



KANSAS CORPORATION COMMISSION 1151991
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: _____



1151991

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 Bbls.	Gas Mcf	Water Bbls.	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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Orr B1
Doc ID	1151991

Tops

Name	Top	Datum
Elgin Sand	3416	-1911
Heebner	3546	-2041
Lansing	3720	-2215
Stark	4094	-2589
B/KC	4186	-2681
Mississippi	4267	-2762
Kinderhook	4446	-2941
Viola	4543	-3038
Simpson	4656	-3151



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 08085 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>5-27-2013</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>GRIFFIN MANAGEMENT</u>		LEASE <u>ORR</u>			WELL NO. <u>B-1</u>		
ADDRESS _____		COUNTY <u>BARBER</u>	STATE <u>Ks.</u>				
CITY _____ STATE _____		SERVICE CREW <u>LESLEY, MCGRAW, KUEMIN</u>					
AUTHORIZED BY _____		JOB TYPE: <u>CNW-85/8" S.P.</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <u>5-28-2013</u> AM/PM <u>7:30</u> TIME
<u>37594</u>	<u>3</u>					ARRIVED AT JOB	AM/PM <u>8:30</u>
<u>19889-19843</u>	<u>3</u>					START OPERATION	AM/PM <u>11:00</u>
<u>19826-19860</u>	<u>3</u>					FINISH OPERATION	AM/PM <u>5-29-13 1:00</u>
						RELEASED	AM/PM <u>2:00</u>
						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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CP100C</u>	<u>COMMON PNT.</u>	<u>SK</u>	<u>180</u>		<u>2,880.00</u>
<u>CC 102</u>	<u>CELLOFLAKE</u>	<u>lb</u>	<u>46</u>		<u>170.70</u>
<u>CC 109</u>	<u>CALCIUM CHLORIDE</u>	<u>lb</u>	<u>340</u>		<u>357.00</u>
<u>CF 153</u>	<u>WOODEN PLUG, 85/8"</u>	<u>EA</u>	<u>1</u>		<u>160.00</u>
<u>E 100</u>	<u>PICKUP MILEAGE</u>	<u>MI</u>	<u>35</u>		<u>148.75</u>
<u>E 101</u>	<u>HEAVY EQUIPMENT MILEAGE</u>	<u>MI</u>	<u>70</u>		<u>490.00</u>
<u>E 113</u>	<u>BULK DELIVERY</u>	<u>TM</u>	<u>298</u>		<u>476.00</u>
<u>CE 200</u>	<u>DEPTH CHARGE; 0-500'</u>	<u>HR</u>	<u>1-4</u>		<u>1,000.00</u>
<u>CE 240</u>	<u>BLENDING SERVICE</u>	<u>SK</u>	<u>180</u>		<u>252.00</u>
<u>CE 504</u>	<u>PLUG CONTAINER CHARGE</u>	<u>JOB</u>	<u>1</u>		<u>250.00</u>
<u>S 003</u>	<u>SERVICE SUPERVISOR</u>	<u>EA</u>	<u>1</u>		<u>175.00</u>

SUB TOTAL \$4,133.30

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



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 00090 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>6-5-2013</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>GRIFFIN MANAGEMENT</u>		LEASE <u>ORR</u> <u>B-1</u> WELL NO.	
ADDRESS _____		COUNTY <u>BARBER</u> STATE <u>Ks.</u>	
CITY _____ STATE _____		SERVICE CREW <u>LESLEY, MARQUEZ, KLEMM</u>	
AUTHORIZED BY _____		JOB TYPE: <u>CNW - 5 1/2" L.S.</u>	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>37586</u>	<u>4</u>						<u>6-5-2013</u>		<u>12:00</u>
<u>19889-19843</u>	<u>4</u>								<u>12:30</u>
<u>19831-19842</u>	<u>4</u>								<u>5:30</u>
									<u>9:30</u>
									<u>10:30</u>
						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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 CMT.	SK	240		4,080.00
CP 105	AA2 CMT.	SK	30		510.00
CC 102	CELLOFLAKE	lb	60		251.60
CC 111	SALT	lb	1238		619.00
CC 112	CMT. FRICTION REDUCER	lb	108		768.00
CC 115	C-44	lb	255		1,313.25
CC 201	GILSONITE	lb	1350		904.50
CF 607	CATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
CF 1251	AUTO FILL FLOAT SHOE, 5 1/2"	EA	1		360.00
CF 11651	TURBOLIZER, 5 1/2"	EA	7		770.00
CF 1901	BASKET, 5 1/2"	EA	1		290.00
C 704	CLAYMAX	GAL	6		210.00
CC 151	MUD FLUSH	GAL	500		430.00
E 100	PICKUP MILEAGE	MI	35		148.75
E 101	HEAVY EQUIPMENT MILEAGE	MI	70		490.00
E 113	BULK DELIVERY	TM	446		714.00
CE 205	DEPTH CHARGE 4001'-5000'	HR	1.4		2,520.00
CE 240	BLENDING CHARGE	SK	270		378.00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1	175.00	175.00
SUB TOTAL					9,349.26

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

Prepared For: **Charles N. Griffin**

PO Box 347
Pratt KS 67124

ATTN: Bruce Reed

Orr #B1

9-32s-12w Barber,KS

Start Date: 2013.06.01 @ 16:54:58

End Date: 2013.06.02 @ 01:35:28

Job Ticket #: 52282 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2013.06.05 @ 14:50:08

Charles N. Griffin 9-32s-12w Barber,KS Orr #B1 DST # 1 Elgin 2013.06.01



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Charles N. Griffin

9-32s-12w Barber, KS

PO Box 347
Pratt KS 67124

Orr #B1

Job Ticket: 52282

DST#: 1

ATTN: Bruce Reed

Test Start: 2013.06.01 @ 16:54:58

GENERAL INFORMATION:

Formation: **Egin**
Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:32:43

Time Test Ended: 01:35:28

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

Interval: **3388.00 ft (KB) To 3424.00 ft (KB) (TVD)**

Total Depth: 3424.00 ft (KB) (TVD)

Reference Elevations: 1505.00 ft (KB)

Hole Diameter: 7.88 inches Hole Condition: Poor

1497.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 8352

Inside

Press@RunDepth: 164.90 psig @ 3389.00 ft (KB)

Start Date: 2013.06.01

End Date:

2013.06.02

Capacity: 8000.00 psig

Start Time: 16:55:03

End Time:

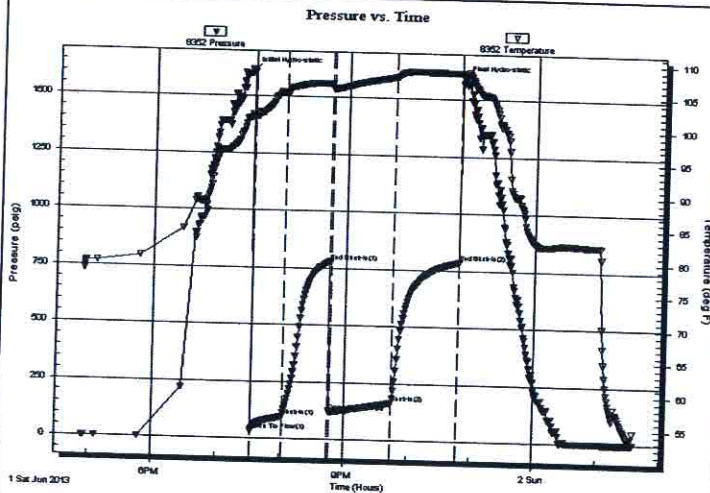
01:35:28

Last Calib.: 2013.06.02

Time On Btm: 2013.06.01 @ 19:29:58

Time Off Btm: 2013.06.01 @ 22:49:13

TEST COMMENT: IF: Strong blow . B.O.B. in 4 mins.
IS: Weak blow . 1/2 - 1".
FF: Strong blow . B.O.B. in 35 secs. GTS in 45 mins. TSTM.
FS: Weak blow . 1/2 - 3 1/2".



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1608.89	101.40	Initial Hydro-static
3	32.47	101.56	Open To Flow (1)
32	98.90	105.23	Shut-In(1)
75	780.08	106.57	End Shut-In(1)
76	122.27	105.72	Open To Flow (2)
135	164.90	107.72	Shut-In(2)
198	785.02	108.53	End Shut-In(2)
200	1590.41	108.02	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
150.00	GMCO 20%g 16%m 64%o	0.74
185.00	GM&WCO 26%g 22%m 20%w 32%o	2.60
80.00	GOCWM 20%g 6%o 11%w 63%m	1.12

Gas Rates

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

DRILL STEM TEST REPORT



Charles N. Griffin

PO Box 347
Pratt KS 67124

ATTN: Bruce Reed

Ort #B1
Job Ticket: 52282
DST#: 1

Test Start: 2013.06.01 @ 16:54:58

GENERAL INFORMATION:

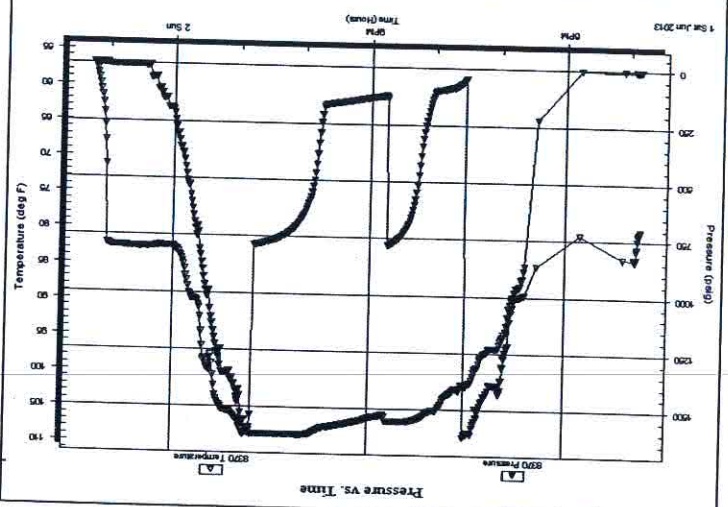
Formation: Egin
Deviated: No
Whipstock: ft (KB)
Time Tool Opened: 19:32:43
Time Test Ended: 01:35:28
Interval: 3388.00 ft (KB) To 3424.00 ft (KB) (TVD)
Total Depth: 3424.00 ft (KB) (TVD)
Hole Diameter: 7.88 inchesHole Condition: Poor
Serial #: 8370
Outside

Start Date: 2013.06.01
Start Time: 16:50:43
End Date: 2013.06.02
End Time: 01:14:37
Capacity: 8000.00 psig
Last Calib.:
Time On Btm:
Time Off Btm:

TEST COMMENT: IF: Strong blow. B.O.B. in 4 mins.
IS: Weak blow. 1/2 - 1"
FS: Strong blow. B.O.B. in 35 secs. GTS in 45 mins. TSTM
FI: Weak blow. 1/2 - 3 1/2".

PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation



Recovery

Length (ft)	Description	Volume (bbl)
150.00	GMCO 20%g 16%w 64%o	0.74
185.00	GM&WCO 26%g 22%w 20%w 32%o	2.60
80.00	GOCWM 20%g 6%o 11%w 63%w	1.12

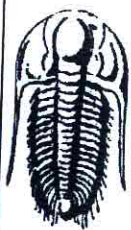
Gas Rates

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

Triobite Testing, Inc

Ref. No: 52282

Printed: 2013.06.05 @ 14:50:09



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N. Griffin

9-32s-12w Barber, KS

PO Box 347
Pratt KS 67124

Orr #B1

Job Ticket: 52282

DST#: 1

ATTN: Bruce Reed

Test Start: 2013.06.01 @ 16:54:58

Tool Information

Drill Pipe:	Length: 3231.00 ft	Diameter: 3.80 inches	Volume: 45.32 bbl	Tool Weight: 2400.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 24000.00 lb
Drill Collar:	Length: 150.00 ft	Diameter: 2.25 inches	Volume: 0.74 bbl	Weight to Pull Loose: 75000.00 lb
			<u>Total Volume: 46.06 bbl</u>	Tool Chased 6.00 ft
Drill Pipe Above KB:	21.00 ft			String Weight: Initial 50000.00 lb
Depth to Top Packer:	3388.00 ft			Final 52000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	36.00 ft			
Tool Length:	64.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
C.O. Sub	1.00			3361.00	
Shut in tool	5.00			3366.00	
HMV	5.00			3371.00	
Jars	5.00			3376.00	
Safety Joint	3.00			3379.00	
Packer	4.00			3383.00	28.00 Bottom Of Top Packer
Packer	5.00			3388.00	
Stubb	1.00			3389.00	
Recorder	0.00	8352	Inside	3389.00	
Recorder	0.00	8370	Outside	3389.00	
Perforations	30.00			3419.00	
Bullnose	5.00			3424.00	
Total Tool Length:	64.00				36.00 Bottom Packers & Anchor



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N. Griffin

9-32s-12w Barber,KS

PO Box 347
Pratt KS 67124

Orr #B1

Job Ticket: 52282

DST#: 1

ATTN: Bruce Reed

Test Start: 2013.06.01 @ 16:54:58

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 48.00 sec/qt

Water Loss: 9.98 in³

Resistivity: 0.00 ohm.m

Salinity: 4800.00 ppm

Filter Cake: 0.20 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

deg API

Water Salinity: 47000 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
150.00	GMCO 20%g 16%m 64%o	0.738
185.00	GM&WCO 26%g 22%m 20%w 32%o	2.595
80.00	GOCWM 20%g 6%o 11%w 63%m	1.122

Total Length: 415.00 ft

Total Volume: 4.455 bbl

Num Fluid Samples: 0

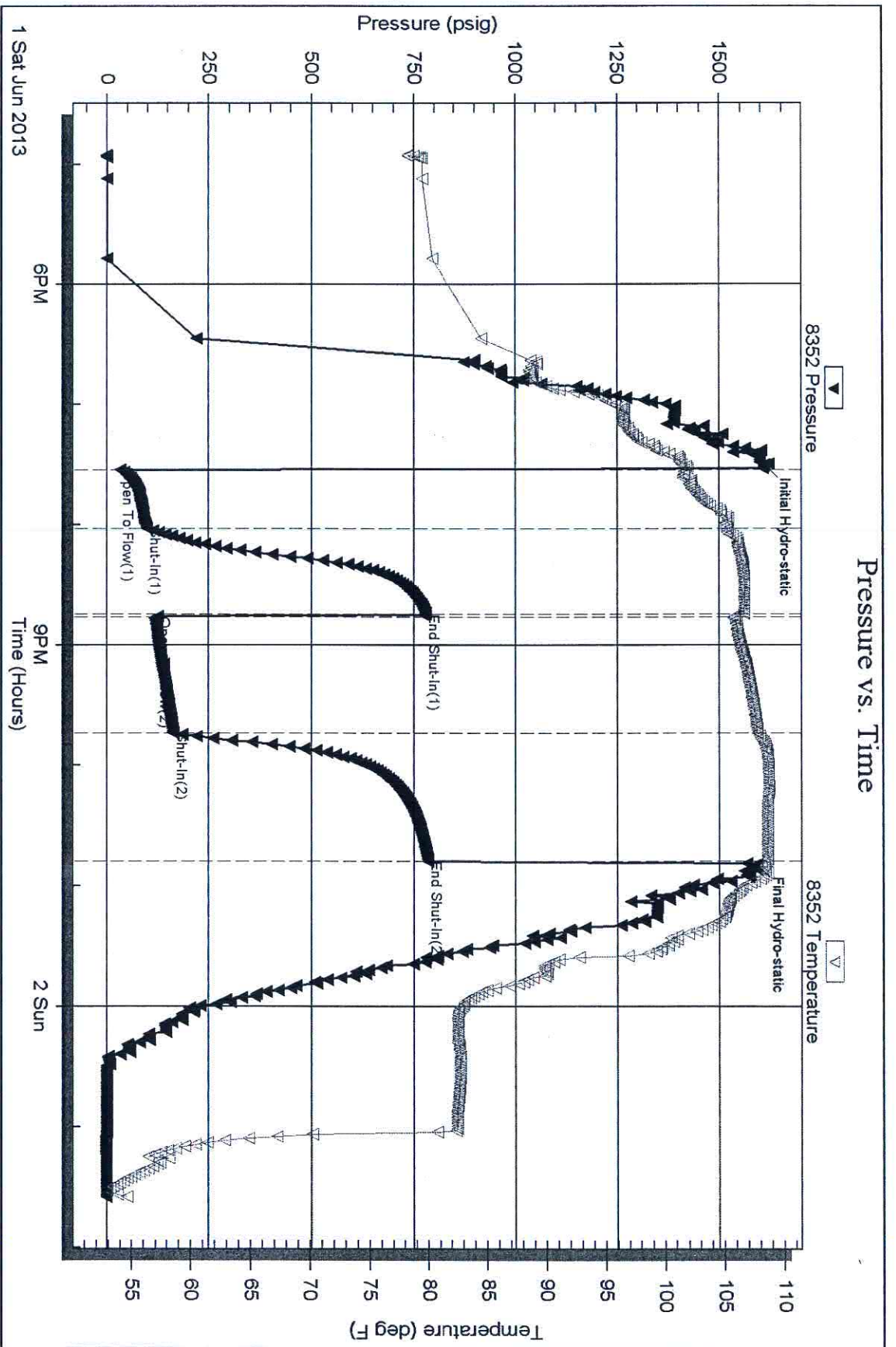
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments: Rw .2 ohms@ 55 deg



Serial #: 8370

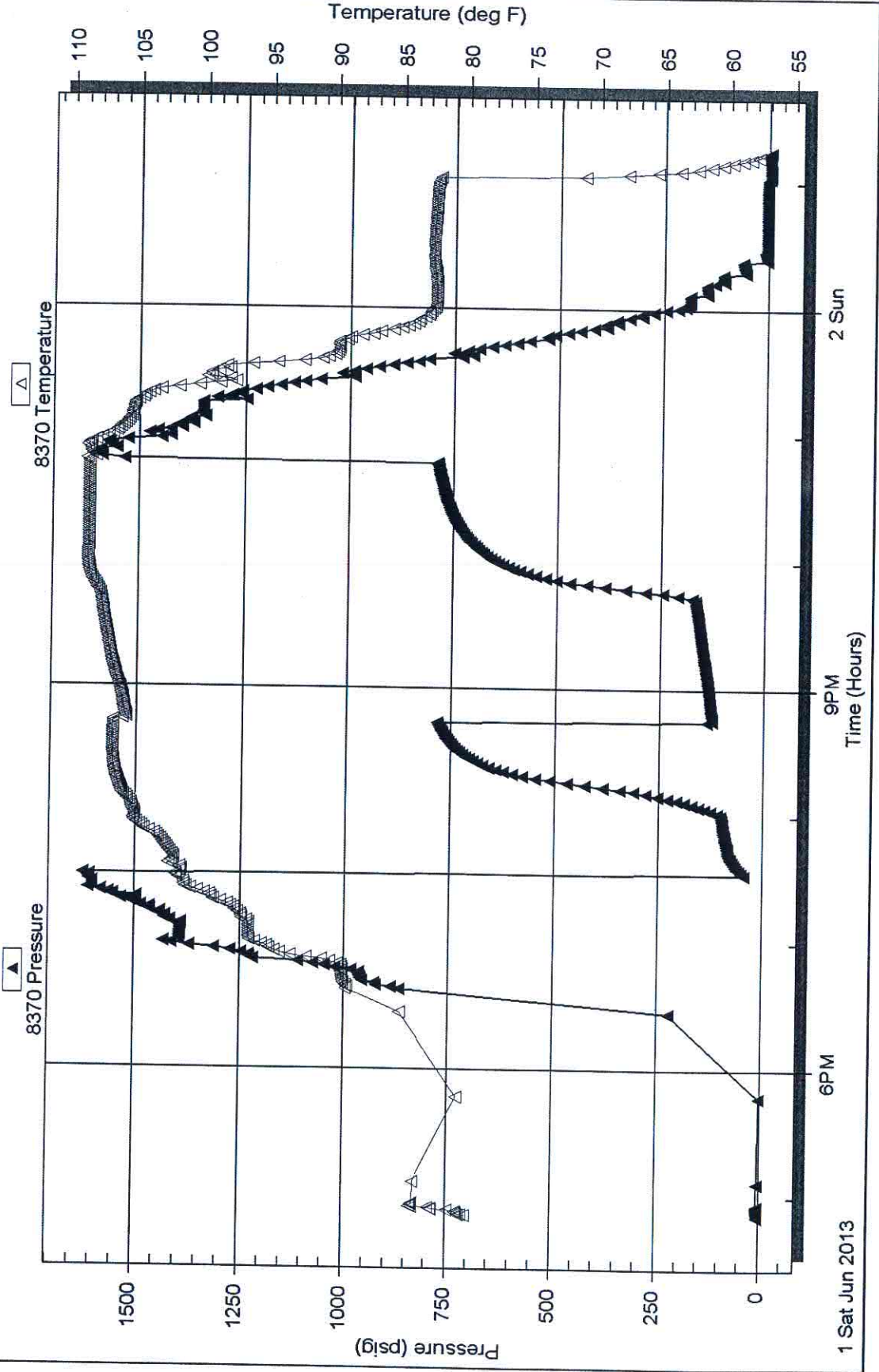
Outside

Charles N. Griffin

Orr #B1

DST Test Number: 1

Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 52282

Printed: 2013.06.05 @ 14:50:11



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 52282

Well Name & No. ORR B-1 Test No. 1 Date 6-1-17
 Company CHARLES N. GRIFFIN Elevation 1505 KB 1497
 Address P.O. Box 347, PRATT KS. 67124
 Co. Rep / Geo. BRUCE REED Rig Fossil DRLG. #2
 Location: Sec. 9 Twp. 32 S Rge. 12 W Co. BARBER State Ks.

Interval Tested 3388 - 3424' Zone Tested ELGIN
 Anchor Length 36' Drill Pipe Run 3231' Mud Wt. 8.9
 Top Packer Depth 3383' Drill Collars Run 150' Vis 48
 Bottom Packer Depth 3388' Wt. Pipe Run 0 WL 10.0 cc
 Total Depth 3424' Chlorides 4,800 ppm System LCM 0

Blow Description IF: Strong blow. B.O.B. in 4 mins. ISI: Weak blow. 1/2 - 1".

FF: Strong blow. B.O.B. in 35 secs. GTS in 45 mins. TSTM.
FSI: Weak blow. 1/2 - 3 1/2".

Rec	Feet of	%gas	%oil	%water	%m
<u>80</u>	<u>GOCUM</u>	<u>20</u>	<u>6</u>	<u>11</u>	<u>63</u>
<u>185</u>	<u>GM&WCO</u>	<u>26</u>	<u>32</u>	<u>20</u>	<u>22</u>
<u>120</u>	<u>GMCO</u>	<u>20</u>	<u>64</u>		<u>16</u>
Rec	Feet of	%gas	%oil	%water	%m
Rec	Feet of	%gas	%oil	%water	%m

Rec Total ~~385~~ 415 BHT 109° Gravity N/A API RW 2 @ 55° F Chlorides 47,000 pp

(A) Initial Hydrostatic 1609 Test 1150 T-On Location 1535
 (B) First Initial Flow 32 Jars 250 T-Started 1654
 (C) First Final Flow 99 Safety Joint 75 T-Open 1932
 (D) Initial Shut-In 780 Circ Sub _____ T-Pulled 2247
 (E) Second Initial Flow 122 Hourly Standby _____ T-Out 0135
 (F) Second Final Flow 165 Mileage 74 114.70 Comments _____
 (G) Final Shut-In 285 Sampler _____
 (H) Final Hydrostatic 1590 Straddle _____

Initial Open 30 Extra Packer _____ Ruined Shale Packer _____
 Initial Shut-In 45 Extra Recorder _____ Ruined Packer _____
 Final Flow 60 Day Standby _____ Sub Total 0
 Final Shut-In 60 Accessibility _____ Total 1839.70
 Sub Total 1839.70 MP/DST Disc't _____

Approved By Bruce A. Reed Our Representative Greg Watson
 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 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