



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Shakespeare Oil Co., Inc.

S13-16-34 Scott, KS

202 W. Main St
Salem, IL 62881

Unruh 1-13

Job Ticket: 51769

DST#: 3

ATTN: Steve Davis

Test Start: 2013.06.27 @ 20:28:00

GENERAL INFORMATION:

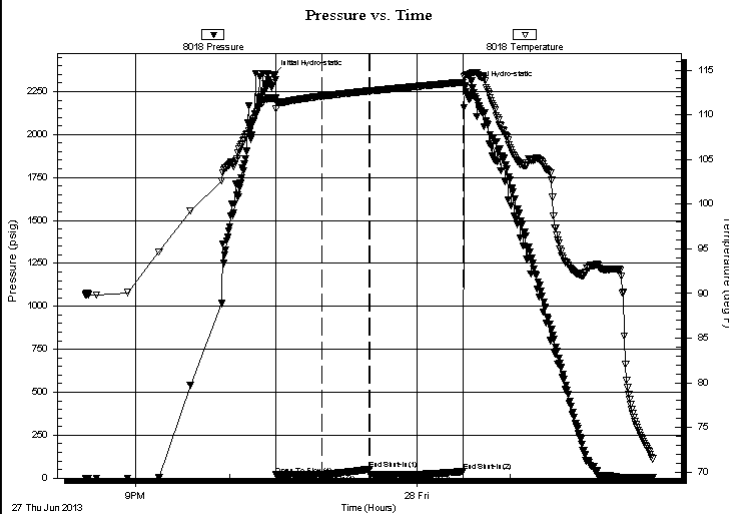
Formation: **Pawnee, Ft. Scott**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 22:30:00
 Time Test Ended: 02:31:09
 Interval: **4507.00 ft (KB) To 4596.00 ft (KB) (TVD)**
 Total Depth: 4596.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Chuck Smith
 Unit No: 62
 Reference Elevations: 3113.00 ft (KB)
 3106.00 ft (CF)
 KB to GR/CF: 7.00 ft

Serial #: 8018

Inside

Press @ Run Depth: 22.96 psig @ 4509.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.06.27 End Date: 2013.06.28 Last Calib.: 2013.06.28
 Start Time: 20:28:02 End Time: 02:31:10 Time On Btm: 2013.06.27 @ 22:28:40
 Time Off Btm: 2013.06.28 @ 00:30:50

TEST COMMENT: Surface blow died @ 20 min.
 No return.
 No blow.
 No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2348.16	111.85	Initial Hydro-static
2	19.52	110.70	Open To Flow (1)
31	22.15	112.07	Shut-In(1)
61	52.58	112.67	End Shut-In(1)
62	20.94	112.64	Open To Flow (2)
92	22.96	113.16	Shut-In(2)
122	38.89	113.63	End Shut-In(2)
123	2283.97	114.40	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	M100m	0.02

Gas Rates

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

* Recovery from multiple tests



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Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 57.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 7000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	M 100m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

