (KB)
 2397.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 8845

Press@RunDepth: 39.60 psig @ ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.07.01 End Date: 2012.07.01 Last Calib.: 2012.07.01
 Start Time: 16:35:00 End Time: 22:15:00 Time On Btm: 2012.07.01 @ 18:52:30
 Time Off Btm: 2012.07.01 @ 20:36:30

TEST COMMENT: 30 - IF- Surface blow did not build or die
 30 - IS- No Return
 30 - FF- No Blow
 30 - FS- No Return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1537.15	95.28	Initial Hydro-static
1	15.36	95.04	Open To Flow (1)
31	25.72	95.22	Shut-In(1)
60	821.38	95.47	End Shut-In(1)
61	29.38	95.22	Open To Flow (2)
91	39.60	95.37	Shut-In(2)
102	781.64	95.58	End Shut-In(2)
104	1513.33	95.90	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud 100M	0.02

Gas Rates

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



GENERAL INFORMATION:

Formation: LKC "A"

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:01:00

Time Test Ended: 08:38:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Kevin Mack

Unit No: 64

Interval: 3181.00 ft (KB) To 3213.00 ft (KB) (TVD)

Total Depth: 3213.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2402.00 ft (KB)

2397.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 8845

Press@RunDepth: 237.13 psig @ ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.06.30

End Date:

2012.07.01

Last Calib.: 2012.07.01

Start Time: 22:50:00

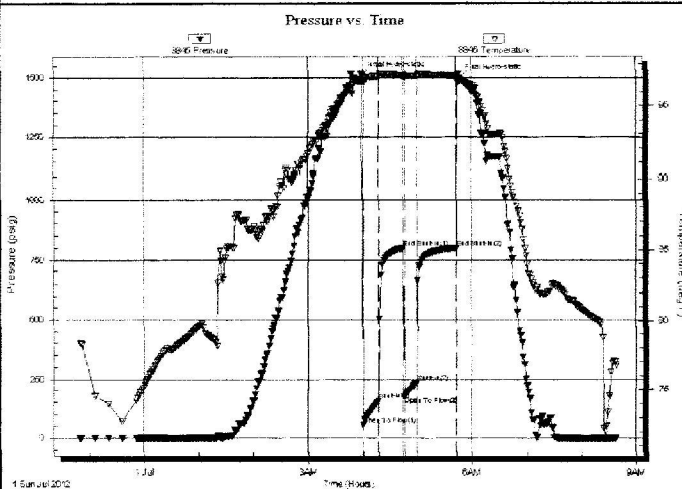
End Time:

08:38:30

Time On Btm: 2012.07.01 @ 03:59:30

Time Off Btm: 2012.07.01 @ 05:46:00

TEST COMMENT: 15 - IF- BoB in 5 min.
 30 - IS- No Return
 15 - FF- BoB in 8 min.
 45 - FS- No Return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1512.60	96.82	Initial Hydro-static
2	55.54	96.66	Open To Flow (1)
18	158.71	97.12	Shut-In (1)
45	799.02	97.20	End Shut-In (1)
47	172.79	97.03	Open To Flow (2)
60	237.13	97.14	Shut-In (2)
104	801.01	97.18	End Shut-In (2)
107	1498.39	96.97	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud (heavy) 100M	0.02
177.00	MW 5M 95W	1.44
248.00	MW 40M 60W	3.48
102.00	OSWM 60M 40W (oil spots)	1.43

Gas Rates

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



TRILOBITE TESTING INC.

785-639-2040

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47057

Well Name & No. Stuff Furning # 34-21 Test No. 1 Date 6-30-12
 Company Macerco, Inc. Elevation 2000/2402 KB 2397 GL
 Address 3033 NW 63rd ST STE #151 Oklahoma City, OK 73116
 Co. Rep / Geo. Larry Nicholson Rig _____
 Location: Sec. 21 Twp. 1s Rge. 26W Co. Deatur State KS

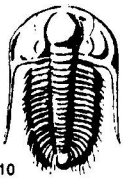
Interval Tested 3181-3213 Zone Tested LKC A''
 Anchor Length 32' Drill Pipe Run 3052 Mud Wt. 8.8
 Top Packer Depth 3177 Drill Collars Run 120' Vis 59
 Bottom Packer Depth 3181 Wt. Pipe Run Ø WL 5.4
 Total Depth 3213 Chlorides 1,000 ppm System LCM 4#
 Blow Description IF BoB in 5 min.
IS- No Return
FF- BoB in 8 min
FS- No Return

Rec	Feet of	%gas	%oil	%water	%mud
<u>102</u>	<u>DSWM</u>	<u>40</u>	<u>60</u>	<u>40</u>	<u>60</u>
<u>248</u>	<u>MW</u>	<u>60</u>	<u>40</u>	<u>40</u>	<u>60</u>
<u>177</u>	<u>MW</u>	<u>95</u>	<u>5</u>	<u>5</u>	<u>60</u>
<u>5</u>	<u>Mud (head)</u>			<u>100</u>	<u>60</u>

Rec Total 532 BHT 97 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic <u>1512</u>	<input checked="" type="checkbox"/> Test _____	T-On Location <u>8:50 PM</u>
(B) First Initial Flow <u>55</u>	<input checked="" type="checkbox"/> Jars _____	T-Started <u>10:50 PM</u>
(C) First Final Flow <u>158</u>	<input checked="" type="checkbox"/> Safety Joint _____	T-Open <u>4:00 AM</u>
(D) Initial Shut-In <u>799</u>	<input checked="" type="checkbox"/> Circ Sub <u>NIC</u>	T-Pulled <u>5:45 AM</u>
(E) Second Initial Flow <u>172</u>	<input checked="" type="checkbox"/> Hourly Standby <u>X3</u>	T-Out <u>8:38 AM</u>
(F) Second Final Flow <u>237</u>	<input checked="" type="checkbox"/> Mileage <u>60 RT</u>	Comments _____
(G) Final Shut-In <u>301</u>	<input type="checkbox"/> Sampler _____	
(H) Final Hydrostatic <u>1498</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____
Initial Open <u>15</u>	<input checked="" type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
Final Flow <u>15</u>	<input type="checkbox"/> Extra Recorder _____	Sub Total _____
Final Shut-In <u>45</u>	<input type="checkbox"/> Day Standby _____	Total _____
	<input checked="" type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total _____	

Approved By _____ Our Representative [Signature]
 Trilobite Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47058

Well Name & No. Stuff Farms #34-21 Test No. 2 Date 7-1-12
 Company Murphy, Inc Elevation 2402 KB 2397 GL
 Address 3033 NW 63rd St STE# 151 Oklahoma City, OK 73116
 Co. Rep / Geo. Larry Nicholson Rig Landmark
 Location: Sec. 21 Twp. 1s Rge. 26w Co. Decatur State KS

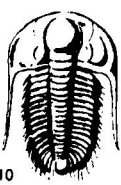
Interval Tested 3211-3231 Zone Tested LKC "B"
 Anchor Length 20' Drill Pipe Run _____ Mud Wt. 90
 Top Packer Depth 3207 Drill Collars Run 120 Vis 60
 Bottom Packer Depth 3211 Wt. Pipe Run Ø WL 5.8
 Total Depth 3231 Chlorides 1500 ppm System LCM 4#
 Blow Description IF - Surface blow did not build or die.
IS - No Return
EF -
FS - No Return

Rec	Feet of	%gas	%oil	%water	%mud
<u>5</u>	<u>Mud</u>			<u>100</u>	

Rec Total 5 BHT 96 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic <u>1537</u>	<input checked="" type="checkbox"/> Test _____	T-On Location <u>4:30 PM</u>
(B) First Initial Flow <u>15</u>	<input checked="" type="checkbox"/> Jars _____	T-Started <u>4:35 PM</u>
(C) First Final Flow <u>25</u>	<input checked="" type="checkbox"/> Safety Joint _____	T-Open <u>6:54 PM</u>
(D) Initial Shut-In <u>821</u>	<input checked="" type="checkbox"/> Circ Sub _____	T-Pulled <u>8:34 PM</u>
(E) Second Initial Flow <u>24</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>10:15 PM</u>
(F) Second Final Flow <u>34</u>	<input checked="" type="checkbox"/> Mileage <u>60 RT</u>	Comments _____
(G) Final Shut-In <u>781</u>	<input type="checkbox"/> Sampler _____	_____
(H) Final Hydrostatic <u>1513</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____
Initial Open <u>30</u>	<input checked="" type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
Final Flow <u>30</u>	<input type="checkbox"/> Extra Recorder _____	Sub Total _____
Final Shut-In <u>30/10</u>	<input type="checkbox"/> Day Standby _____	Total _____
	<input checked="" type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total _____	

Approved By _____ Our Representative [Signature]
 Trilobite Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47059

Well Name & No. State Farms #34-21 Test No. 3 Date 7-2-12
 Company Marexco, Inc. Elevation 2402 KB 2397 GL
 Address 3033 NW 63rd St. STE #151 Oklahoma City, OK 73116
 Co. Rep / Geo. Larry Nicholson Rig Ludmark
 Location: Sec. 21 Twp. 1s Rge. 26w Co. Deer State KS

Interval Tested 3210-3239 Zone Tested LKC "K"
 Anchor Length 29' Drill Pipe Run _____ Mud Wt. 9.0
 Top Packer Depth 3266 Drill Collars Run 120' Vis 60
 Bottom Packer Depth 3210 Wt. Pipe Run Ø WL 5.8
 Total Depth 3239 Chlorides 11500 ppm System LCM 4#
 Blow Description IF - 1/4" Blow died in 12 min.
IS - No Return
FF - NO Blow
FS - NO Return

Rec	Feet of	%gas	%oil	%water	%mud
5	Mud			100	

Rec Total 5 BHT 94 Gravity - API RW - @ - °F Chlorides - ppm

(A) Initial Hydrostatic	<u>1574</u>	<input checked="" type="checkbox"/> Test	T-On Location <u>6:50 AM</u>
(B) First Initial Flow	<u>16</u>	<input checked="" type="checkbox"/> Jars	T-Started <u>7:10 AM</u>
(C) First Final Flow	<u>17</u>	<input checked="" type="checkbox"/> Safety Joint	T-Open <u>9:00 AM</u>
(D) Initial Shut-In	<u>31</u>	<input checked="" type="checkbox"/> Circ Sub <u>NIL</u>	T-Pulled <u>10:30 AM</u>
(E) Second Initial Flow	<u>18</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>12:14 PM</u>
(F) Second Final Flow	<u>18</u>	<input checked="" type="checkbox"/> Mileage <u>60 RT</u>	Comments _____
(G) Final Shut-In	<u>23</u>	<input type="checkbox"/> Sampler	<input type="checkbox"/> Ruined Shale Packer
(H) Final Hydrostatic	<u>1525</u>	<input type="checkbox"/> Straddle	<input type="checkbox"/> Ruined Packer
Initial Open	<u>15</u>	<input checked="" type="checkbox"/> Shale Packer	<input type="checkbox"/> Extra Copies
Initial Shut-In	<u>30</u>	<input type="checkbox"/> Extra Packer	Sub Total _____
Final Flow	<u>15</u>	<input type="checkbox"/> Extra Recorder	Total _____
Final Shut-In	<u>30</u>	<input type="checkbox"/> Day Standby	MP/DST Disc't _____
		<input checked="" type="checkbox"/> Accessibility	

Approved By 785 James 259-6656 Representative

TriLOBITE Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47090

Well Name & No. Staff Terms #1 34-21 Test No. 4 Date 7-2-12
 Company Marexco, Inc. Elevation 2402 KB 2397 GL
 Address 3033 NW 63rd St STE # K1 Oklahoma City, OK 73116
 Co. Rep / Geo. Larry Nicholson Rig Lundmark
 Location: Sec. 21 Twp. 15 Rge. 26w Co. DeWesse State KS

Interval Tested 3211-3250 Zone Tested LKC "C"
 Anchor Length 39' Drill Pipe Run 3092 Mud Wt. 9.0
 Top Packer Depth 3207 Drill Collars Run 120 Vis 47
 Bottom Packer Depth 3211 Wt. Pipe Run 4 WL 5.8
 Total Depth 3250 Chlorides 1500 ppm System LCM 3#
 Blow Description IF - 1/4" Blow built to 2 1/2"
IS - No Return
FF - No Blow - Fuged to base 10 min. - Surface Blow built to 1"
FS - No Return

Rec	Feet of	%gas	%oil	%water	%mud
<u>140</u>	<u>Mud</u>			<u>100</u>	

Rec Total 140 BHT 95 Gravity — API RW — @ — °F Chlorides — ppm

(A) Initial Hydrostatic <u>1540</u>	<input checked="" type="checkbox"/> Test	T-On Location <u>6:45 PM</u>
(B) First Initial Flow <u>20</u>	<input checked="" type="checkbox"/> Jars	T-Started <u>7:00 PM</u>
(C) First Final Flow <u>48</u>	<input checked="" type="checkbox"/> Safety Joint	T-Open <u>9:11 PM</u>
(D) Initial Shut-In <u>321</u>	<input checked="" type="checkbox"/> Circ Sub <u>N/C</u>	T-Pulled <u>12:41 AM</u>
(E) Second Initial Flow <u>52</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>2:55 AM</u>
(F) Second Final Flow <u>73</u>	<input checked="" type="checkbox"/> Mileage <u>60 RT</u>	Comments _____
(G) Final Shut-In <u>321</u>	<input type="checkbox"/> Sampler	
(H) Final Hydrostatic <u>1533</u>	<input type="checkbox"/> Straddle	
Initial Open <u>30</u>	<input checked="" type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Shale Packer
Initial Shut-In <u>60</u>	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Ruined Packer
Final Flow <u>30</u>	<input type="checkbox"/> Extra Recorder	<input type="checkbox"/> Extra Copies
Final Shut-In <u>90</u>	<input type="checkbox"/> Day Standby	Sub Total _____
	<input checked="" type="checkbox"/> Accessibility	Total _____
	Sub Total _____	MP/DST Disc't _____

Approved By _____ Our Representative [Signature]
 Trilobite Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.