



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	F B 1-21
Doc ID	1153862

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	F B 1-21
Doc ID	1153862

Tops

Name	Top	Datum
ANHYDRITE	885	+1046
BASE ANHYDRITE	908	+1023
TOPEKA	2878	-947
HEEBNER	3116	-1185
BROWN LIME	3190	-1259
LANSING	3202	-1271
BASE KANSAS CITY	3406	-1475
ARBUCKLE	3444	-1513

Customer <i>L.D. Drilling</i>	Lease No.	Date <i>3-6-13</i>	
Lease <i>F.R.</i>	Well # <i>1-21</i>		
Field Order # <i>8158</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i>	Depth <i>887</i>
Type Job <i>CNW - 8 5/8 Surface</i>	Formation	County <i>Barton</i>	State <i>KS</i>
		Legal Description <i>21-18-14</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>				<i>Acconbird</i>			5 Min.	
Depth <i>887</i>	Depth	From	To	Pre Pad	Max		10 Min.	
Volume	Volume	From	To	Pad	Min		15 Min.	
Max Press <i>1000</i>	Max Press	From	To	Frac	Avg		Annulus Pressure	
Well Connection <i>P.P.</i>	Annulus Vol.	From	To		HHP Used		Total Load	
Plug Depth <i>887</i>	Packer Depth	From	To	Flush <i>55.7</i>	Gas Volume			

Customer Representative <i>J.M.</i>	Station Manager <i>Dave Scott</i>	Treater <i>Steve Oiland</i>
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Service Units <i>27283 33707 20920 77686 73768</i>				
Driver Names <i>Oiland Nelson - YOUNG</i>				

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>8:5:00 AM</i>					<i>On location - Safety Meeting</i>
					<i>Run 21 1/2 8 5/8 CSS</i>
					<i>Casing on Bottom</i>
					<i>Break Circ w/ Rig</i>
<i>8:10</i>	<i>300</i>		<i>35.8</i>	<i>5 1/2</i>	<i>Mix 195 gal Accon @ 12#/gal</i>
<i>8:30</i>	<i>300</i>		<i>41.6</i>	<i>5 1/2</i>	<i>Mix 195 gal Conner @ 15.6#/gal</i>
					<i>Release plug</i>
<i>8:42</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>6</i>	<i>Start H2O Displacement</i>
<i>8:50</i>	<i>350</i>		<i>115</i>	<i>5</i>	<i>Cement to Surface</i>
<i>9:00 AM</i>	<i>400</i>		<i>55.7</i>	<i>4</i>	<i>Plug Down</i>
					<i>(1050 Fr Well head)</i>
					<i>Circulation thru Job</i>
					<i>Circulated 20 bbl to pit</i>
					<i>Job Complete</i>
					<i>Thanks, Steve</i>



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 07772 A

DATE _____ TICKET NO. _____

DATE OF JOB: 4-12-13	DISTRICT: Kansas	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.O. Drilling Inc.		LEASE: FB #1-21		WELL NO.:						
ADDRESS:		COUNTY: Barton 21-1814		STATE: Ks						
CITY:		STATE:		SERVICE CREW: Allen, Mike, Dale						
AUTHORIZED BY:		JOB TYPE: 5 1/2' L.S.		CNU						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
28445 P.U.	2						4-12-13			415
27463 PT	2						4-12-13			345
77686-73768	2						4-12-13			730
							4-12-13			930
							4-12-13			1015
						MILES FROM STATION TO WELL	65 miles			

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 Poz	SK	30		\$ 360 00
CC105	C-41P Defoamer	lb	36		\$ 144 00
CC111	SALT	lb	1188		\$ 699 00
CC112	Cement Friction Reducer	lb	106		\$ 638 00
CC113	Gypsum	lb	706		\$ 528 75
CC201	Gilsonite	lb	750		\$ 502 50
CF103	Top Rubber cement Plug 5/2"	EA	1		\$ 105 00
CF251	Guide Shoe Reg. 5/2" Blue	EA	1		\$ 250 00
CF1451	Flapper Type Insert Float Valve	EA	1		\$ 215 00
CF1621	Turbolizer 5/2" Blue	EA	6		\$ 660 00
CL159	Flow Seal II (sodium silicate) gal		330		\$ 1980 00
E100	unit mileage chg. P.U.	mi	65		\$ 276 25
E101	Heavy Equip mileage chg.	mi	130		\$ 910 00
E113	Bulk Delivers Charge	tm	543		\$ 868 40
CE204	Depth Charge 300-4000	4-hr	1		\$ 2160 00
CE240	Blending + mixing Service chg.	SK	180		\$ 252 00
CE304	Plug container 5/2"	Job	1		\$ 250 00
5003	Service Supervisor first 8 hrs	EA	1		\$ 175 00

SUB TOTAL \$ 9,953 93

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Allen W. Weath*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Sam R. ...*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>L.D. Drilling Inc</i>		Lease No.		Date <i>4-12-13</i>	
Lease <i>FB</i>		Well # <i>1-21</i>			
Field Order # <i>07772</i>	Station <i>Pratt</i>	Casing <i>5 1/2"</i>	Depth <i>3538'</i>	County <i>Barton</i>	State <i>Ks</i>
Type Job <i>5 1/2" L.S.</i>	Formation <i>CNW</i>		Legal Description <i>3550' TO 21-18-14</i>		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2"</i>	Tubing Size	Shots/Ft		Acid <i>330 gal sodium Silicate</i>	RATE	PRESS	ISIP	
Depth <i>3538'</i>	Depth	From	To	Pre Pad <i>150 sks common @ 15.5#</i>	Max		5 Min.	
Volume <i>84</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press # <i>1000</i>	Max Press	From	To	Frac <i>30 sks 60/40 P/Frac. R. II.</i>	Avg		15 Min.	
Well Connection <i>PC</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>5324'</i>	Packer Depth	From	To	Flush <i>10.5P H2O</i>	Gas Volume		Total Load	

Customer Representative <i>Setim TP</i>	Station Manager <i>scotty</i>	Treater <i>Allen</i>
Service Units <i>28443 27463 77686 73768</i>		
Driver Names <i>Allen Mike Dale Phyo</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Petromark II Service Log
<i>345 AM</i>					<i>ON Loc. Discuss Safety, set up Plan 1</i>
					<i>Laying down Drill Collars out of Hole, Lay down Kelly.</i>
					<i>Rig up To Run 5 1/2 csg. 15.5#</i>
<i>600</i>					<i>Start 5 1/2 Csg. Shoe Joint 14' w/ Reg. Shoe. Auto Fill insert in coll cent-1-2-3-4-5-6</i>
					<i>Tag TO @ 3550' Pick up to 3538'</i>
<i>730</i>					<i>CIR w/ Rig.</i>
<i>830</i>	<i>200#</i>		<i>5</i>	<i>5</i>	<i>Pump 5-BBL H2O</i>
			<i>8</i>	<i>5</i>	<i>Pump 8-BBL Sodium Silicate</i>
				<i>5</i>	<i>Mix + Pump 150sks com. @ 15.5#</i>
			<i>36</i>		<i>Finish mix, wash out Pump Lin</i>
				<i>5 1/2</i>	<i>Drop Top Rubber Plug. Start Dis,</i>
<i>915</i>	<i>500#</i>			<i>5 1/2</i>	<i>caught Lift PSI</i>
	<i>1000#</i>		<i>84</i>	<i>2 1/2</i>	<i>Plugs down</i>
	<i>0#</i>				<i>Raise PSI 0#</i>
			<i>7</i>		<i>Plug Rat hole w/ 30 sks 60/40</i>
					<i>wash up Equip + Rack up.</i>
<i>1015</i>					<i>Job complete.</i>
					<i>thanks</i>
					<i>Allen Mike, Dale</i>

GENERAL INFORMATION

Client Information:

Company: LD DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: F-B 1-21

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S21/18S/21W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: DST #1 CONVVENTIONAL Job Number: D1302

Test Unit:

Start Date: 2013/04/09 Start Time: 02:00:00

End Date: 2013/09/04 End Time: 07:00:00

Report Date: 2013/04/09 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 15' OIL SPECKED 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.

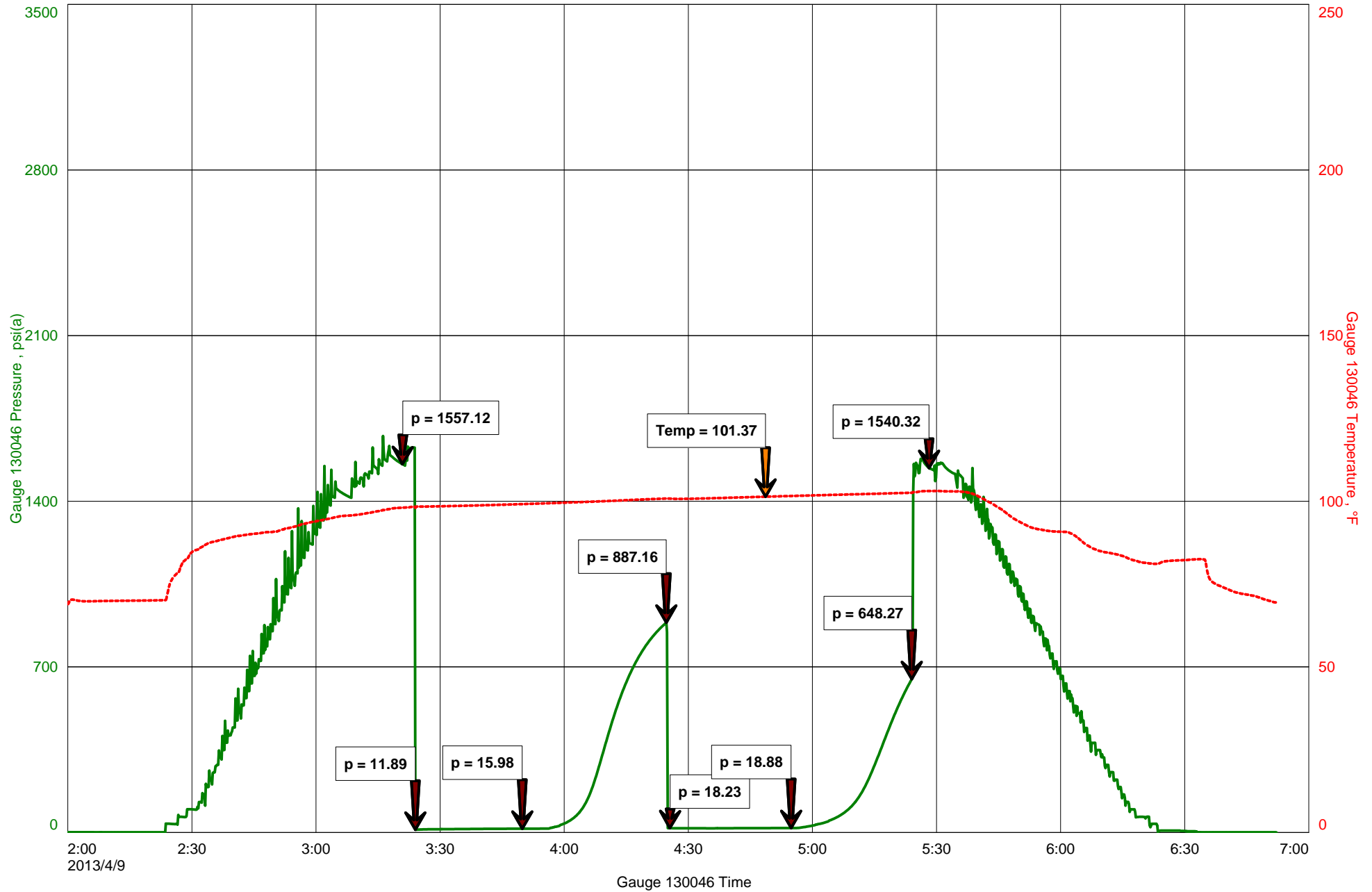
Blow: 1st Open: _____
2nd Open: _____

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.

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.

F-B 1-21



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: F-B 1-21

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S21/18S/14W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: DST #2 CONVENTIONAL Job Number: D1303

Test Unit:

Start Date: 2013/04/09 Start Time: 12:00:00

End Date: 2013/04/09 End Time: 17:00:00

Report Date: 2013/04/09 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 200' SLIGHTLY MUD CUT 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.

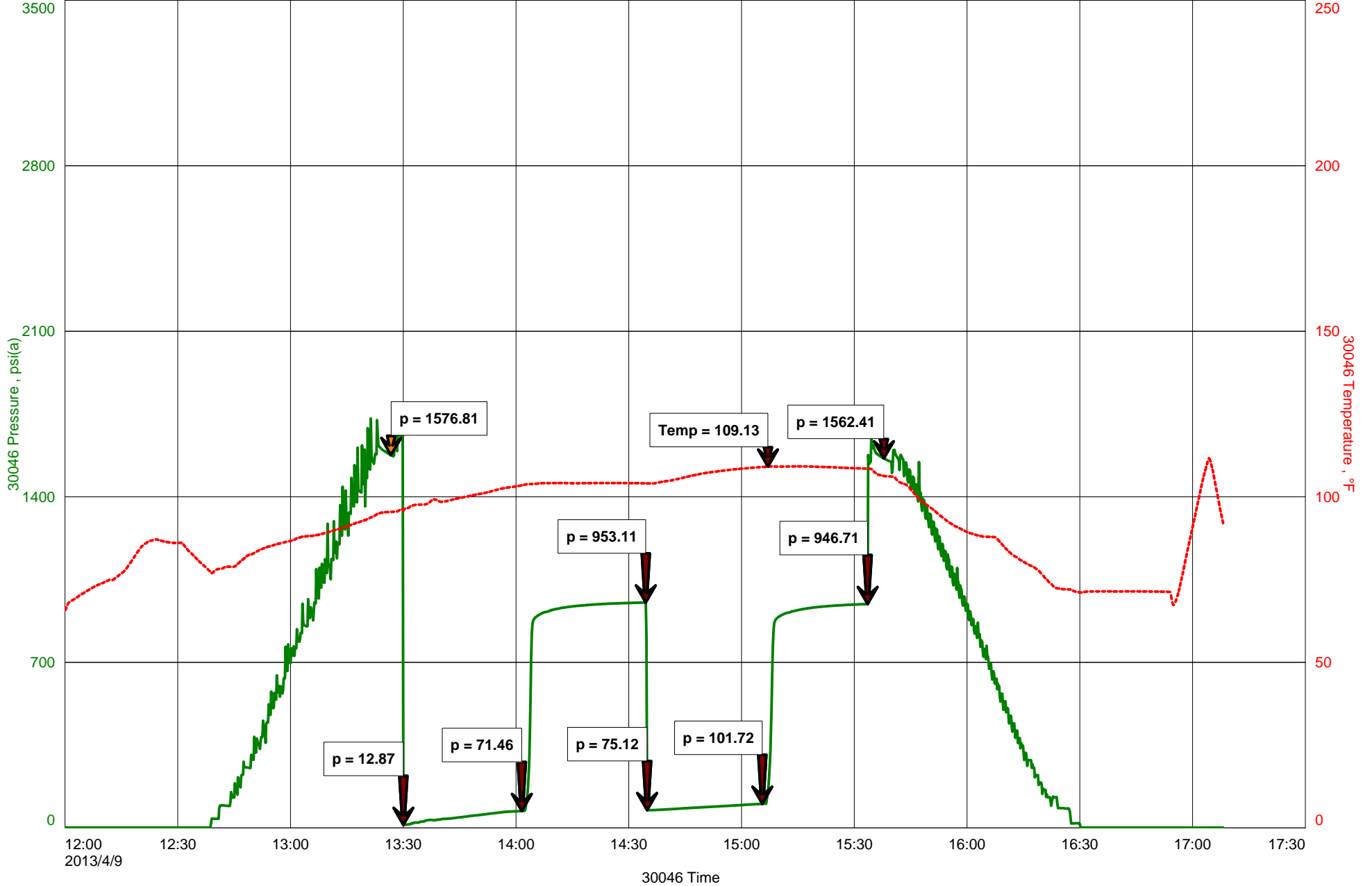
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
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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F-B 1-21



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: FB 1-21

Operator: LD DRILLING INC

Location-Downhole:

Location-Surface: S21/18S/14W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: DST #3 CONVENTIONAL Job Number: D1304

Test Unit:

Start Date: 2013/04/10 Start Time: 06:00:00

End Date: 2013/04/10 End Time: 13:30:00

Report Date: 2013/04/10 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: GAS TO SURFACE, 1300' GASSY OIL



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.

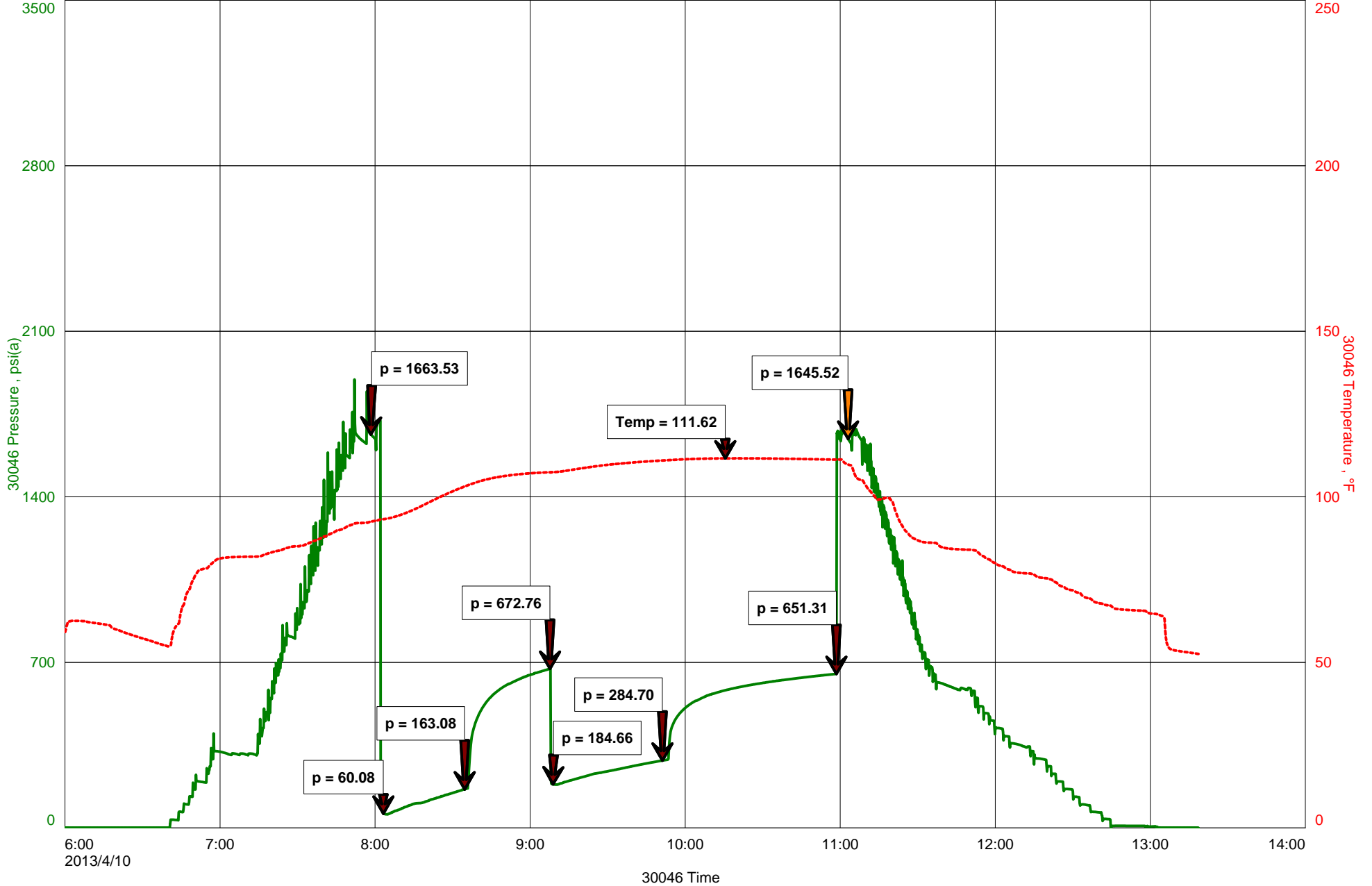
Blow: 1st Open: _____
2nd Open: _____

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.

FB 1-21



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: FB 1-21

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S21/18S/14W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: DST #4 CONVENTIONAL Job Number: D1305

Test Unit:

Start Date: 2013/04/10 Start Time: 20:30:00

End Date: 2013/04/11 End Time: 04:30:00

Report Date: 2013/04/11 Prepared By: JPHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 2400' GAS CUT OIL



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.

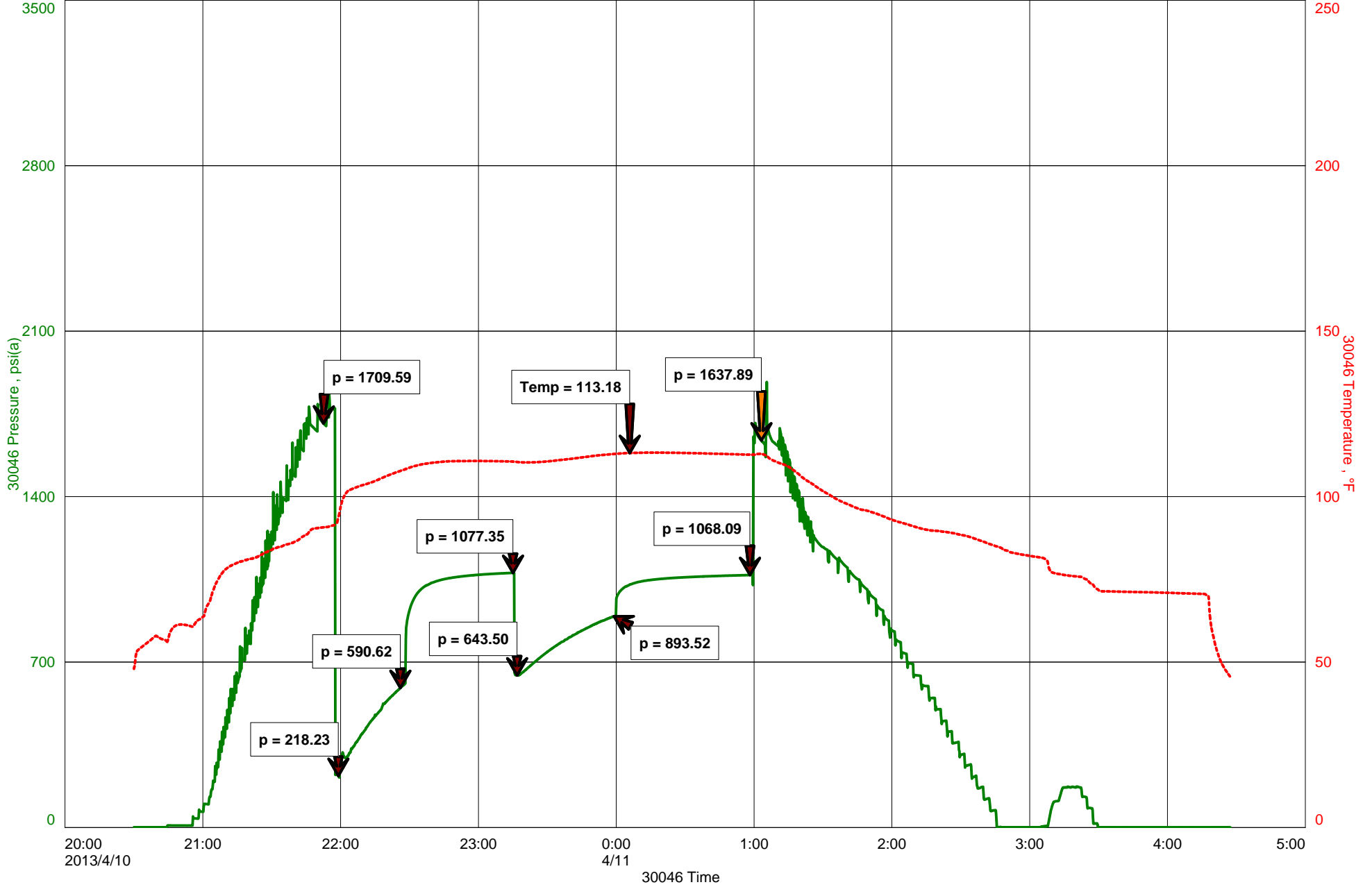
Blow: 1st Open: _____
2nd Open: _____

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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FB 1-21



KIM B. SHOEMAKER

CONSULTING GEOLOGIST
316-684-9709 * WICHITA, KS

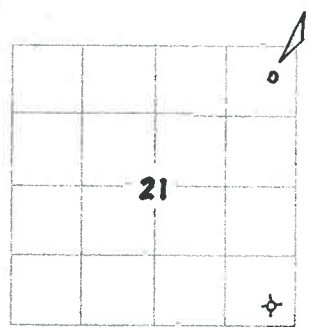
GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.
LEASE # 1-21 FB
FIELD WILDCAT
LOCATION 633' FNL $\frac{1}{2}$ 460' FEL
SEC 21 TWSP 18s RGE 14w
COUNTY BARTON STATE KANSAS
CONTRACTOR PETROMARK DRILLING RIG 2
SPUD 4-5-13 COMP 4-12-13
RTD 3550 LTD 3552
MUD UP 2754 TYPE MUD CHEMICAL

ELEVATIONS
KB 1931
DF _____
GL 1926
Measurements Are All From 1931 KB
CASING SURFACE 8 5/8" @ 892
PRODUCTION 5 1/2 @
ELECTRICAL SURVEYS
DUAL IND., DENS-N., MICRO SONIC

SAMPLES SAVED FROM 2900 TO 3550
DRILLING TIME KEPT FROM 2800 TO 3550
SAMPLES EXAMINED FROM 2900 TO 3550
GEOLOGICAL SUPERVISION FROM 3100 TO 3550
GEOLOGIST ON WELL KIM B. SHOEMAKER

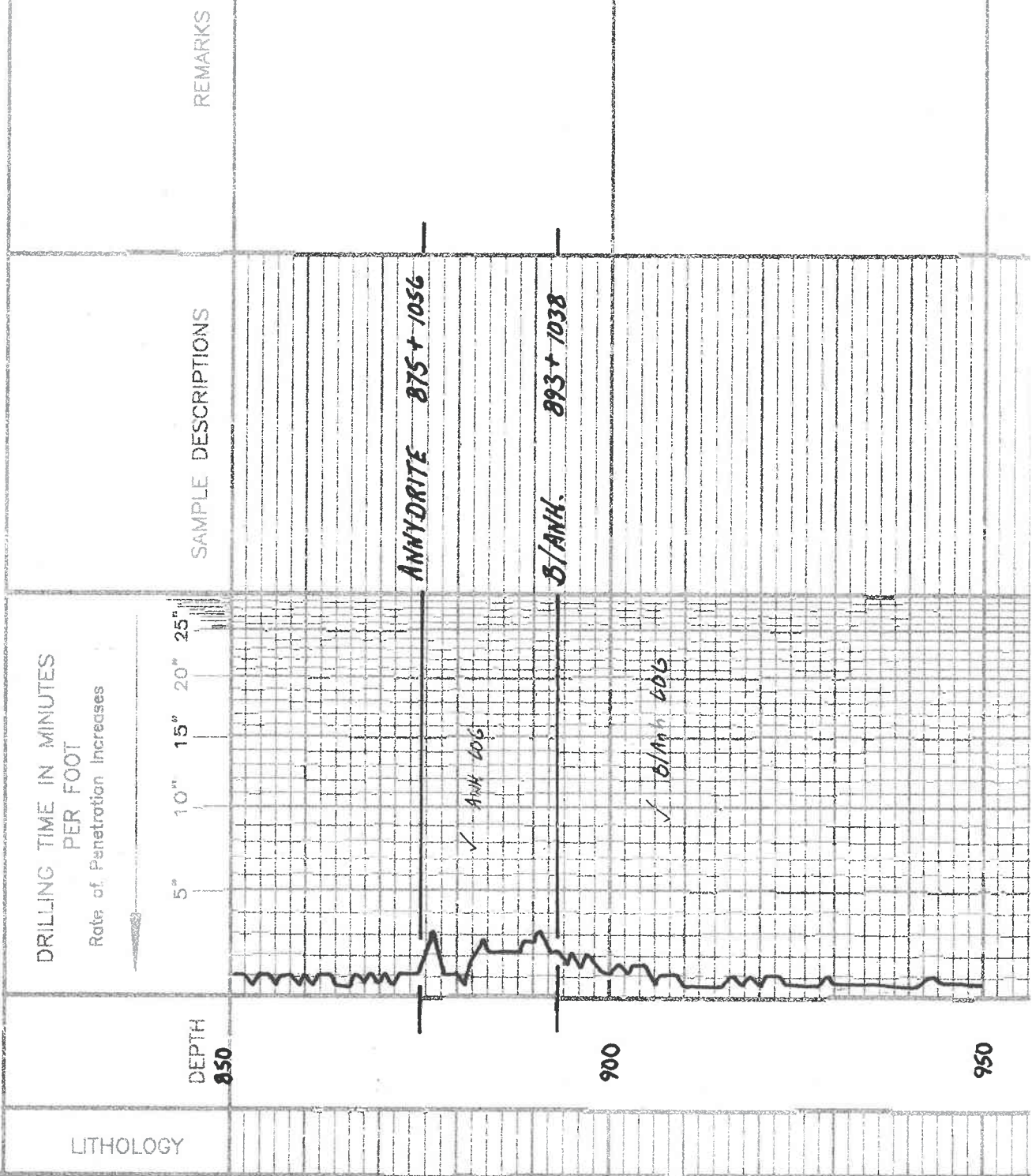
FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	885 + 1046	875 + 1056
B/ANH.	908 + 1023	893 + 1038
TOPEKA	2878 - 947	2878 - 947
HEEBNER	3114 - 1185	3115 - 1184
BROWN LIME	3190 - 1259	3188 - 1257
LANSING	3202 - 1271	3201 - 1270
B/KC	3406 - 1475	3403 - 1472
ARBUCKLE	3444 - 1513	3441 - 1510



REMARKS
API: 15-009-25826
4-5-13 SPUD
4-6 @ 897'
4-7 @ 1841'
4-8 @ 2890'
4-9 @ 3258'
4-10 @ 3404'
4-11 @ 3450'
4-12 @ 3550'

LEGEND

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



SHOE01-06

2800

2900

3000

Samples are Logged

Sh. G. Silty

TOPEKA 2878-947

ls. G. V. Si. Foss.

V.S. 56
WT. 87
VOL. 80
© HL 2000

ls. T. G. Si. Foss. Silty

Sh. G. G.

ls. wt. G. Si. Foss. Silty

ls. T. G. V. Si. Foss. V. Si. Chalky

ls. T. Foss. Caliche

sh. G. DE G.

ls. T. G. Foss. Silty

sh. G. G. Silty

ls. T. G. Si. Foss. V. Si. Chalky

ls. T. G. Si. Foss. Silty

sh. DE G. BLUE
T. G.

ls. T. G. V. Si. Foss. V. Si. Chalky

ls. wt. Si. Foss. Silty Chalky

ls. wt. G. Silty Si. Chalky

ls. T. G. V. Si. Foss.

3100

TORONTO

DOUGLASS

ls. T. Gt. Br. Das. V.S.I.A.
HEEBNER 3115-1181
 Sh. Blk. Carb. (3140)
 Sh. Gls. G.
 ls. Wt. Gls., Si. Foss. Si. A. P. Gls. p
 Solid. Dk. Br. Gt. Sh. T. F. No Floor. No Dec.
 AE. wt. V.S.I. Foss. Si. Chly.
 Sh. Lt. G. Sily.
 Sh. Lt. G. Gt. Sily.
 Sh. Lt. Blue G. Gt. Sily.

BROWNLINE 3188-1257
 ls. Lt. G. V.S.I. Foss.

LANSING 3201-1270
 ls. T. wt. V.S.I. Foss. Si. Foss.

ls. Tn. Lt. G. Dnl.
 Sh. Lt. G.
 ls. T. Gt. Sily. Lt. G. V.S.I. A. No. Dec.
 T. S. Lt. G. Br. T. F. No Floor. No Dec. (3250)
 ls. Br. Gt. Si. Foss.

ls. Gt. Sily. Lt. G. V.S.I. Foss. No Floor No Dec. (3318)
 ls. Br. Gt. V.S.I. Foss.
 ls. Wt. V.S.I. Foss. Si. Chly.

ls. T. V.S.I. Foss. Gt. Dec. P. Gt. Sily. Lt. G. V.S.I. A. No. Dec.
 V.S.S.F. Dull. Sp. Floor. Mostly. Baren.

ls. Lt. G. Dnl.

ls. Tan. Si. Foss. V.S.I. Chly.

ls. Tn. V.S.I. A.

Sh. Dec. Gt. G.

ls. Tn. Si. Foss. Gt. Dec. P. Gt. Sily. Lt. G. V.S.I. A. No. Dec.
 Dk. Br. Solid. Sp. V.S.S.F. Dull. Floor Fr. Dnl. (3350)

Sh. Gt. G.

ls. Tan. Si. Foss. V.S.I. Chly. P. Gt. Sily. Lt. G. V.S.I. A. No. Dec.
 Dk. Br. Solid. Sp. V.S.S.F. No Floor (3360)

Sh. Gt.

ls. Lt. Gt. Si. Foss. P. Gt. Sily. Lt. G. V.S.I. A. No. Dec.
 T. Dk. Br. Gt. Sh. T. F. No Floor No Dec. (3380)

ls. wt. V.S.I. Foss. Si. Chly.

Sh. Gt. G.

ls. Tn. V.S.I. Foss. V.S.I. A.

B/KC

Sh. Lt. Gt. G.

Sh. Lt. Maroon, Purple Lt. G.

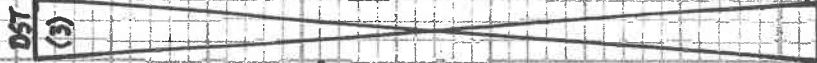
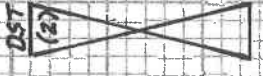
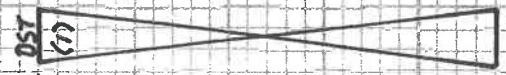
A. Dng. Weathered - T. Gt. Br. Lt. G.

Sh. Lt. Maroon, Yellow Blue Gt. Sily.

3200

3300

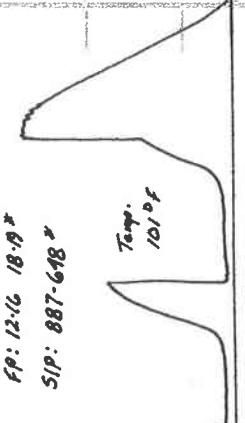
3400



DST (1) 3210-3258
 1st OPEN: 1/4" Blow died 12 MIN.
 2nd OPEN: No Blow
 30 - 30 - 30 - 30

Rec. 15' oil sp. Mud

FP: 12-16 18.19 *
 SIP: 887-698 *
 Temp: 101.0 F



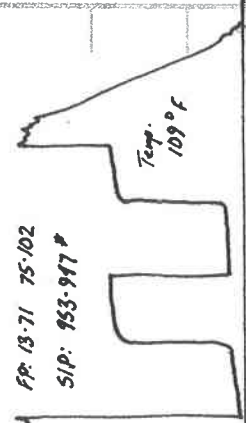
DST (2) 3252-3275
 1st OPEN: 1/2" Blow
 2nd OPEN: 1/4" "

30 - 30 - 30 - 30

Rec. 200' SMW (57. Mod. 95% W)

CHK: 80.000

FP: 13-71 75-102
 SIP: 953-977 *



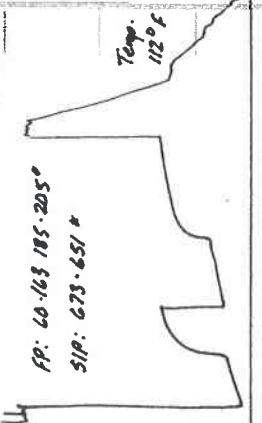
DST (3) 3322-3401
 1st OPEN: Bottom bucket 1 MIN. GTS 25 min. 88: 88
 2nd OPEN: " " " " T/out 88: "

30 - 45 - 45 - 60

Rec. 1300' G0 (25% G. 75% Oil)

40 GRAV.

FP: 10-163 185-205 *
 SIP: 673-651 *



DST (4) 3400-3450
 1st OPEN: Bottom bucket 1 min. 88: " 88: "
 2nd OPEN: " " " " " "

30 - 45 - 45 - 60

Rec. 2400' S60 (10% G. 90% Oil)

FP: 216-591

CHK: 84.844

SIP: 1077-1068 *



