



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
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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 Bbbs.	Gas Mcf	Water Bbbs.	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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	TGT Petroleum Corporation
Well Name	End Wrench 5
Doc ID	1137055

All Electric Logs Run

MICRO LOG
SONIC ARRAY
ARRAY COMP. RESISTIVITY
SPEC. DENSITY DUAL SPACED NEUTRON

Form	ACO1 - Well Completion
Operator	TGT Petroleum Corporation
Well Name	End Wrench 5
Doc ID	1137055

Tops

Name	Top	Datum
STOTLER	3381	(-1165)
TOPEKA	3682	(-1466)
HEEBNER	4022	(-1806)
BROWN LIME	4170	(-1954)
LANSING	4182	(-1966)
BKC	4572	(-2356)
CHEROKEE	4708	(-2492)
MISSISSIPPIAN	4776	(-2560)
KINDERHOOK SAND	4850	(-2634)

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

April 29, 2013

B. LYNN HERRINGTON
TGT Petroleum Corporation
7570 W 21ST ST N STE1010D
WICHITA, KS 67205-1764

Re: ACO1
API 15-097-21737-00-00
End Wrench 5
SE/4 Sec.25-27S-19W
Kiowa County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
B. LYNN HERRINGTON



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 07504 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-28-12 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: T.G.T. Petroleum Corp		LEASE: End Wrench WELL NO. 5								
ADDRESS:		COUNTY: Kiowa STATE: KS								
CITY: STATE:		SERVICE CREW: Orlando, Wright, Pearson								
AUTHORIZED BY:		JOB TYPE: CNW-5 1/2 L.S.								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27283	1					11-28-12	11-28-12			5:00
27463	1									7:00
19831-19862	1									1:30
										2:30
										3:30
						MILES FROM STATION TO WELL				35

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP104	50/50 P02	SK	275		2475.00	
CP104	50/50 P02	SK	50		550.00	
CL105	C-41P	Lb	58		232.00	
CL111	Salt	Lb	1188		594.00	
CL124	FLA-322	Lb	139		1042.50	
CL201	G-Isonite	Lb	1375		921.25	
CF607	Latch Down Plug + Baffle 5 1/2"	ea	1		400.00	
CF1251	Auto Fill float shoe 5 1/2"	ea	1		360.00	
CF1651	Turbolizers 5 1/2"	ea	12		1320.00	
CF1901	Basket 5 1/2"	ea	2		580.00	
CC111	Salt	Lb	250		125.00	
CC154	Superflush	gal	250		612.50	
E101	Heavy Equipment Mileage	mi	70		490.00	
CE240	Blending + Mixing	SK	275		385.00	
E113	Bulk Delivery	Tm	404		646.80	
CE205	Depth Charge	ea	1		2500.00	
CE501	Coning Swivel Rental	ea	1		200.00	
CE504	Plug Container	ea	1		250.00	
S003	Service Supervisor	ea	1		175.00	
E100	Pickup Mileage	mi	35		148.75	
					SUB TOTAL	14875
					DLS	10,500.85
CHEMICAL / ACID DATA:						
SERVICE & EQUIPMENT					%TAX ON \$	
MATERIALS					%TAX ON \$	
					TOTAL	

SERVICE REPRESENTATIVE: Steve Orlando

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer T.G.T. Petroleum	Lease No.	Date 11-28-12
Lease End wrench	Well # 5	
Field Order # 2504	Station Pratt	Casing 5 7/8
Type Job CNW-5 7/8 L.S.	Depth	County Kiowa
	Formation	State KS
		Legal Description 25-27E-19W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
4 1/2		2250		50/50 P02				
Depth	Depth	From	To	Pre Pad	Max			5 Min.
175				1.29410				
Volume	Volume	From	To	Pad	Min			10 Min.
1200								
Max Press	Max Press	From	To	Frac	Avg			15 Min.
1200								
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
P.C.								
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load
1501				1200				

Customer Representative	Station Manager Dave Scott	Treater Steve Orlando
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Service Units	27283	27463	19831/19862						
Driver Names	Delwood	Wright	P. Wilson						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:00 AM					On location - Safety Meeting
					Run 2 1/2 5 7/8 L.S. 810
					Control valve
					Back L
					Control on Bottom - Break down/B
					Rotate casing
1:50	300		20	5	Salt Water
1:52	300		6	5	Superflow
1:54	300		3	5	H2O spacer
2:05	250		51.7	5	Mix 225 lbs 50/50 P02 @ 14.4"/min
					Start Down - Clear Pump & L.S.
					Release plug
2:08			0	6	Start H2O Displacement
2:22	400		80	5	Loss Pressure
2:27	900		105	4	Slow Rate - Stop Rotations
2:30 PM	1500		1200	4	Plug Down - Hold
			6/4		Mix 50 lbs 50/50 P02 @ 14.4"/min
					5.00 Low Acid
					Thanks, Steve

BASIC

energy services, L.P.

TREATMENT REPORT

Customer TGT Petroleum	Lease No.	Date 11-16-12
Lease END Wrench	Well # 5	
Field Order # 6612	Station Pratt	Casing 8 5/8
		Depth 477
Type Job 8 5/8 CNW	Formation	County Kiowa
		State KS
		Legal Description S-25-27S

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth 477	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 29	Volume	From	To	Pad	Min		10 Min.	
Max Press 500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 437	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative Lynn Herrington	Station Manager SCOTT	Treater JOE MELSON
--------------------------------------------	--------------------------	-----------------------

Service Units	33708	20920	19959	19862	38795				
Driver Names	Wright		Pierson		Melson				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30					on loc safety meeting
					Run 11 JTS 8 5/8 csg 24#
11					Casing on BOTTOM
11:15					Break cir. with Rig
11:20	150		47	5	Mix 170 SLS A-SERV-LITE 3% CC 1/4# cello 84#
	15		21	5	Mix 100 SLS 60/40 POZ 3% CC 1/4# cello 84#
					Shut Down / Release Plug
				4	START H2O DISP.
	150		22	4	Cement TO surface
12	150		29	4	Plug DOWN
					circ. Thru JOB
					circ. 6 BBL Cement TO surface
					JOB COMPLETE
					Thank you
					Joe



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 06613 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-16-12 DISTRICT Pratt		NEW <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OLD <input type="checkbox"/> WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER TGT Petroleum		LEASE End wrench		5 WELL NO.					
ADDRESS		COUNTY kiowa		STATE KS					
CITY STATE		SERVICE CREW Wright, Pierson, Melson							
AUTHORIZED BY		JOB TYPE: 8 5/8 SF CNW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
33708-20920	45 min						11/16/12	AM	8:15
14959-19862	45 min						11/16/12	AM	9:30
78785							11/16/12	AM	11:15
							11/16/12	AM	12
							11/16/12	AM	1
						MILES FROM STATION TO WELL			35

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 106	A-Serv Lite	SK	170		2,210 00
CP 103	60140 POZ	SK	100		1,200 00
CC 109	Calcium Chloride	lb	702		737 10
CC 102	Cello Flake	lb	68		251 61
CF 153	Wooden Plug	Eg	1		160 00
CL 131	Sugar	lb	100		200 00
E 101	Heavy Mileage	mi	70		490 00
CE 240	Mixing Charge	SIS	270		378 00
E 113	Bulk Delivery	Tm	410		655 20
CE 200	Depth Charge	44t	1		1,000 00
CE 504	Plug Container	JOB	1		250 00
S 007	Supervisor	Eg	1		175 00
E 100	Pickup Mileage	mi	35		148 75

CHEMICAL / ACID DATA:			

SUB TOTAL		5891	74
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE *[Signature]* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

April 30, 2013

B. LYNN HERRINGTON
TGT Petroleum Corporation
7570 W 21ST ST N STE1010D
WICHITA, KS 67205-1764

Re: ACO-1
API 15-097-21737-00-00
End Wrench 5
SE/4 Sec.25-27S-19W
Kiowa County, Kansas

Dear B. LYNN HERRINGTON:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/15/2012 and the ACO-1 was received on April 29, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	TGT Petroleum Corp	Well Name	End Wrench #5
Well Operator	TGT Petroleum Corp	Unique Well ID	DST #1, LKC "F", 4273'-4286'
Contact	Lynn Herrington	Surface Location	Sec 25-27s-19w-Kiowa Co-KS
Site Contact	Jeff Christian	Test Unit	#5
Field	Wildcat	Pool	Wildcat
Well Type	Vertical	Job Number	F055
Prepared By	Jake Fahrenbruch	Qualified By	Jeff Christian

Test Information

Test Type	Conventional Bottom Hole	Test Purpose	Initial Test
Formation	LKC "F" 4273'-4286'	Gauge Name	0062
Start Test Date	2012/11/22	Start Test Time	20:11:11
Final Test Date	2012/11/23	Final Test Time	05:43:00

Test Results

Recovered:	90'	SWCOM	47% oil, 5% wtr, 48% mud	1.28 bbl
	120'	SOCMW	10% oil, 50% wtr, 40% mud	1.70 bbl
	910'	Water	100% wtr	11.81 bbl
	-----	2175' GIP		
	-----	Total Fluid Recovered: 1,120'		14.79 bbl
	-----	Tool Sample: OSW, 2% oil, 98% wtr		
	-----	Chlorides: 85,000 ppm		
	-----	RW: .15 ohm @ 35 deg F		
	-----	PH: 7.5		



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

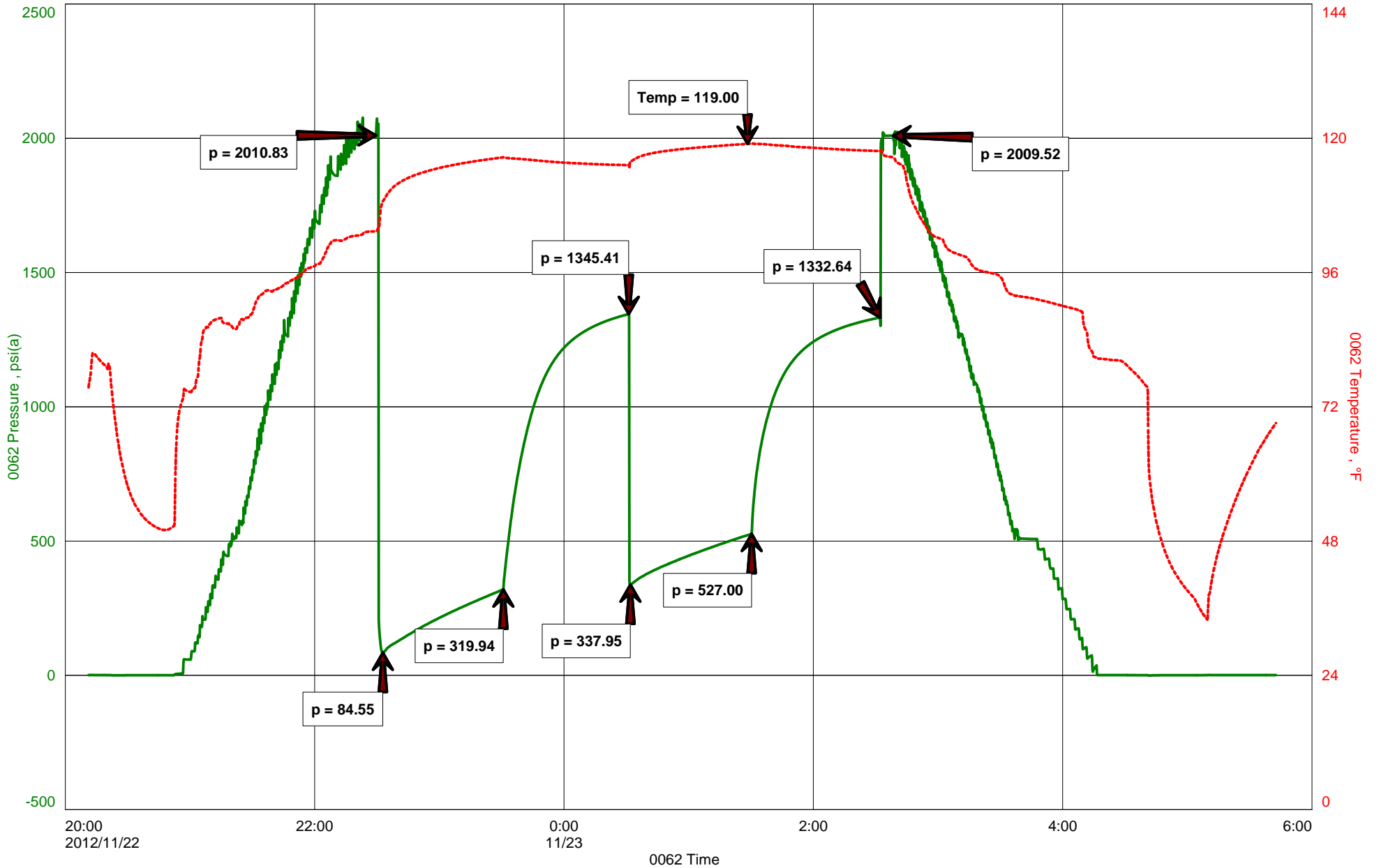
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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.

TGT Petroleum Corp
DST #1, LKC "F", 4273'-4286'
Start Test Date: 2012/11/22
Final Test Date: 2012/11/23

End Wrench #5
Formation: LKC "F" 4273'-4286'
Pool: Wildcat
Job Number: F055

End Wrench #5





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name TGT Petroleum Corporation
Well Operator TGT Petroleum Corporation
Contact Lynn Herrington
Site Contact Jeff Christian
Field Wildcat
Well Type Vertical
Prepared By Jake Fahrenbruch

Well Name End Wrench #5
Unique Well ID DST #2, LKC "J", 4450'-4470'
Surface Location Sec 25-27s-19w-Kiowa Co.-KS
Test Unit #5
Pool Wildcat
Job Number F056
Qualified By Jeff Christian

Test Information

Test Type Conventional Bottom Hole
Formation LKC "J", 4450'-4470'
Start Test Date 2012/11/24
Final Test Date 2012/11/24

Test Purpose Initial Test
Gauge Name 0062
Start Test Time 00:16:00
Final Test Time 10:06:00

Test Results

RECOVERED:	30'	Gssy O&WCM	20% gas, 15% oil, 25% wtr, 40% mud	.43 BBL
	225'	Vry Gssy SMCWO	47% gas, 32% oil, 19% wtr, 2% mud	3.20 BBL
	280'	Water	100% wtr	2.58 BBL
	-----	Gas in all fluid free pipe		
	-----	Total Fluid Recovered: 535'		6.21 BBL
	-----	Tool Sample: NA (tool evacuated itself upon opening)		
	-----	Chlorides: 95,000 ppm		
	-----	RW: .13 ohm @ 42 deg F		
	-----	PH: 7.0		



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.

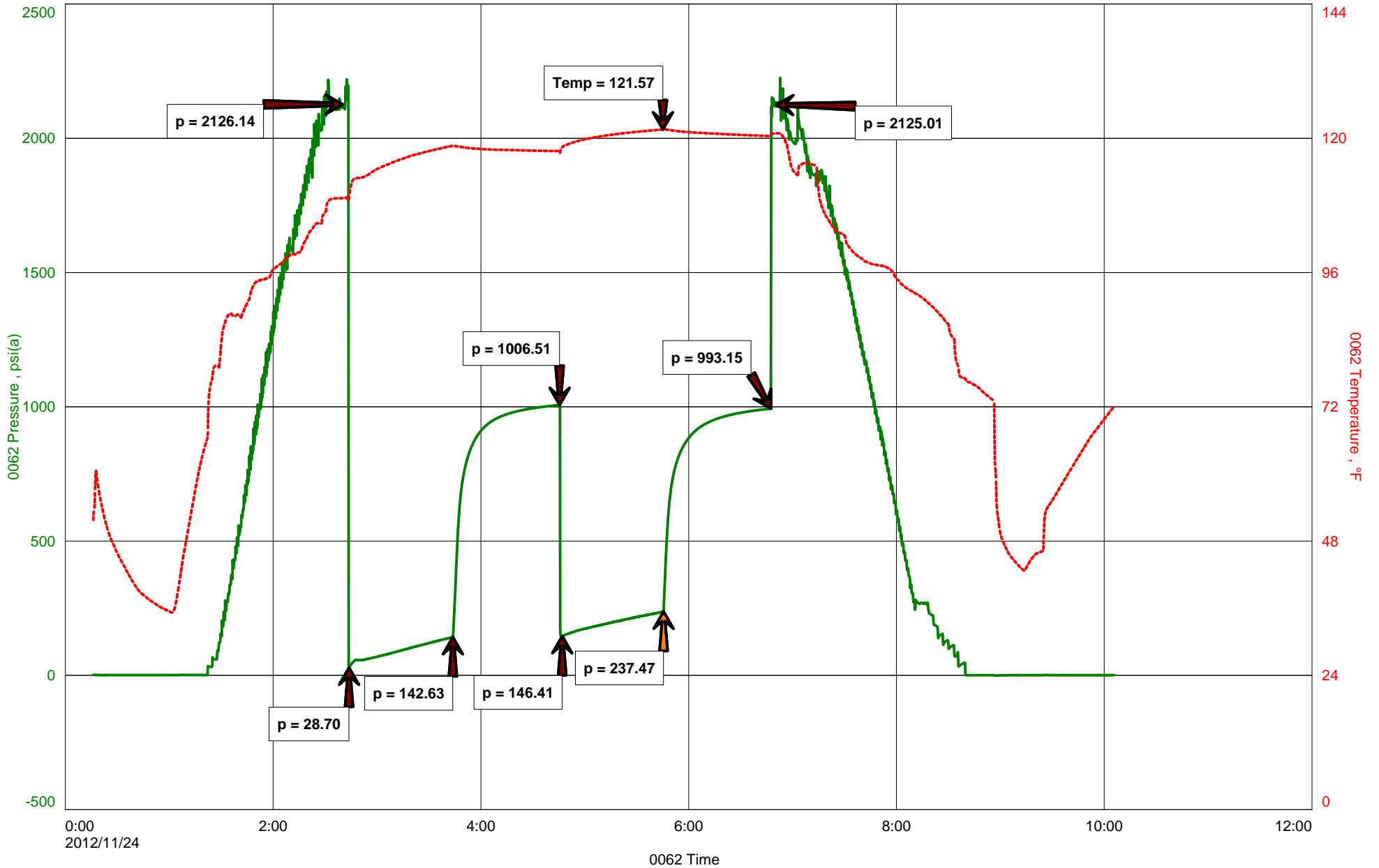
Blow: 1st Open: _____
2nd Open: _____

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.

End Wrench #5





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name TGT Petroleum Corporation
Well Operator TGT Petroleum Corporation
Contact Lynn Herrington
Site Contact Jeff Christian
Field Wildcat
Well Type Vertical
Prepared By Jake Fahrenbruch

Well Name End Wrench #5
Unique Well ID DST #3, Mississippian 4750'-4797'
Surface Location Sec 25-27s-19w-Kiowa Co.-KS
Test Unit #5
Pool Wildcat
Job Number F057
Qualified By Jeff Christian

Test Information

Test Type Conventional Bottom Hole
Formation Mississippian 4750'-4797'
Start Test Date 2012/11/25
Final Test Date 2012/11/26

Test Purpose Initial Test
Gauge Name 0062
Start Test Time 18:15:00
Final Test Time 03:36:00

Test Results

Recovered: 75' Drlg Mud 100% mud
----- Gas in all fluid free pipe.



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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