



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: _____



1154039

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	MARY ANN 1-14
Doc ID	1154039

Tops

Name	Top	Datum
ANHYDRITE	740	+1139
BASE ANHYDRITE	762	+1117
HOWARD	2888	-1009
TOPEKA	2979	-1100
HEEBNER	3286	-1407
BROWN LIME	3423	-1554
LANSING	3447	-1568
BASE KANSAS CITY	3688	-1809
VIOLA	3790	-1911
SIMPSON	3855	-1976
ARBUCKLE	3899	-2020

DIAMOND TESTING

General Information Report

General Information

Company Name	L.D. DRILLING, INC.	Representative	TIM VENTERS
Contact	L.D. DAVIS	Well Operator	L.D. DRILLING, INC.
Well Name	MARY ANN #1-14	Report Date	2013/04/20
Unique Well ID	DST #1, LANSING "B-F", 3456-3530	Prepared By	TIM VENTERS
Surface Location	SEC 14-23S-13W, STAFFORD CO. KS.	Qualified By	KIM SHOEMAKER
Field	WILDCAT		
Well Type	Vertical		
Test Type	CONVENTIONAL		
Formation	DST #1, LANSING "B-F", 3456-3530		
Well Fluid Type	01 Oil		
Start Test Date	2013/04/20	Start Test Time	09:59:00
Final Test Date	2013/04/20	Final Test Time	16:51:00
Gauge Name			
Gauge Serial Number			

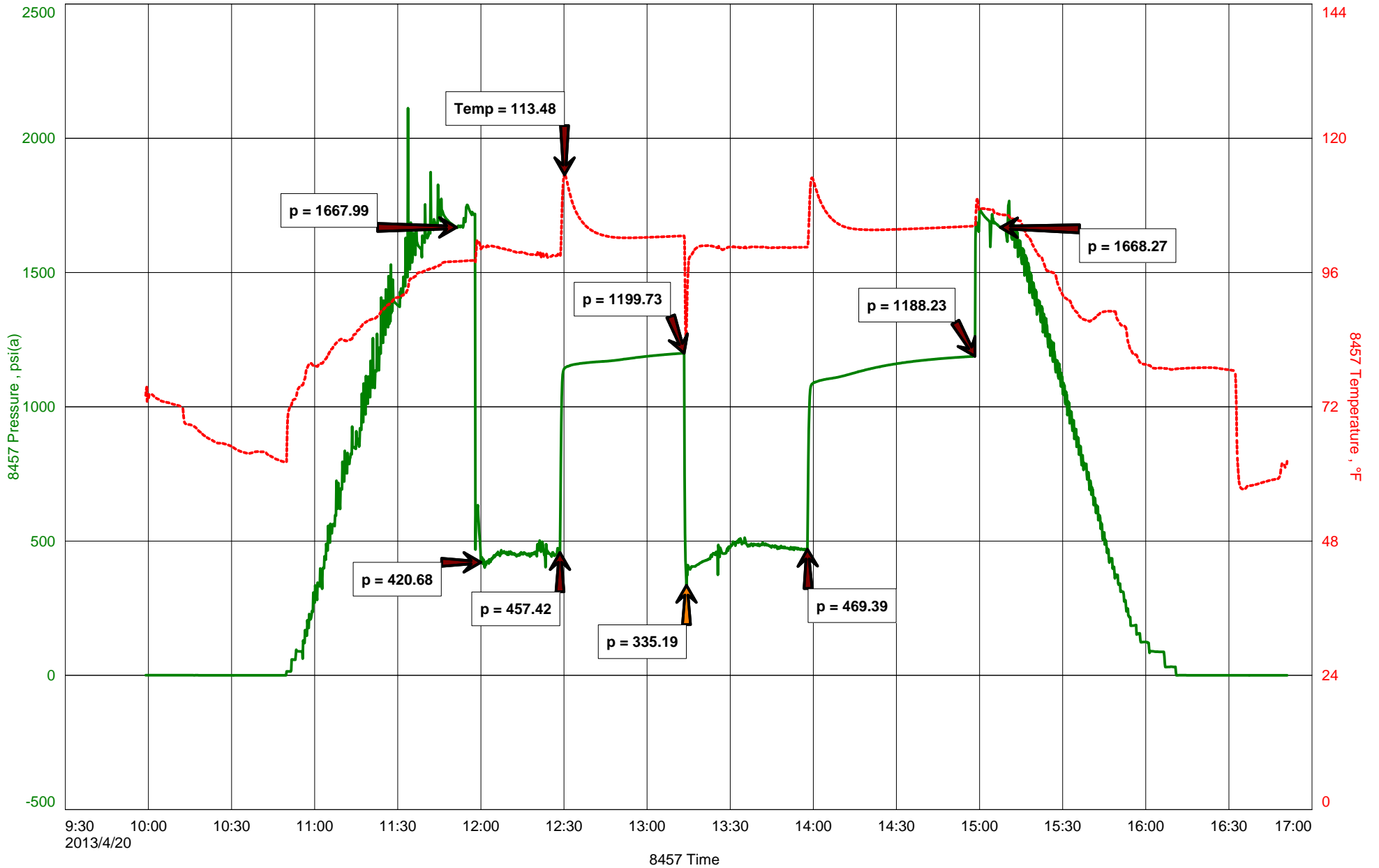
Test Recovery:

RECOVERED: 3085' GAS IN PIPE
30' MUD
65' GMW/TR. O, 9% GAS, TRACE OIL, 91% MUD
65' VGSWHOCM, 21% GAS, 29% OIL, 9% WATER, 41% MUD
120' VGHW&MCO, 32% GAS, 29% OIL, 18% WATER, 21% MUD
280' TOTAL FLUID

TOOL SAMPLE: GAS BLEW OUT

CHLORIDES: 38,000 ppm
PH: 7.0
RW: .32 @ 70 deg.

MARY ANN #1-14





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.

DIAMOND TESTING

General Information Report

General Information

Company Name L.D. DRILLING, INC.
Contact L.D. DAVIS
Well Name MARY ANN #1-14
Unique Well ID DST #2, LKC "H", 3572-3595
Surface Location SEC 14-23S-13W, STAFFORD CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #2, LKC "H", 3572-3595
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator L.D. DRILLING, INC.
Report Date 2013/04/21
Prepared By TIM VENTERS
Qualified By KIM SHOEMAKER

Start Test Date 2013/04/21
Final Test Date 2013/04/21

Start Test Time 00:46:00
Final Test Time 07:15:00

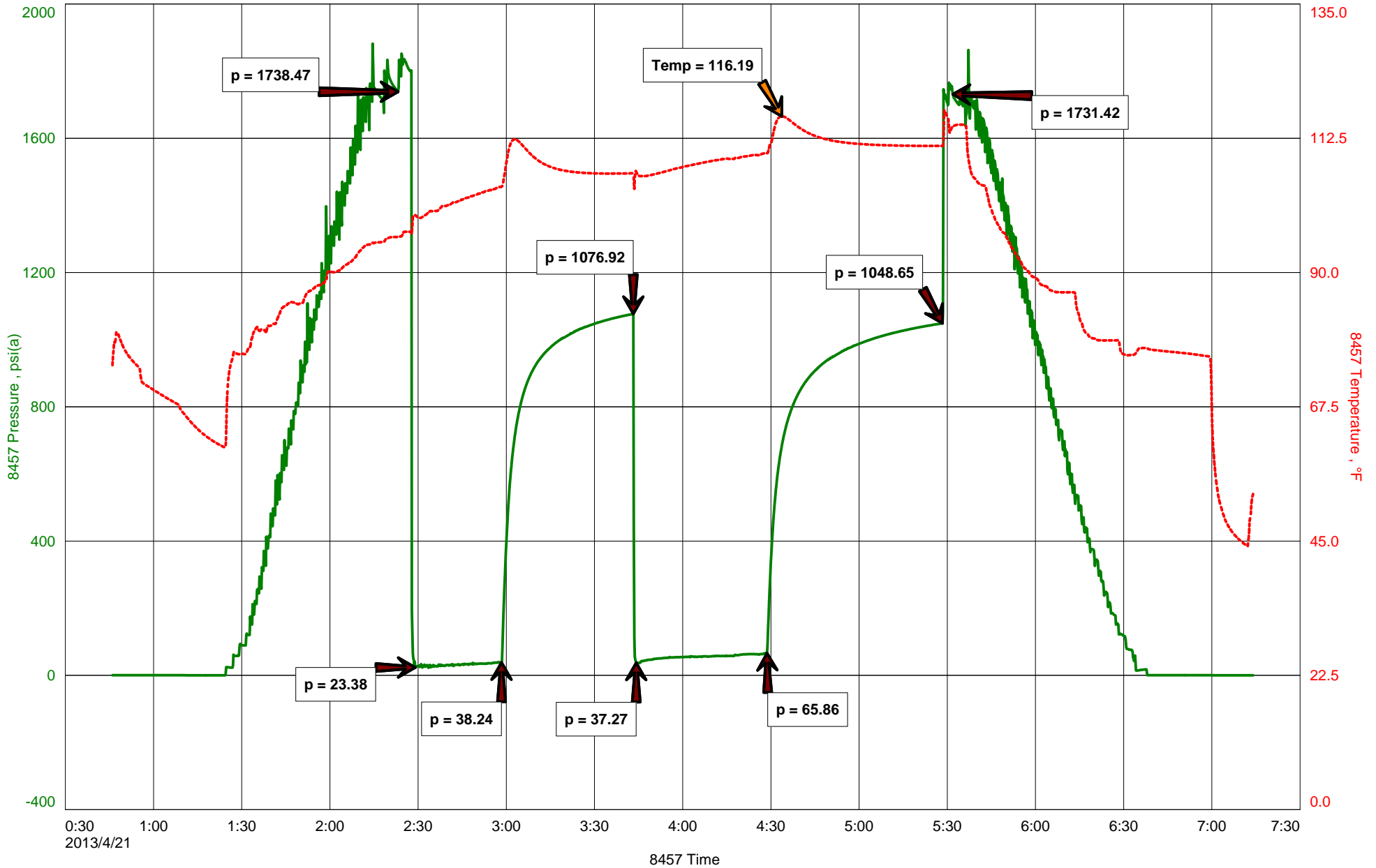
Test Recovery:

RECOVERED: 3540' GAS IN PIPE
40' SWCM, 12% WATER, 88% MUD
60' WCM, 35% WATER, 65% MUD
60' SMCW, 90% WATER, 10% MUD
160' TOTAL FLUID

TOOL SAMPLE: GAS BLEW OUT

CHLORIDES: 118,000 ppm
PH: 6.0
RW: .15 @ 69 deg.

MARY ANN #1-14





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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DIAMOND TESTING

General Information Report

General Information

Company Name L.D. DRILLING, INC.
Contact L.D. DAVIS
Well Name MARY ANN #1-14 DST #3
Unique Well ID DST #3, LKC "I,J,K", 3591-3650
Surface Location SEC 14-23S-13W, STAFFORD CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #3, LKC "I,J,K", 3591-3650
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator L.D. DRILLING, INC.
Report Date 2013/04/21
Prepared By TIM VENTERS
Qualified By KIM SHOEMAKER

Start Test Date 2013/04/21
Final Test Date 2013/04/21

Start Test Time 13:53:00
Final Test Time 19:06:00

Test Recovery:

HYD. TOOL WAS PLUGGED

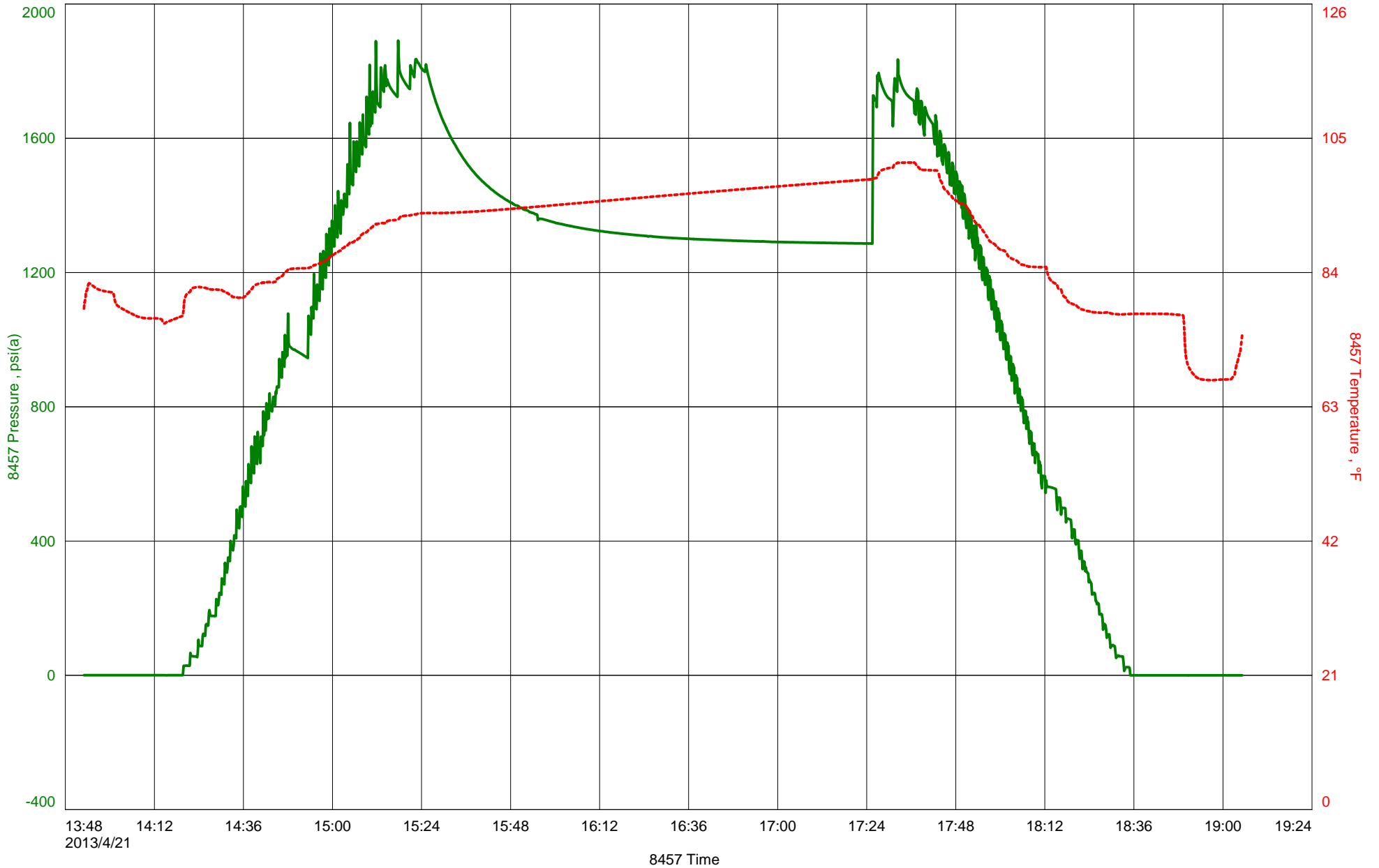
RECOVERED: NOTHING

TOOL SAMPLE: NOTHING

L.D. DRILLING, INC.
DST #3, LKC "I,J,K", 3591-3650
Start Test Date: 2013/04/21
Final Test Date: 2013/04/21

MARY ANN #1-14 DST #3
Formation: DST #3, LKC "I,J,K", 3591-3650
Pool: WILDCAT
Job Number: T194

MARY ANN #1-14 DST #3





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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DIAMOND TESTING

General Information Report

General Information

Company Name L.D. DRILLING, INC.
Contact L.D. DAVIS
Well Name MARY ANN #1-14
Unique Well ID DST #4, LKC "I,J,K", 3589-3650
Surface Location SEC 14-23S-13W, STAFFORD CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #4, LKC "I,J,K", 3589-3650
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator L.D. DRILLING, INC.
Report Date 2013/04/22
Prepared By TIM VENTERS
Qualified By KIM SHOEMAKER

Start Test Date 2013/04/21
Final Test Date 2013/04/22

Start Test Time 20:05:00
Final Test Time 02:29:00

Test Recovery:

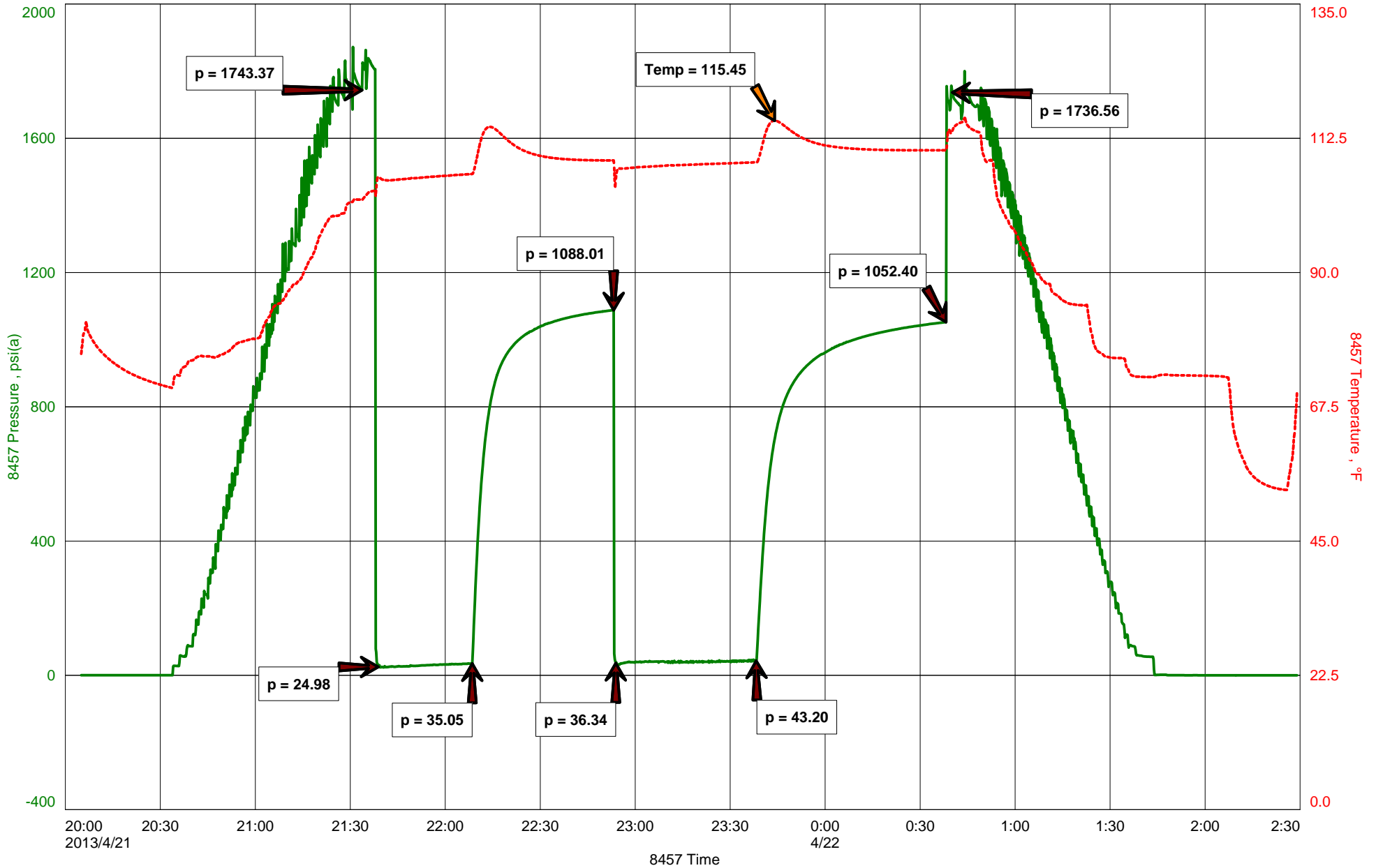
RECOVERED: 3420' GAS IN PIPE
75' MUD
60' VSOCM, 1% OIL, 99% MUD
135' TOTAL FLUID

TOOL SAMPLE: 3% OIL, 97% MUD

L.D. DRILLING, INC.
DST #4, LKC "I,J,K", 3589-3650
Start Test Date: 2013/04/21
Final Test Date: 2013/04/22

MARY ANN #1-14
Formation: DST #4, LKC "I,J,K", 3589-3650
Pool: WILDCAT
Job Number: T195

MARY ANN #1-14





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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DIAMOND TESTING

General Information Report

General Information

Company Name L.D. DRILLING, INC.
Contact L.D. DAVIS
Well Name MARY ANN #1-14
Unique Well ID DST #5, ARBUCKLE, 3830-3903
Surface Location SEC 14-23S-13W, STAFFORD CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #5, ARBUCKLE, 3830-3903
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator L.D. DRILLING, INC.
Report Date 2013/04/23
Prepared By TIM VENTERS
Qualified By KIM SHOEMAKER

Start Test Date 2013/04/22
Final Test Date 2013/04/23

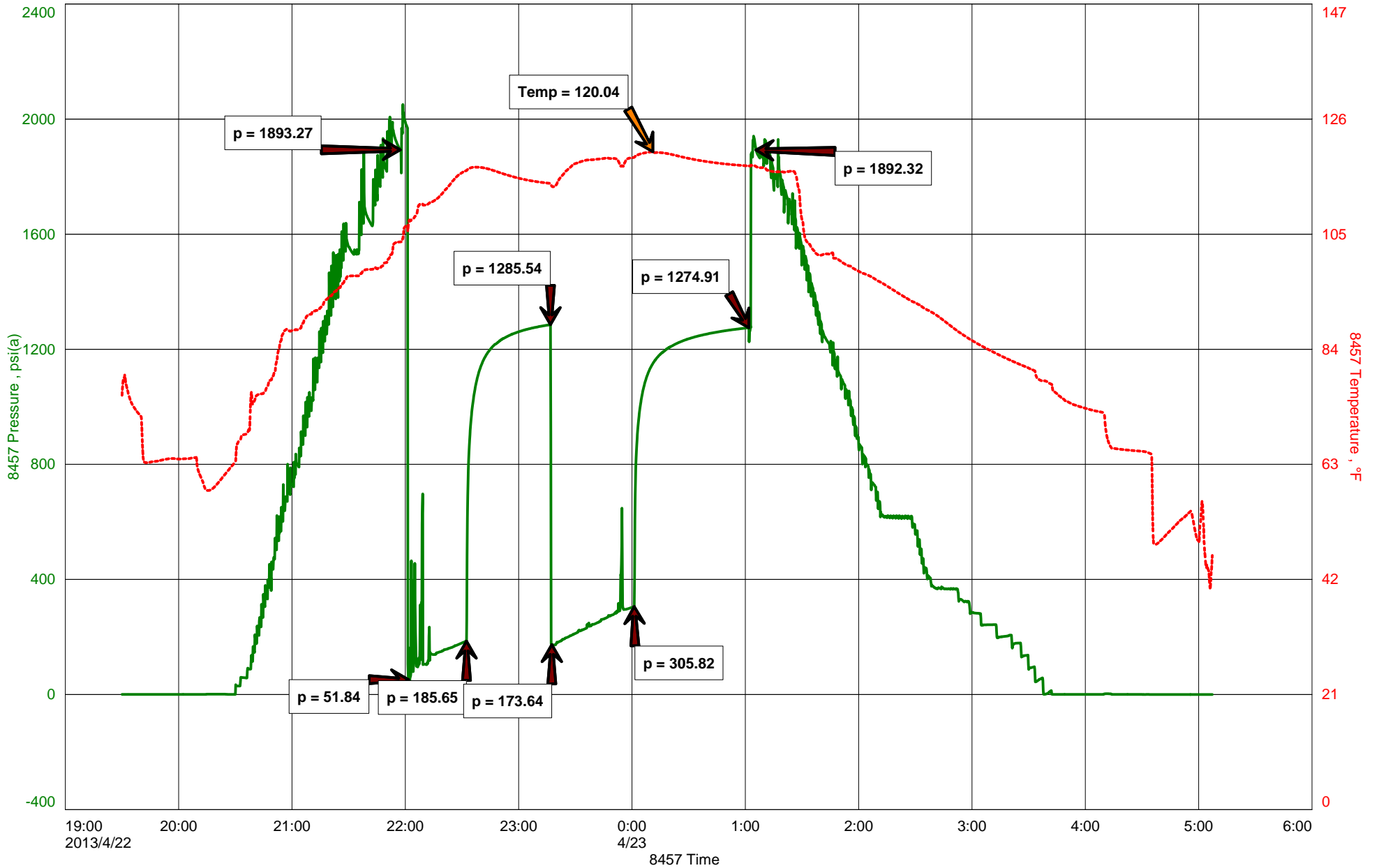
Start Test Time 19:30:00
Final Test Time 05:07:00

Test Recovery:

RECOVERED: 415' GAS IN PIPE
465' GO, 3% GAS, 97% OIL, GRAVITY: 21
190' MCO, 68% OIL, 32% MUD
185' G,HMCO, 10% GAS, 56% OIL, 34% MUD
840' TOTAL FLUID

TOOL SAMPLE: 56% OIL, 44% MUD

MARY ANN #1-14





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.

KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

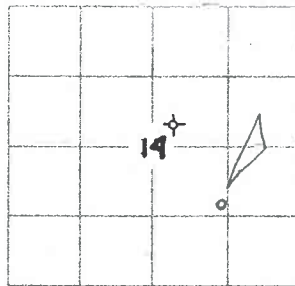
COMPANY L. D. DRILLING, INC.
 LEASE # 1-14 MARY ANN
 FIELD WILDCAT
 LOCATION 1526' FSL & 1369' FEL
 SEC 14 TWP 23s RGE 13w
 COUNTY STAFFORD STATE KANSAS
 CONTRACTOR PETROMARK DRILLING RIG 2
 SPUD 4-16-13 COMP 4-24-13
 RTD 4000 LTD 4002
 MUD UP 2780 TYPE MUD CHEMICAL

ELEVATIONS
 KB 1879
 DF _____
 GL 1874
 Measurements Are All
 From 1879 KB

CASING
 SURFACE 8 5/8" @ 347'
 PRODUCTION 5 1/2" @
 ELECTRICAL SURVEYS
 DUAL IND., DENS.-N., MICRO

SAMPLES SAVED FROM 2840 TO 4000
 DRILLING TIME KEPT FROM 2800 TO 4000
 SAMPLES EXAMINED FROM 2840 TO 4000
 GEOLOGICAL SUPERVISION FROM 3300 TO 4000
 GEOLOGIST ON WELL KIM B. SHOEMAKER

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	740 + 1139	739 + 1140
B/ANH.	762 + 1117	758 + 1121
HOWARD	2888 - 1009	2889 - 1010
TOPEKA	2979 - 1100	2980 - 1101
HEEGNER	3286 - 1407	3285 - 1406
BROWN LIME	3423 - 1554	3423 - 1554
LANSING	3447 - 1568	3446 - 1567
B/KC	3688 - 1809	3688 - 1809
VIOLA	3790 - 1911	3789 - 1910
SIMPSON	3855 - 1976	3850 - 1971
ARBUCKLE	3899 - 2020	3899 - 2020



API: 15-185-23805

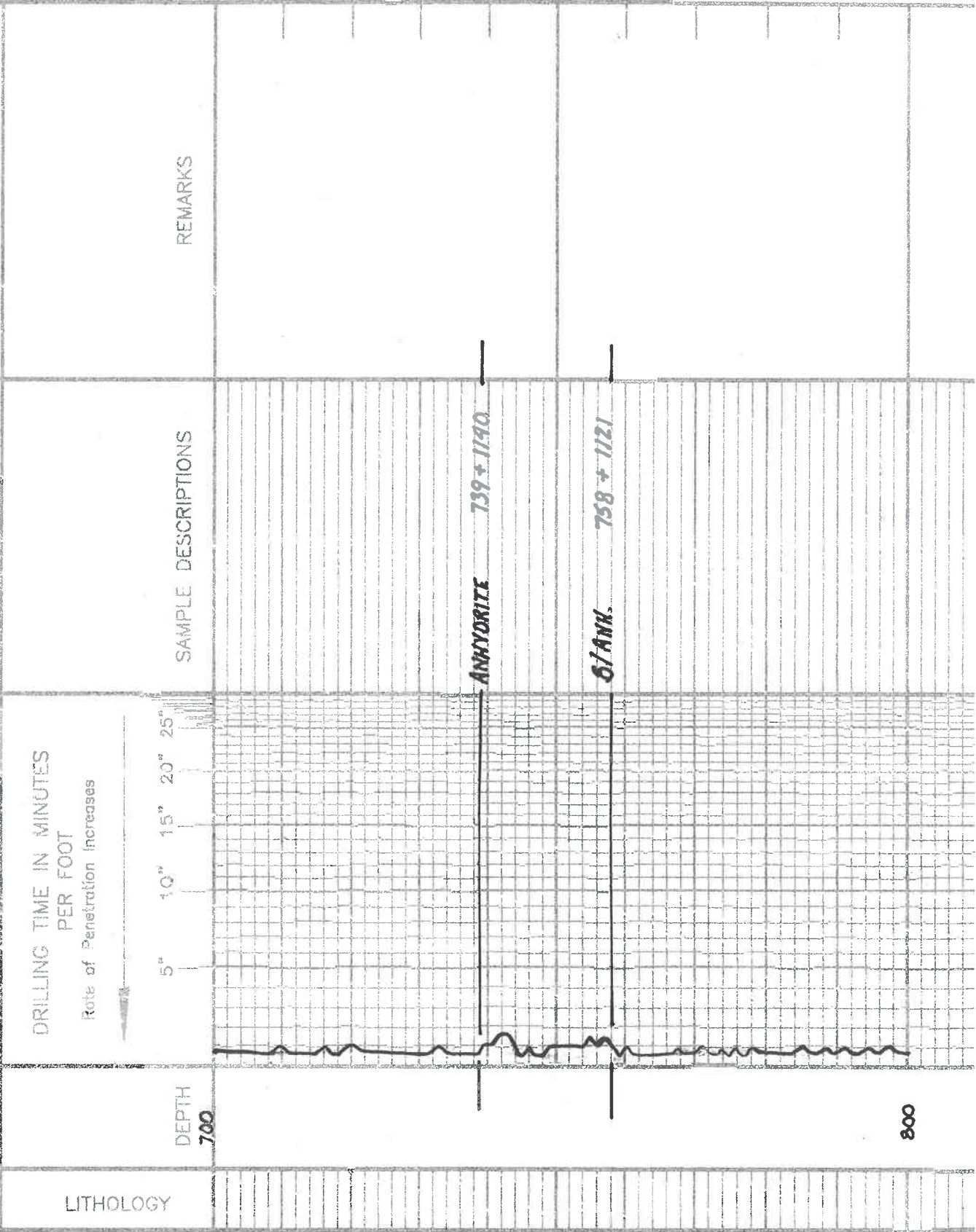
REMARKS

4-16-13 SPUD
 4-17 @ 352'
 4-18 @ 1925'
 4-19 @ 2879'
 4-20 @ 3530'
 4-21 @ 3595'
 4-22 @ 3696'
 4-23 @ 3903'
 4-24 @ 4000'

LEGEND

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

SHOE01-06



2800

2900

3000

Samples are Logged

Sh. 214g Silty

Sh. 214g Silty

HOWARD 2889-1010

LS. Ta. R. Sh. Foss

LS. 214g. Dnt.

Sh. 6

LS. Ta. g. Sh. Foss. VSILChlg

Sh. 6

LS. Mt. Ta. Sh. Foss. Chlg

LS. Sh. Silty

NIS: 66

WT: 89

VC: 72

CAL: 3000

LS. Ta. g. Foss.

Sh. 214g. Sh. Microcos.

Sh. 214g Silty

TOPEKA 2980-1101

LS. Mt. Rlg. Sh. Foss. VSILChlg

STORED SAMPLES

3100

3200

3300

3400

Sh. dk. G. blk

LS. Tuff. Br. V. Si. Foss.

Sh. Lt. G. Silty

Re-start Samples

LS. Tuff.ool. Sil. Chalky

LS. w/ Ltg. Sil.ool.ool. Sil. Chalky

Sh. w/ chalky

LS. Lt. Br. G. Du.

HEEDNER 3285-1906
Sh. Blk. Carb.

LS. Lt. Br. V. Si. Foss.

Sh. Lt. G.

LS. Tuff. V. Si. Foss. Sil. A

LS. w/ V. Si. Foss. Sil. Chalky
Sh. Lt. G. Tuff.ool.ool. Sil. A

Sh. Lt. Blue-Gy. Silty

Sh. Lt. Blue-Gy. Silty

Sh. Lt. Blue-Gy. Silty

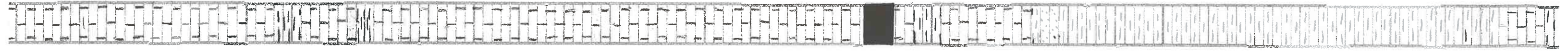
Sh. Lt. Blue-Gy. Silty

BROWN LIME 3123-1511
LS. Br. dk. Br. Du. V. Si. Foss.

1500 FT.

2" OPEN

5 MIN. 1,920,000 C.F.G. 5 MIN. 1,559,000 C.F.G.
7" " 1000 " " " " 1000 " " " "



TORONTO

DOBUECAS



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 06935 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>04-24-13</u> DISTRICT <u>PRATT KS</u>		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>L.O. DeLong</u>		LEASE <u>MARY ANN</u> <u>1-14</u>		WELL NO.		
ADDRESS		COUNTY <u>STAFFORD</u>		STATE <u>KS</u>		
CITY STATE		SERVICE CREW <u>Sullivan, Remick, Phye</u>				
AUTHORIZED BY		JOB TYPE: <u>cow 5 1/2 long 5 1/4</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>04-23-13</u> DATE <u>AM</u> TIME <u>7:00</u>
<u>33708-20920</u>	<u>40</u>	<u>md</u>				ARRIVED AT JOB <u>AM</u> <u>10:30</u>
<u>70959-19918</u>	<u>40</u>	<u>md</u>				START OPERATION <u>04-24-13</u> <u>AM</u> <u>2:40</u>
<u>37900</u>						FINISH OPERATION <u>PM</u> <u>3:15</u>
						RELEASED <u>AM</u> <u>4:00</u>
						MILES FROM STATION TO WELL <u>30</u>

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 100	Commoner	SK	150		2,400 00
CP 103	60/40 102 emf	SK	30		360 00
CC 105	C-41 Deframer	lb	36		144 00
CC 111	SALT	lb	1198		599 00
CC 112	CMT Friction Reducer	lb	106		636 00
CC 113	G-7 P Sum	lb	705		528 75
CC 201	gilsomite	lb	750		502 50
CF 103	TOP Rubber Plug 5 1/2	SA	1		105 00
CF 251	Dynal SILET	SA	1		250 00
CF 1451	Happen TD Sort Head	SA	1		215 00
CF 1651	Turbolizer	SA	6		660 00
CF 154	Super Head	JAL	500		1,225 00
E 100	Super md	ms	50		127 50
E 101	Heavy Sort 2	ms	60		420 00
E 113	Bulk Dens	TM	251		400 80
CE 204	Depth change	SA	1		2,160 00
CE 240	Blend mixing	SK	180		262 00
CE 504	Plus Constant Route	SA	1		250 00
S 003	Schemo Super	SA	1		175 00
SUB TOTAL					8,557 91

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
<i>Thank you</i>		TOTAL

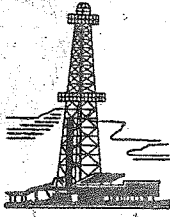
SERVICE REPRESENTATIVE <u>Robert Sullivan</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO. _____	

Customer <i>L.O Drilling</i>	Lease No.	Date <i>04-24-13</i>
Lease <i>MARY-AON</i>	Well # <i>1-14</i>	
Field Order # <i>6935</i>	Station <i>PRATT KS</i>	Casing <i>5 1/2</i>
Type Job <i>CDW 5 1/2 long string</i>	Depth	County <i>STAFFORD</i>
	Formation	State <i>KS</i>
		Legal Description <i>14-23-13</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>								
Depth <i>3798</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>95</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1,500</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>3786</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sallio</i>
Service Units <i>37900 33708 20920 70959 19918</i>		
Driver Names <i>Sullivan Romine Phye</i>		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>10:30 AM</i>					<i>on loc safety meeting</i>
					<i>RWD 5 1/2 + 155 csg.</i>
<i>1:30</i>					<i>CASING ON BOTTOM</i>
<i>1:40</i>					<i>HOOK RIG TO CIRC.</i>
<i>2:40</i>	<i>190</i>		<i>5</i>	<i>3</i>	<i>ST 4" SPACER</i>
			<i>12</i>		<i>ST SUPER FLASH</i>
			<i>5</i>		<i>SPACER</i>
				<i>4.5</i>	<i>MIX CM + 150 SK COMM + 25% REDUCER 18% SALT</i>
			<i>33</i>		<i>1.75 CFR 5% GYFEM 5" SK GYFEM MIXED @ 15.5 PPF</i>
					<i>CM + MIXED SHUT DOWN. WASH PUMP, FINDER</i>
					<i>Release Plug</i>
				<i>5.5</i>	<i>ST DISP</i>
	<i>250</i>		<i>58</i>		<i>lift rig</i>
	<i>400</i>			<i>2</i>	<i>Slow Rate</i>
<i>3:15</i>	<i>1,000</i>		<i>95</i>		<i>Play down</i>
			<i>7</i>		<i>Play R.H of zone</i>
					<i>JOB Complete</i>
					<i>Thank you</i>



Petromark Drilling

PIPE TALLY

CUSTOMER 10 Northwood 1-14 DATE 1-98

CARRIER _____ /B.L.# _____ CUST. ORDER NO. _____

STORE LOCATION _____ P.O.# _____ LOCATION: _____

SIZE 5 1/2 WT. _____ GRADE _____ MILL _____ RANGE _____ THREAD _____

No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.			
1	45	12	26	45	10	51	45	09	76	45	10	101			126			151			176		
2	45	11	27	45	11	52	45	08	77	45	12	102			127			152			177		
3	45	12	28	45	10	53	45	11	78	45	11	103			128	403		153	7.63		178		
4	45	11	29	45	09	54	44	14	79	45	10	104			129			154	10.09		179		
5	45	10	30	45	11	55	45	12	80	45	13	105			130			155			180		
6	45	09	31	45	09	56	45	13	81	45	10	106			131			156	2.54		181		
7	45	10	32	45	11	57	45	10	82	44	11	107			132			157	8.1		182		
8	45	13	33	45	11	58	45	09	83	45	10	108			133			158			183		
9	45	10	34	45	09	59	45	10	84	45	11	109			134			159			184		
10	45	09	35	45	10	60	45	09	85	45	09	110			135			160			185		
11	45	13	36	45	11	61	45	11	86	45	10	111			136			161			186		
12	45	10	37	45	10	62	45	10	87	45	11	112			137			162			187		
13	45	11	38	45	12	63	45	11	88	44	11	113			138			163			188		
14	45	10	39	45	11	64	45	10	89	45	11	114			139			164			189		
15	45	09	40	45	09	65	45	09	90	45	09	115	out		140			165			190		
16	45	10	41	45	11	66	44	11	91	13	39	116			141			166			191		
17	45	11	42	44	11	67	45	13	92			117			142			167			192		
18	45	09	43	45	10	68	45	12	93			118			143			168			193		
19	45	10	44	45	09	69	45	11	94			119			144			169			194		
20	45	11	45	45	11	70	45	10	95			120			145			170			195		
21	45	10	46	45	11	71	45	11	96			121			146			171			196		
22	45	11	47	45	10	72	45	12	97			122			147			172			197		
23	45	10	48	45	11	73	45	09	98			123			148			173			198		
24	45	09	49	45	09	74	45	12	99			124			149			174			199		
25	45	11	50	45	10	75	45	11	100			125			150			175			200		
Total	1094	02		1127	43		1126	94		689	24												

NO. JOINTS 91

TALLIED BY ET

FOOTAGE _____ TOTAL 4037.63 FT. _____

RECIEVED BY _____