



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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	LINN 1-9
Doc ID	1150399

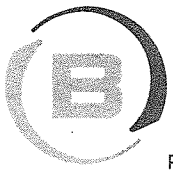
All Electric Logs Run

COMPENSATED DENSITY / NEUTRON LOG
DUAL INDUCTION LOG
MICRO LOG
SONIC LOG

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	LINN 1-9
Doc ID	1150399

Tops

Name	Top	Datum
ANHYDRITE	1476	+791
BASE ANHYDRITE	1510	+761
HEEBNER	3793	-1522
LANSING	3838	-1567
BASE KANSAS CITY	4154	-1883
FORT SCOTT	4344	-2073
CHEROKEE	4362	-2091
MISSISSIPPI WARSAW	4430	-2159
MISSISSIPPI OSAGE	4449	-2178



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 07820 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-16-13 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 L.D. Drilling		LEASE Linn		WELL NO. 1-9						
ADDRESS		COUNTY Ness		STATE KS						
CITY STATE		SERVICE CREW Orlando, Mcbraw, Phye								
AUTHORIZED BY		JOB TYPE: CNW-5 1/2 L.S.								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27283	1						2-16-13			10:00
27463	1									3:45
70959-19918	1									7:30
										8:30
										9:30
										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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP100C	Common Cement	SK	150		2400.00
CP103	60/40 P.O.Z	SK	30		360.00
CC105	C-41P Defoamer	Lb	36		144.00
CC111	Salt	Lb	1216		608.00
CC112	Cement Friction Reducer	Lb	106		636.00
CC113	64 P.Sym	Lb	705		528.75
CC201	Gilsonite	Lb	750		502.50
CF103	Top Rubber Plug	ea	1		105.00
CF251	Guide Shoe	ea	1		250.00
CF1451	Flapper Type Insert	ea	1		215.00
CF1651	Turbolizer	ea	6		660.00
CL154	Superflush	Gal	500		1225.00
EL00	Pickup Mileage	Mi	100		425.00
EL01	Heavy Equipment Mileage	Mi	200		1400.00
EL13	Bulk Delivery	Tn	835		1336.00
CE205	Depth Charge 4001-5000'	ea	1		2520.00
CE240	Blending & mixing	SK	180		252.00
CE504	Plug Container	ea	1		250.00
SOB3	Service Supervisor	ea	1		175.00

SUB TOTAL **10494.19**

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: Rick W. L.
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer L.D. Drilling	Lease No.	Date 2-16-13
Lease Linn	Well # 1-9	
Field Order # 7820	Station Pratt	Casing 5 1/2
Type Job CNW-5 1/2 L.S.	Depth 4562	County Ness
	Formation	State KS
		Legal Description 9-20-21

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft				RATE	PRESS	ISIP
5 1/2				150 sus	Common			
Depth 4563	Depth	From	To	Pre Pad	1.36 yellow	Max		5 Min.
Volume 111	Volume	From	To	Pad		Min		10 Min.
Max Press 1500	Max Press	From	To	Frac		Avg		15 Min.
Well Connection P.C.	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 4545	Packer Depth	From	To	Flush	111	Gas Volume		Total Load

Customer Representative Rich	Station Manager Dave Scott	Treater Steve Orlando
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Service Units	27283	27463	70959	9918					
Driver Names	Orlando	McBraw	PNYE						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00 pm					On location - Safety Meeting
					Run 111 sts 5 1/2 Csg
					Centralizers on TTS 1-345-7-9
					Casing on Bottom
					Breakcirc w/ris
	300		5	6	H2O Ahead
	300		12	5	Superflush
	300		5	5	H2O Spacer
	300		36	5	Mix 150 sus Cement @ 15.5#/gal
					Shot Down - Clear pump + line
					Release plug
	0		0	6	Start H2O Displacement
	400		86	5	Lift pressure
	500		100	4	Slow Rate
8:30 pm	1500		111	2	plug Down - Held
					plug RT/w/ris 30 sus 60/40 por
					Job Complete
					Thanks, Steve

TD-4562', LTD-4564' - $\frac{2 \text{ IWN}^{\#1-9}}{2/16/13}$

111 JTs. 5 1/2 14[#] C56 = 4599.69'

1 Jt. out - 42.92' - #109

110 JTs = 4556.77'

+ 7.00' LAND JT

4563.77'

SET 5 1/2 AT 4560' - 2' OFF BOTTOM

SHOE JT - 11'

INSERT PROVT AT 4549' - PBTD

CENTRALIZER - 1-3-4-5-7-9

NO DV TOOL - ALTERNATE 1

ALEXANDER - WEST ON K-96 TO NETS COUNTY LER

3 WEST ON K-96 TO 'QG' RD - 9 SOUTH TO

40 RD - 1/2 WEST - NORTH INTO

Customer LD DRILLING INC.	Lease No.	Date 2-8-2013
Lease LINN	Well # 1-9	
Field Order # 07601	Station PRATT, KS.	Casing 8 5/8"
	Depth	County NESS
Type Job CNW - 8 5/8" S.P.	Formation TD - 729'	State Ks.
		Legal Description 9-20-21

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
8 5/8" x 24'				175 SK A-CON				
Depth 260.60'	Depth	From	To	Pre Pad @ 2.47 CUFT	Max		5 Min.	
Volume 410.2 BBL	Volume	From	To	Pad 175 SKS. COMMON	Min		10 Min.	
Max Press 500	Max Press	From	To	Frac @ 1.20 CUFT	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 260'	Packer Depth	From	To	Flush 45 BBL	Gas Volume		Total Load	

Customer Representative LD DAVIS	Station Manager D. SCOTT	Treater K. LESLEY
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Service Units	375816	19889	19843	19831	19862				
Driver Names	LESLEY	MARQUEZ		LYONIG					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:00 AM					ON LOCATION - SAFETY MEETING
10:15 AM					RUN 17 JTS. 8 5/8" x 24" CSG.
10:47 AM					CSG. ON BOTTOM
10:55 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
11:10 AM	300		5	6	H2O AHEAD
11:12 AM	175		77	6	MIX 175 SKS. A-CON @ 12 PPG
11:24 AM	150		38	6	MIX 175 SKS. COMMON @ 15.6 PPG
11:30 AM					SHUT DOWN - PLUG DOWN
11:33 AM	0		0	5	START DISPLACEMENT
11:40 AM	350		35	3	SLOW RATE
11:45 AM	400		45	2	PLUG @ DESIRED DEPTH - 706'
					CIRC. THRU JOB
					CIRC. 20 BBL CHIT. TO PIT

JOB COMPLETE,
THANKS -
KEVEN LESLEY

Customer 1D DRILLING, INC.	Lease No.	Date 6-14-2013			
Lease LINN	Well # 1-9				
Field Order # 08054	Station PRATT, KS.	Casing 1/2"	Depth	County NESS	State Ks.
Type Job (NW) - SLEEVE PERFS	Formation	Legal Description 9-26-21			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
				75 SKS. COMMON!				
Depth	Depth	From	To	Pre Pad	Max PKR = 25.24/BBL		5 Min.	
Volume	Volume	From	To	Pad	Min PSG = 2 BBL		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 27.24 TO TOP PERFS	Gas Volume		Total Load	

Customer Representative DARWIN	Station Manager N. GURDEY	Treater K. LESLEY
Service Units	19826	19860
Driver Names	LESLEY	LAWRENCE

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30 AM					ON LOCATION - SAFETY MEETING
10:00 AM					HOOK UP TO WELL
10:50 AM	500		10	2	LOAD HOLE TRG. & B.S. - PSI UP TO 500
11:00 AM		400	10	2	ESTABLISH INJECTION RATE
11:06 AM		400	15.875	2	INJ 75 SKS. COMMON @ 15.6 PPG
11:14 AM		400	0	2	START DISPLACEMENT
11:20 AM		1000	12	2	CONT. ON PERFS
11:30 AM		2000	25	1	SHUT DOWN - RELEASE BACK - FLOWED BACK
11:40 AM		200	23	1	PUMP CONT. BACK DOWN 23 BBL - 25 BBL
11:55 AM		2000	25.3	0	SHUT DOWN - WAIT 15 MIN. / WASH UP P.
12:10 PM		2400	25	0.75	PSI UP ON SLEEVE - HELD
12:12 PM					RELEASE PKR - REVERSE CUST
12:15 PM	500		1	1	PSI DOWN BACKSIDE
12:15 PM		1100	1	1	PUMP ON TRG.
					RELEASE PSI - DID NOT FLOW BACK
1:10 PM	500	500	35	3	WASH DOWN THRU SLEEVE
2:00 PM	500	500	16	3	PULL 10 JTS. - PSI UP ON WELL 350# SD F weekend
					JOB COMPLETE,
					THANKS -
					KAREN 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: LINN 1-9

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S9/20S/21W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1288

Test Unit:

Start Date: 2013/02/15 Start Time: 00:50:00

End Date: 2013/02/15 End Time: 09:50:00

Report Date: 2013/02/15 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 90' GIP, 50' GASSY OIL, 1180' GAS+WATERCUT MUDDY OIL, 270' 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.

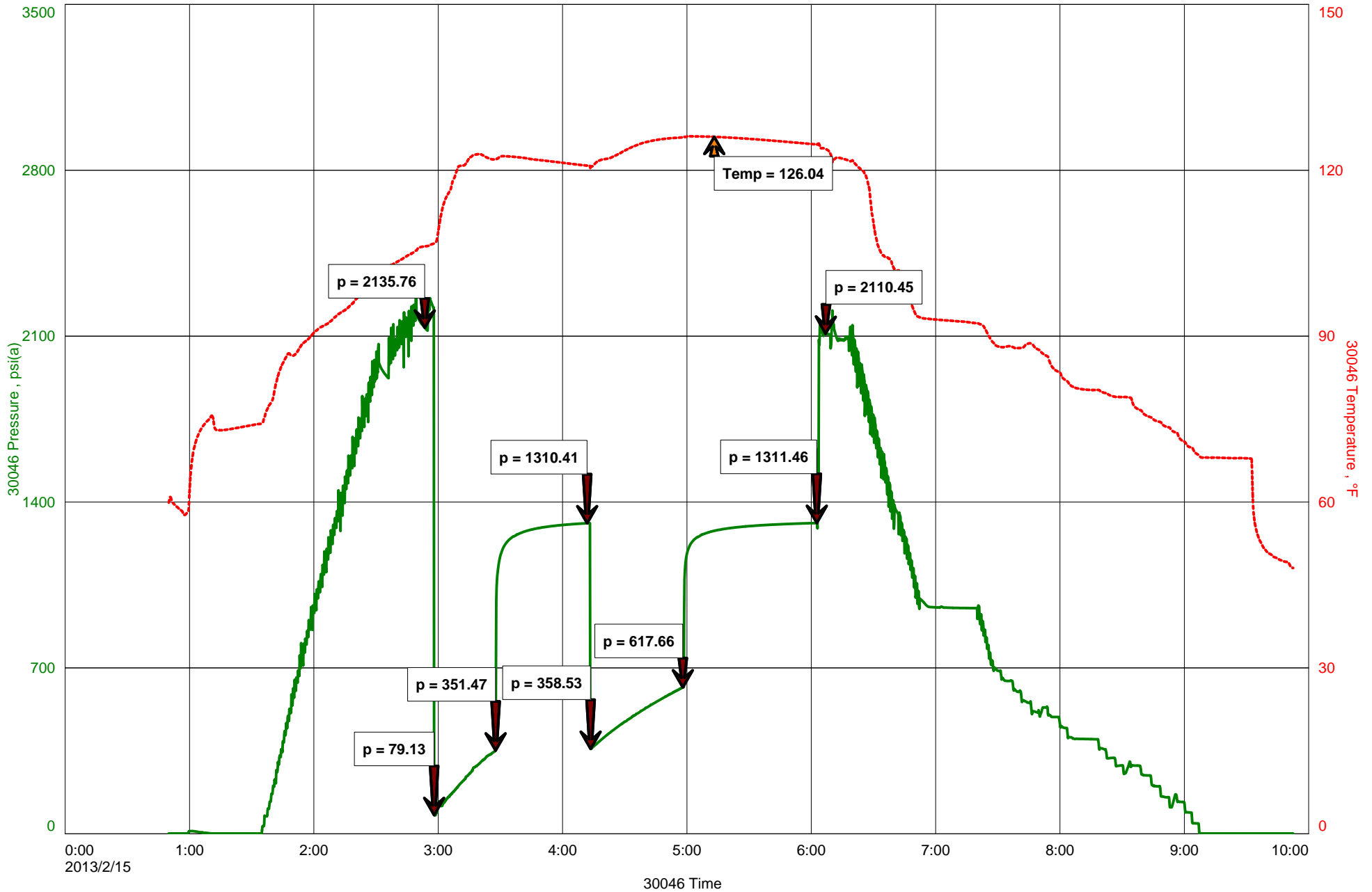
Blow: 1st Open: _____
2nd Open: _____

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.

LINN 1-9



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: LINN 1-9

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S9/20S/21W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1289

Test Unit:

Start Date: 2013/02/15 Start Time: 10:10:00

End Date: 2013/02/15 End Time: 17:15:00

Report Date: 2013/02/15 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 62' VERY SLIGHTLY OIL CUT 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.

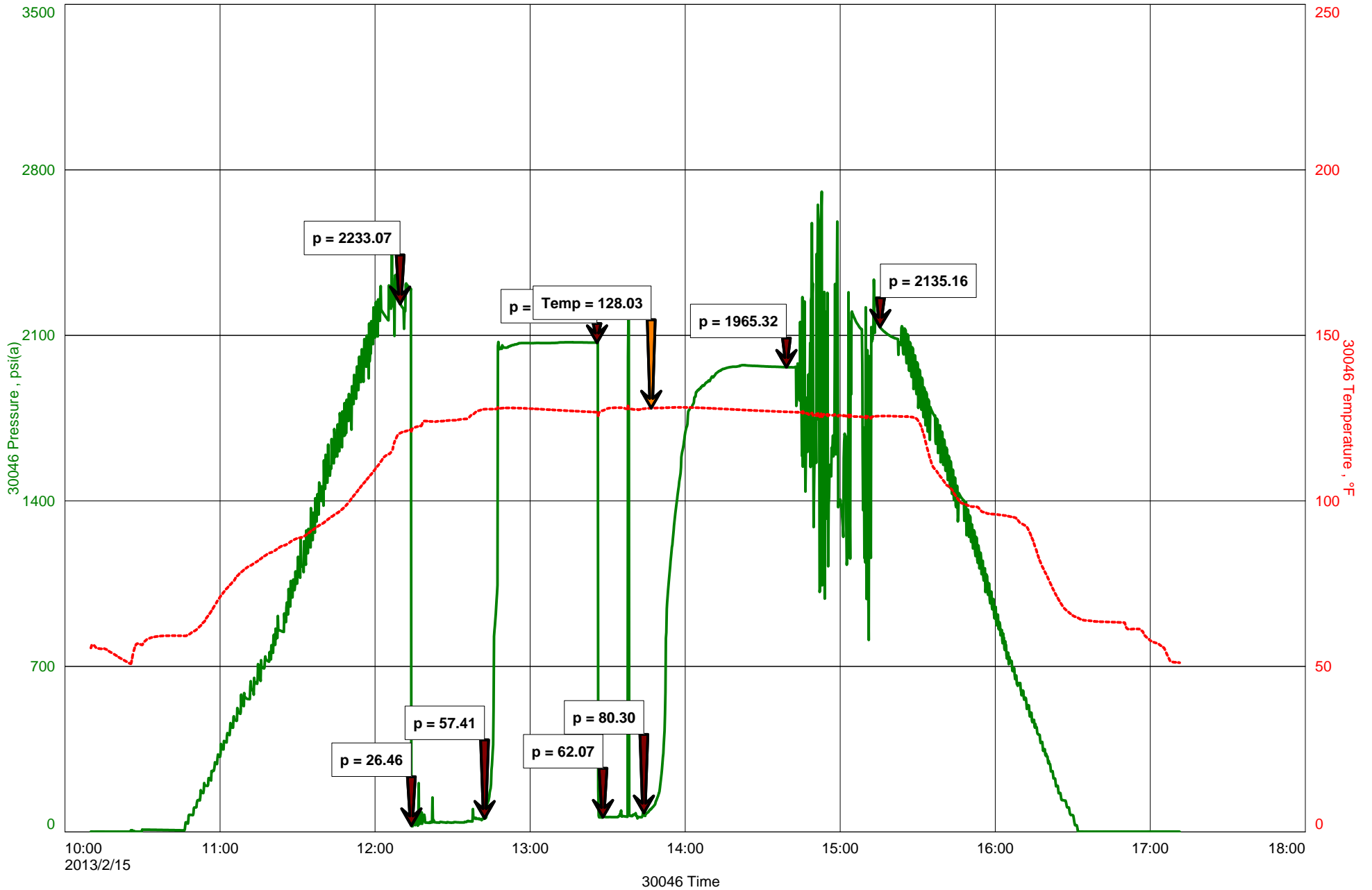
Blow: 1st Open: _____
2nd Open: _____

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.

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LINN 1-9



KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.
 LEASE * I-9 LINN
 FIELD WILDCAT
 LOCATION 450 FSL 1/4 2030 FWL
 SEC 9 TWP 20 RGE 21w
 COUNTY NESS STATE KANSAS

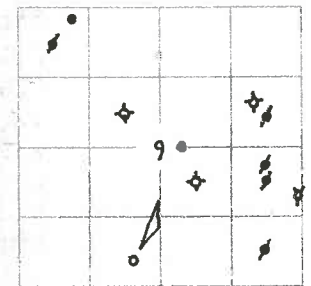
ELEVATIONS
 KB 2271
 DF _____
 GL 2266
 Measurements Are All From 2271 KB

CONTRACTOR L. D. DRILLING, INC.
 SPUD 2-7-13 COMP 2-16-13
 RTD 4562 LTD 4564
 MUD UP 3483 TYPE MUD CHEMICAL

CASING
 SURFACE 8 5/8" @ 726'
 PRODUCTION 5 1/2" @
 ELECTRICAL SURVEYS
 DUAL IND., DENS.-N. MICRO
 SONIC

SAMPLES SAVED FROM 3600 TO 4562
 DRILLING TIME KEPT FROM 3400 TO 4562
 SAMPLES EXAMINED FROM 3600 TO 4562
 GEOLOGICAL SUPERVISION FROM 3700 TO 4562
 GEOLOGIST ON WELL KIM B. SHOEMAKER

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	1476 + 795	1480 + 791
B/ANN.	1510 + 761	1514 + 757
HEEBNER	3793 - 1522	3793 - 1522
LANSING	3838 - 1567	3837 - 1566
B/KC	4154 - 1883	4155 - 1884
FORT SCOTT	4344 - 2073	4340 - 2069
CHEBOKEE	4362 - 2091	4359 - 2088
MISS. WARSAW	4430 - 2159	4436 - 2165
MISS. OSAGE	4449 - 2178	4447 - 2176

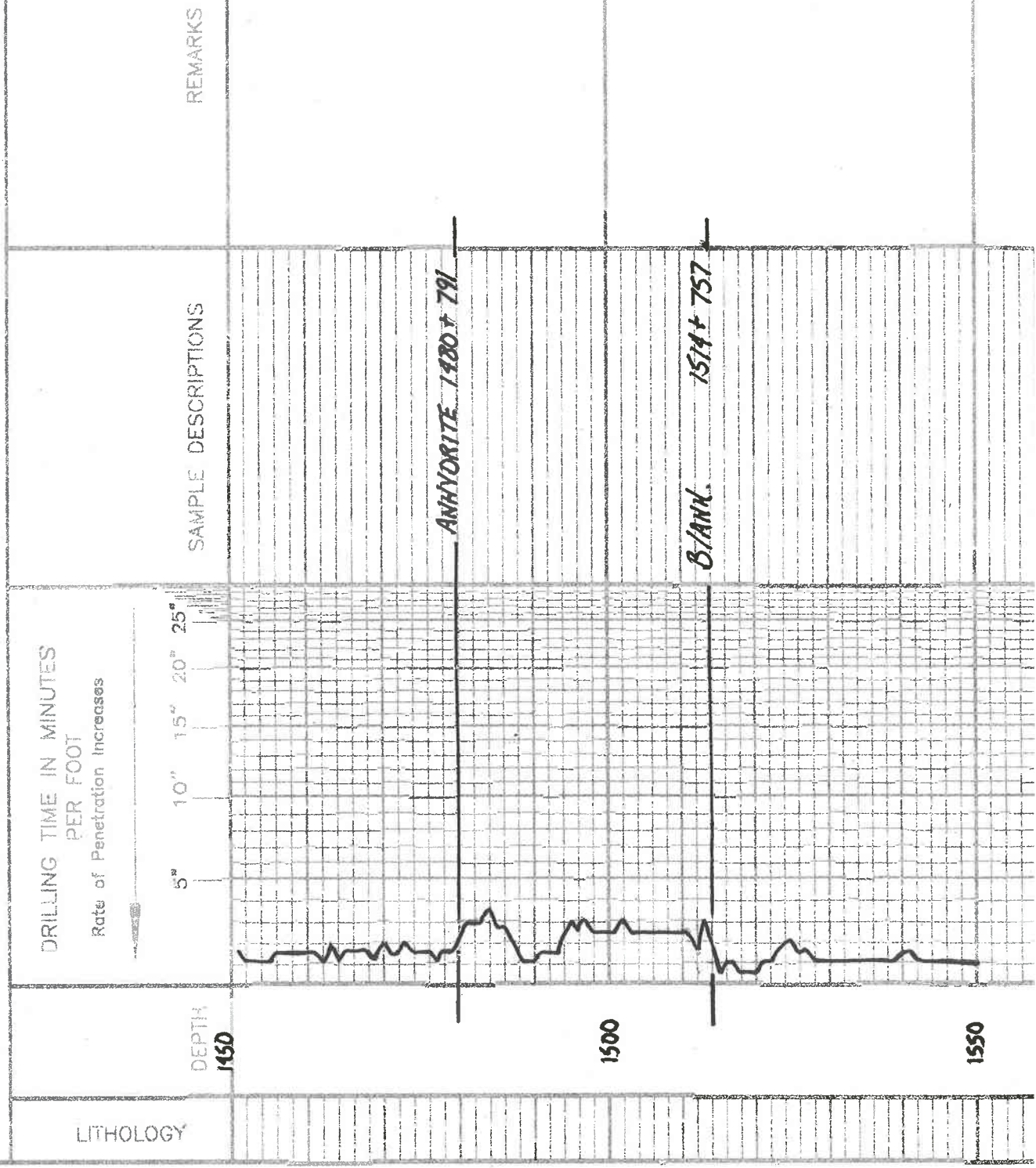


API: 15-135-25535

REMARKS:
 2-7-13 SRUD
 2-8 @ 729'
 2-9 @ 1229'
 2-10 @ 2220'
 2-11 @ 2785'
 2-12 @ 3385'
 2-13 @ 3910'
 2-14 @ 4315'
 2-15 @ 4451'
 2-16 @ 4562'

LEGEND

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



SHOE01-06

3100

3500

3600

VIS. 68
WT. 8.8
ML. 8.8
CMT. 15000

Samples are lagged

Sh. 41 Gy

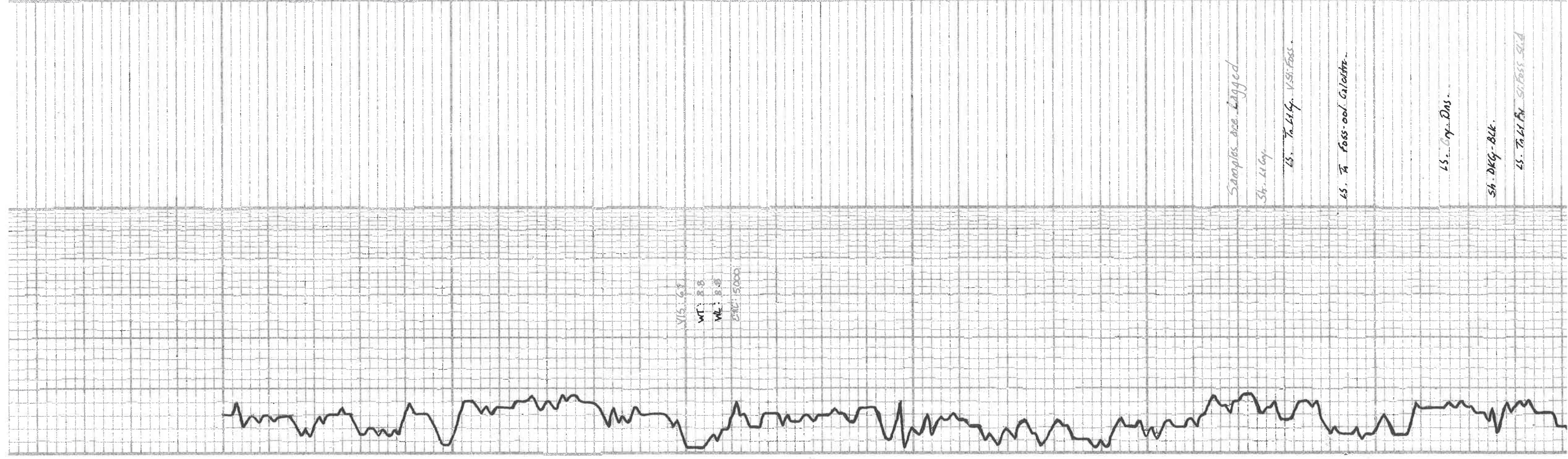
45. To 41 Gy. V.S. Foss.

45. To Foss. ool. Calcitr.

45. Cr. Dns.

Sh. DKG-BLK.

45. To 41 Gy. S. Foss. Sid



Sh. DEG. BLK.

45. Tolet Av. St. Foss. St. A

45. wt. 17.5g. Foss. and. Chalky

46. Tolet Foss. Calcite

46. wt. 1.1g. Foss. and. Calcite

45. wt. 41.9. Sh. Chalky

46. Tolet Foss. and. Chalky

46. wt. To Foss. Chalky

4 wt.

46. wt. Foss. and. Sh. Chalky

HEEBNER 3793-7522

Sh. BLK. Carb. 45. Tolet Av. VSI. Foss.

Sh. Li. Gm

45. wt. Chalky

46. wt. Foss. Calcite. St. A

Sh. Li. Gm. Blue

LANSING 3837-1566

45. wt. Sh. Foss. Sh. Chalky

45. Tolet Av. Du.

Sh. Li. Blue. G. G.

45. wt. 1.1g. VSI. Foss. St. A

Sh. G.

45. wt. Tolet Av. Foss. Sh. Chalky

KANSAS CITY

3900

VSI: 49

WT: 90

VC: 10.2

EN: 7000

Sh. G.

45. Tolet Av. VSI. Foss.

Sh. G. G.

45. wt. Chalky

4 wt.

4 G. wt.

45. Tolet Av. St. A

45. Tolet Av. VSI. Foss. and.

45. wt. 1.1g. Sh. Chalky

45. Tolet Av. St. Foss. and. Sh. Chalky

45. wt. Tolet Av. VSI. Foss. Sh. Chalky

Sh. BLK. Carb.

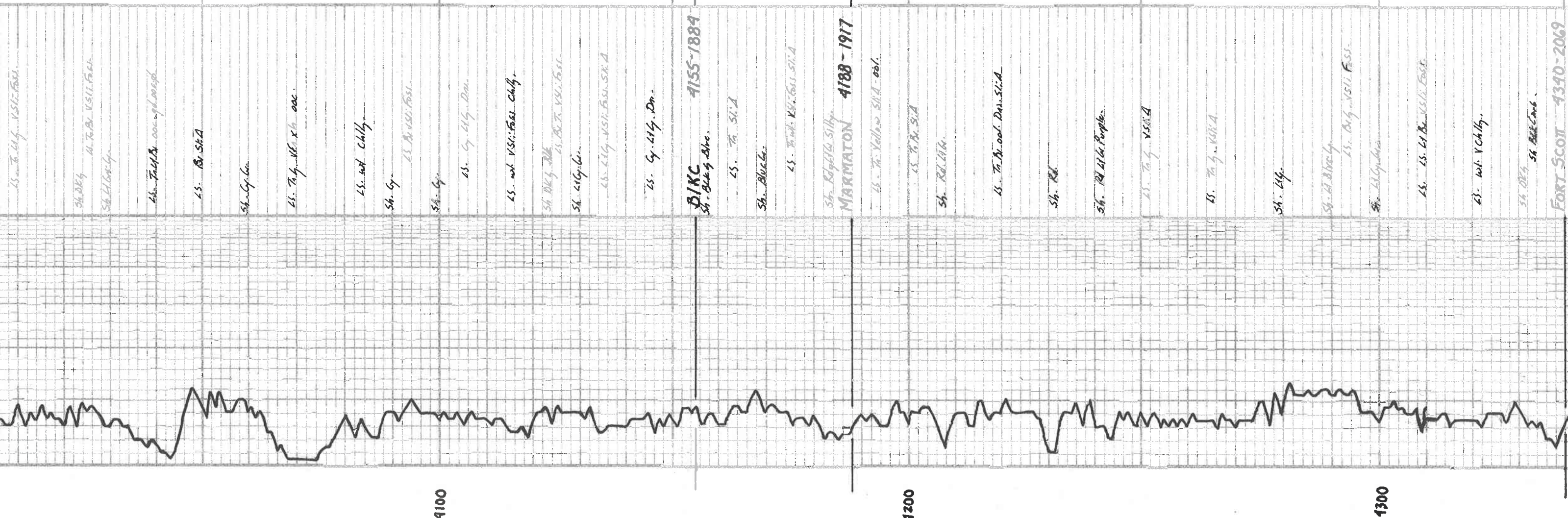
45. Tolet Av. VSI. Foss. Calcite

3700

3800

TORONTO

4000



ls. to clay. VSI: Foss.
 Sh. DEg. 41. To B. VSI: Foss.
 Sh. L. G. G.
 Sh. To B. occ. p. l. o. o. p.
 ls. Br. Sil. A.
 Sh. G. G.
 ls. To g. V. x h. o. o.
 ls. w. ch. lly.
 Sh. G.
 ls. Br. VSI: Foss.
 Sh. G.
 ls. G. 11g. Dm.
 ls. w. VSI: Foss. Ch. lly.
 Sh. DEg. 41k. ls. Br. VSI: Foss.
 Sh. L. G. G.
 ls. L. G. VSI: Foss. Sil. A.
 ls. G. 11g. Dm.
 4155-1884
 BIKC
 Sh. Br. G. Sh.

ls. To Sil. A.
 Sh. Alue. G.
 ls. To VSI: Foss. Sil. A.
 Sh. Red. G. Sil. A.
 MARMATON 4188-1917
 ls. To Yellow Sil. A. - o. o. l.
 ls. To Br. Sil. A.
 Sh. Red. G. Sil. A.
 ls. To Br. o. o. l. Dm. Sil. A.
 Sh. Red. G.
 Sh. Red. G. Purple.

ls. To g. VSI: A.
 ls. To g. VSI: A.
 Sh. L. G.
 Sh. L. G. Sil. A.
 ls. Br. VSI: Foss.
 Sh. L. G. G.
 ls. ls. L. Br. VSI: Foss.
 ls. w. V. Ch. lly.
 Sh. DEg. Sh. Br. G. G.
 FORT SCOTT 4390-2069

