

DIAMOND TESTING

Pressure Survey Report

General Information

| | | | |
|------------------|------------------------------|----------------|------------------------------|
| Company Name | GRAND MESA OPERATING COMPANY | Job Number | M454 |
| Well Name | DBY #4-16 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#2 4235-4255 "I" | Well Operator | GRAND MESA OPERATING COMPANY |
| Surface Location | SEC.16-16S-33W SCOTT CO.KS. | Report Date | 2013/01/03 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | JOHN GOLDSMITH |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|---------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#2 4235-4255 "I" | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2013/01/03 | Start Test Time | 11:55:00 |
| Final Test Date | 2013/01/03 | Final Test Time | 17:20:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 0063 | | |
| Gauge Serial Number | | | |

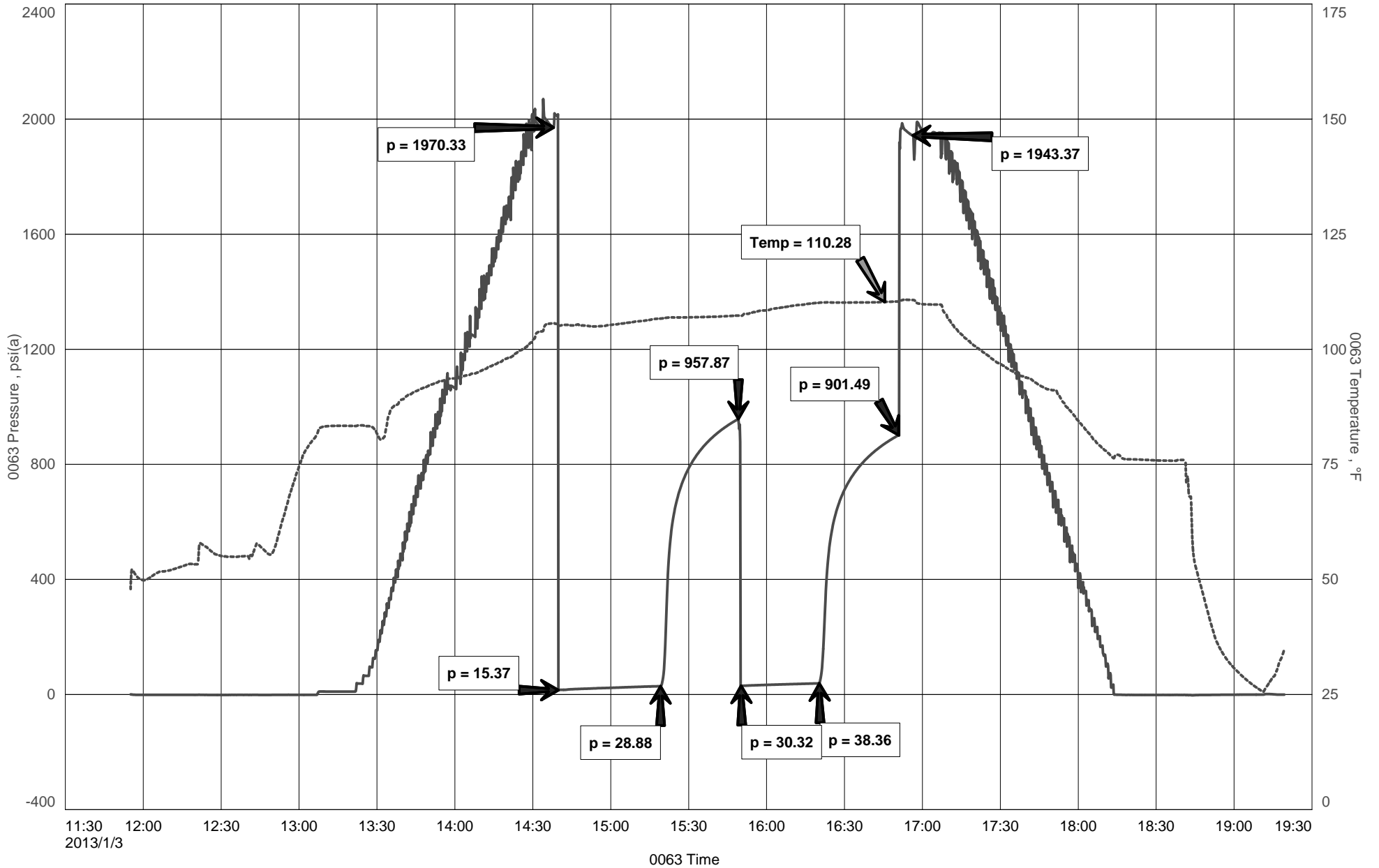
Test Results

Remarks **RECOVERED:**

15' DM 100% DRLG MUD W/ SLIGHT ODOR & SMALL SLICK OF TARRY OIL
15' TOTAL FLUID

TOOL SAMPLE: 100% DRLG MUD W/ A FEW GASSY BUBBLES & SOME SPOTS OF OIL

DBY #4-16





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.