



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: _____



1156768

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	L. D. Drilling, Inc.
Well Name	FLOREINE 1-16
Doc ID	1156768

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	FLOREINE 1-16
Doc ID	1156768

Tops

Name	Top	Datum
ANHYDRITE	890	+1050
BASE ANHYDRITE	913	+1027
TOPEKA	2877	-937
HEEBNER	3116	-1176
BROWN LIME	3190	-1250
LANSING	3200	-1260
BASE KANSAS CITY	3402	-1462
ARBUCKLE	3440	-1500



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 07731 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-15-13 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: LD Drilling		LEASE: Floreine 1-16 WELL NO.:							
ADDRESS:		COUNTY: Barton STATE: KS							
CITY: STATE:		SERVICE CREW: Mike							
AUTHORIZED BY:		JOB TYPE: CNW 878 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19889-19843	20 min	1/4 hrs					5-15-13	AM	9:30
70959-19918	30 min	1/4 hrs				ARRIVED AT JOB	5-15-13	AM	1:00
29443						START OPERATION	5-15-13	AM	2:15
						FINISH OPERATION	5-15-13	AM	3:30
						RELEASED	5-15-13	AM	4:30
						MILES FROM STATION TO WELL			65

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
CP 101	Acon Blend	SK	195		3,510 00
CP 100c	Common Cement	SK	195		3,120 00
CC 102	Cell Flake	lb	98		262 60
CC 109	Calcium chloride	lb	920		966 00
CE 105	TOP Rubber Plug	ea	1		225 00
E 100	Pickup Mileage	mi	65		276 25
E 101	Heavy Mileage	mi	130		910 00
E 113	Bulk Delivery	Ton	1196		1,913 60
CE 201	Depth charge	4hr	1		1,200 00
CE 240	Mixing charge	SK	390		546 00
CE 504	Plug container	JOB	1		250 00
S 003	supervisor	ea	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		10,090	84
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.

Customer <i>LD Drilling</i>	Lease No.	Date <i>5-15-13</i>
Lease <i>FLoreine</i>	Well # <i>1-16</i>	
Field Order # <i>7731</i>	Station <i>PrqTT</i>	Casing <i>8 5/8</i>
		Depth
Type Job <i>cnw 8 5/8 SF</i>	Formation	County <i>Barton</i>
		State <i>KS</i>
		Legal Description <i>16-18-14</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>8 5/8</i>							
Depth <i>935</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>59</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>500</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>920</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative <i>Jim</i>	Station Manager <i>SCOTTY</i>	Treater <i>JDEI</i>
Service Units <i>19999-19843</i>	<i>70959-19918</i>	<i>28443</i>
Driver Names <i>MIKE</i>	<i>JAMI</i>	<i>JDE</i>

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>13:00</i>					<i>ON LOC / safety meeting</i>
<i>13:15</i>					<i>START Running CSG</i>
					<i>Run 22 JTS CSG 247</i>
<i>14:15</i>					<i>CSG ON BOTTOM / Break circ with Bag</i>
<i>14:15</i>			<i>58</i>	<i>4.5</i>	<i>Start 195 sk A-con with additives</i>
			<i>41</i>	<i>4.5</i>	<i>195 sk common with ADDITIVES</i>
<i>15:15</i>			<i>0</i>	<i>0</i>	<i>SHUT DOWN Release Plug</i>
			<i>0</i>	<i>4.5</i>	<i>START H2O Dispmnt</i>
	<i>200</i>		<i>21</i>	<i>4.5</i>	<i>cement TO surface</i>
<i>15:30</i>	<i>200</i>		<i>58</i>	<i>0</i>	<i>Plug DOWN</i>
					<i>21 BBL cement TO PIT</i>
					<i>circ throug' JOB</i>
					<i>JOB complete</i>
					<i>Thank you</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 07734 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>5-20-13</u> DISTRICT <u>Pratt</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>LD Drilling</u>		LEASE <u>Floreinz</u>		1-16 WELL NO.					
ADDRESS		COUNTY <u>Barton</u>		STATE <u>155</u>					
CITY STATE		SERVICE CREW <u>Edmundo Jesse Joe</u>							
AUTHORIZED BY		JOB TYPE: <u>cnw 5 1/2 LS</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>19889-19843</u>	<u>30 min</u>						<u>5-20-13</u>		<u>3:50</u>
<u>19831-19862</u>	<u>30 min</u>								
<u>28443</u>									
						ARRIVED AT JOB		AM	<u>7:00</u>
						START OPERATION		AM	<u>11:30</u>
						FINISH OPERATION	<u>5-20-13</u>	AM	<u>12:00</u>
						RELEASED	<u>5-20-13</u>	AM	<u>1:00</u>
						MILES FROM STATION TO WELL			<u>65</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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	common cement	SKS	150		2,400 00
CP 103	60/40 Poz	SKS	30		360 00
CC 105	C-41P Defoamer	lb	36		144 00
CC 111	SALT	lb	1216		608 00
CC 112	Cement Friction Reducer	lb	106		636 00
CC 113	Gypsum	lb	705		528 75
CC 201	Gilsonite	lb	750		502 50
CF 103	Rubber Plug	eg	1		105 00
CF 251	Guide shoe	eg	1		250 00
CF 1451	Flapper Insert	eg	1		215 00
CF 1651	Turbolizer	eg	6		660 00
CC 159	Flow seal	gal	330		1,980 00
E 100	Pickup Mileage	mi	65		276 25
E 101	Heavy Mileage	mi	130		910 00
E 113	Bulk Delivery	Tm	543		868 40
CE 204	Depth Charge 3001-4000'	Hrs	1		2,160 00
CE 240	Mixing Charge	SKS	180		252 00
CE 504	Plug Container	JOB	1		250 00
S 003	Supervisor	eg	1		175 00
SUB TOTAL					9,960 69

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.

Customer <i>L.O Drilling</i>	Lease No.	Date <i>5-20-13</i>
Lease <i>Floreine</i>	Well # <i>1-16</i>	
Field Order # <i>7734</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>
		Depth <i>3553</i>
Type Job <i>cnw 5 1/2 LS</i>	Formation	County <i>Barton</i>
		State <i>KS</i>
		Legal Description <i>16-18-14</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>		<i>150 SK</i>		<i>COMMON CEMENT</i>				Max
Depth <i>3553</i>	Depth	From	To	<i>25% Pre Pad</i>				5 Min.
Volume <i>84</i>	Volume	From	To	<i>18% Pad</i>				10 Min.
Max Press <i>2000</i>	Max Press	From	To	<i>75% FRAC</i>				15 Min.
Well Connection	Annulus Vol.	From	To	<i>5% Gypsum</i>			HHP Used	Annulus Pressure
Plug Depth <i>3534</i>	Packer Depth	From	To	<i>5 #/SK GILSONITE</i>			Gas Volume	Total Load

Customer Representative	Station Manager	Treater
Service Units <i>19889 19843</i>	<i>19831 19862</i>	<i>128443</i>
Driver Names <i>Edmundo</i>	<i>Jesse</i>	<i>JOE</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>19:00</i>					<i>ON LOC / SAFETY meeting</i>
					<i>STILL PULLING DRILL PIPE</i>
					<i>Drill pipe out of hole / start cell work</i>
<i>21:15</i>					<i>START running CSG</i>
					<i>Run 84 JTS 15.5 CSG</i>
					<i>Turbolizers on 1, 3, 5, 7, 9, 11</i>
<i>22:30</i>					<i>CSG on Bottom / Frac. with Big</i>
<i>22:35</i>					<i>HOOKUP TO START JOB</i>
<i>23:30</i>	<i>100</i>		<i>5</i>	<i>6</i>	<i>H2O spacer</i>
			<i>8</i>	<i>6</i>	<i>FLOW seqL</i>
			<i>10</i>	<i>6</i>	<i>H2O spacer</i>
	<i>100</i>		<i>36</i>	<i>6</i>	<i>Mix 150 SK commencement with ADD.</i>
					<i>shut down / wash pump + line</i>
<i>23:40</i>					<i>Release Plug</i>
			<i>0</i>	<i>6</i>	<i>Start H2O DISP</i>
	<i>200</i>		<i>65</i>	<i>6</i>	<i>Lift Psi</i>
	<i>700</i>		<i>74</i>	<i>2</i>	<i>Slow Rate</i>
<i>00:00</i>	<i>1000</i>		<i>84</i>	<i>2</i>	<i>Plug Down</i>
					<i>Plug Bit</i>
					<i>JOB complete</i>
					<i>Thank you</i>

Customer <i>L.D. Drilling</i>	Lease No.	Date <i>5-29-13</i>	
Lease <i>Flopping</i>	Well # <i>1-16</i>	County <i>Barton</i>	State <i>Ks</i>
Field Order # <i>2434</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>	Depth
Type Job <i>CNW - Squeeze</i>	Formation	Legal Description <i>16-18-14</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size <i>2 3/8</i>	Shots/Ft <i>A</i>		Acid <i>160 Gal 15% HCL</i>	RATE	PRESS	ISIP	
Depth <i>41</i>	Depth <i>3353</i>	From	To	Pre Pad	Max		5 Min.	
Volume <i>15.4</i>	Volume <i>15.4</i>	From	To <i>2556</i>	Pad <i>Common</i>	Min		10 Min.	
Max Press <i>21158</i>	Max Press	From	To <i>190 FHT</i>	Frac <i>1/4% Debris</i>	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To <i>5050s</i>	Flush <i>Common</i>	HHP Used		Annulus Pressure	
Plug Depth	Packer Depth <i>3353</i>	From	To		Gas Volume		Total Load	

Customer Representative	Station Manager <i>Dave Scott</i>	Treater <i>Steve Orlando</i>
Service Units <i>27283 27463 19960 / 21010</i>		
Driver Names <i>Orlando, Logg, Phyllis</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:00 AM</i>					<i>On location - Safety meeting</i>
					<i>Packer Set @ 3353</i>
					<i>Open Bypass on Packer</i>
			<i>0</i>	<i>4</i>	<i>Start Acid</i>
			<i>4</i>	<i>4</i>	<i>Acid Complete - Start H₂O Tusher</i>
	<i>400</i>		<i>19.2</i>	<i>1/2</i>	<i>Acid to Packer close bypass</i>
	<i>700</i>		<i>21.2</i>	<i>2</i>	<i>Acid to Packer</i>
			<i>25 1/2</i>		<i>Acid clear w/ Puffs</i>
			<i>35</i>		<i>Overflush Complete</i>
			<i>5</i>	<i>2</i>	<i>Mix 2556s Common w/ Fluid @ 35 lbs</i>
			<i>5</i>	<i>2</i>	<i>Mix Common @ 15.6 #/gal</i>
					<i>Shot Down Clear Lines</i>
				<i>2</i>	<i>Start H₂O Tusher</i>
			<i>21.5</i>	<i>2</i>	<i>Acid to Packer</i>
			<i>24</i>		<i>Pressure up to 1500</i>
					<i>Blow in OSF Slowly</i>
					<i>Pressure to 1500 #</i>
					<i>Slow Blow OSF</i>
	<i>1500</i>		<i>25 1/2</i>		<i>Pressure to 1500 # H₂O Tusher</i>
	<i>100</i>				<i>Reverse out No Control 1645</i>
	<i>100</i>				<i>Run 2 Joints Reverse Out Control</i>
	<i>401</i>				<i>Run 2 Joints Reverse Out Control</i>

Customer <i>L.D. Drilling</i>	Lease No.	Date <i>5-29-13</i>
Lease <i>Fluorine</i>	Well # <i>1-16</i>	
Field Order # <i>2434</i>	Station <i>Pratt</i>	Casing <i>2 7/8"</i>
Type Job <i>CNW - squeeze</i>	Depth	County <i>Barton</i>
	Formation	State <i>KS</i>
		Legal Description <i>16-18-14</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		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	Gas Volume		Total Load

Customer Representative *Darwin* Station Manager *Dave Scott* Treater *Steve Orlov*

Service Units	<i>27223</i>	<i>27469</i>	<i>19560</i>	<i>21010</i>					
Driver Names	<i>Orlando</i>	<i>Keslow</i>	<i>Phyo</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
	<i>1500</i>				<i>pull 10 joints pressure up to 1500# slow leak off</i>
					<i>100# every 30 seconds</i>
	<i>1500</i>		<i>10</i>	<i>1/2</i>	<i>Pump Lubri 1420</i>
	<i>300</i>		<i>8</i>	<i>1</i>	<i>Mix 35 sls Cumon @ 15.6#/gal</i>
			<i>19.75</i>	<i>2</i>	<i>Op. in bypass spot above perfor pressure up to 2000# close by pass</i>
		<i>2000</i>	<i>20 1/2</i>	<i>1/2</i>	<i>pressure up to 2000# slow leak off</i>
		<i>2500</i>	<i>22</i>	<i>1/2</i>	<i>pressure to 2500# slow leak</i>
		<i>2500</i>	<i>22 1/4</i>	<i>1/2</i>	<i>pressure to 2500# notice ball return</i>
<i>3:11 PM</i>	<i>2500</i>		<i>22 1/2</i>	<i>1/3</i>	<i>Pressure up to 2500# - Hold</i>
					<i>pull 15 joints reverse out of pack</i>
					<i>put 500 on tubing & close valve</i>
					<i>Sub complete</i>
					<i>Thru, slow</i>



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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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: 1-16 FLORIENE

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S16/18S/14W

Test Information:

Company: L D DRILLING INC

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1316

Test Unit:

Start Date: 2013/05/18 Start Time: 10:30:00

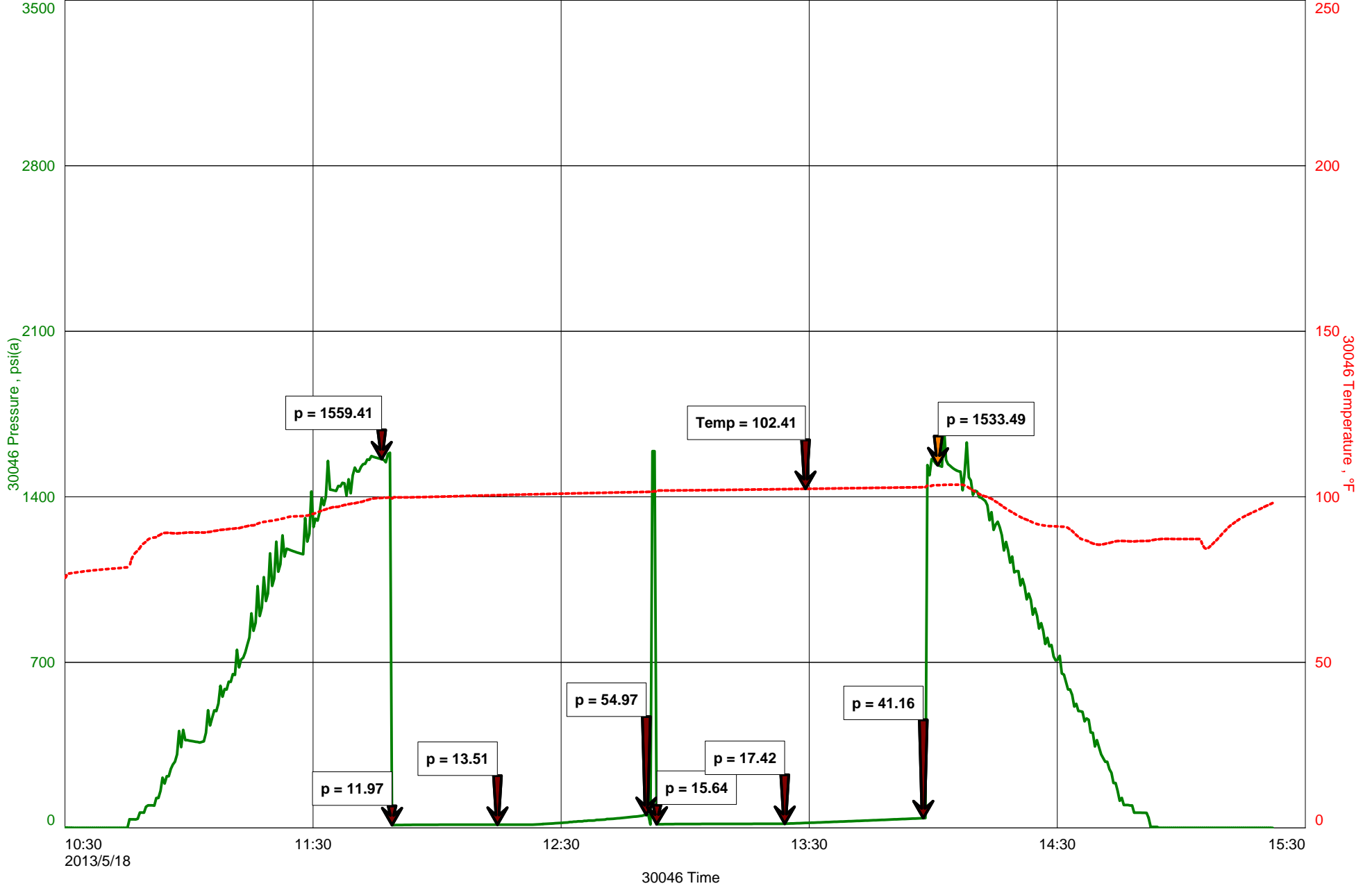
End Date: 2013/05/18 End Time: 15:30:00

Report Date: 2013/05/18 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 15' DRILLING MUD

1-16 FLORIENE



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: 1-16 FLOREINE

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S16/18S/14W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1317

Test Unit:

Start Date: 2013/05/19 Start Time: 05:00:00

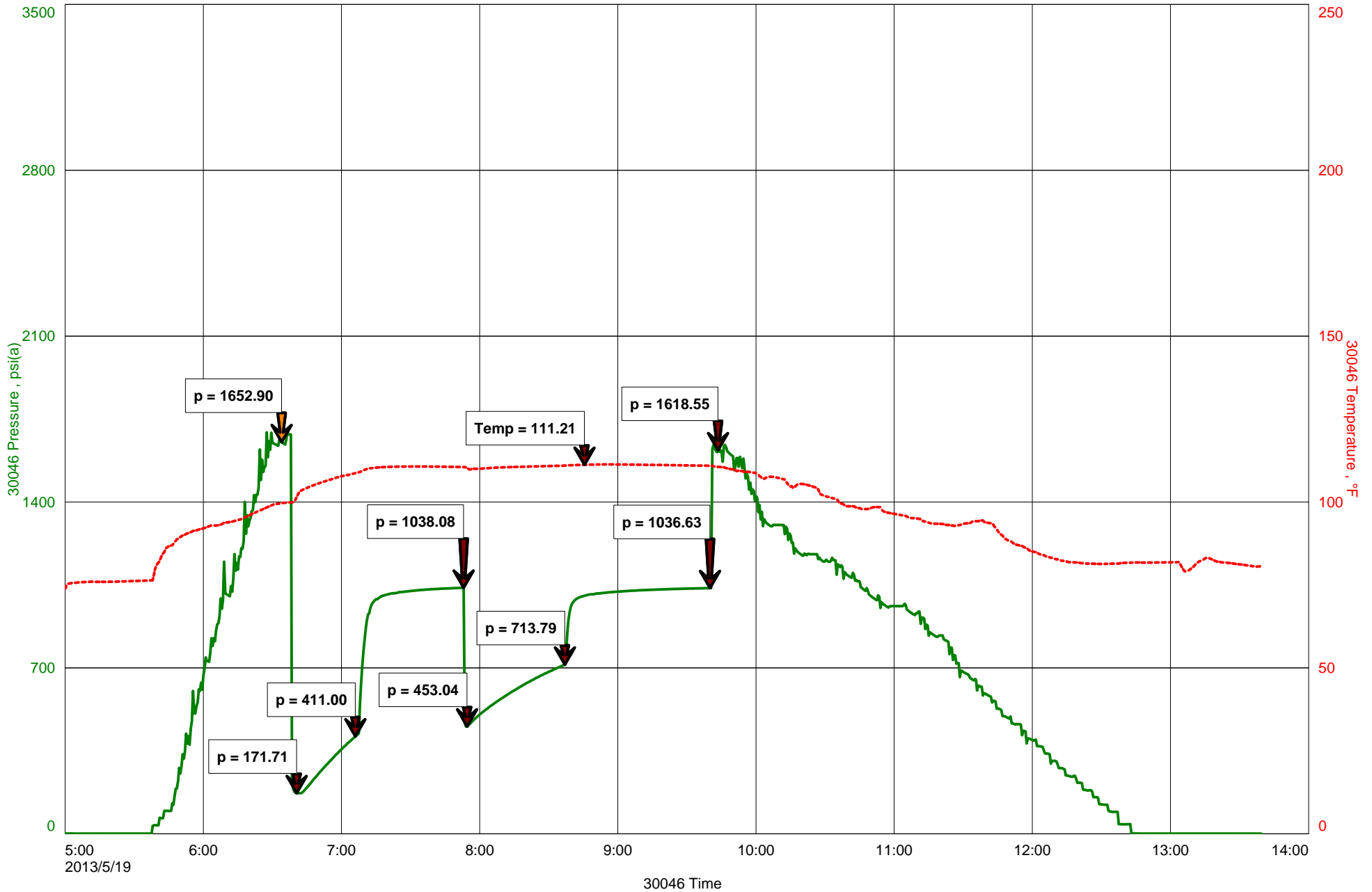
End Date: 2013/05/19 End Time: 13:45:00

Report Date: 2013/05/19 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: GAS TO SURFACE, 1900' GASSY OIL, 480'MUD+GAS CUT OIL
120' SLIGHTLY OIL CUT GASSY MUDDY WATER

1-16 FLOREINE





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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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: 1-16 FLOREINE

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S15/18S/14W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D1318

Test Unit:

Start Date: 2013/05/18 Start Time: 20:00:00

End Date: 2013/05/20 End Time: 03:10:00

Report Date: 2013/05/20 Prepared By: JOHN RIEDL

Qualified By: KIM SHOEMAKER

Remarks:

RECOVERY: 800' 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.

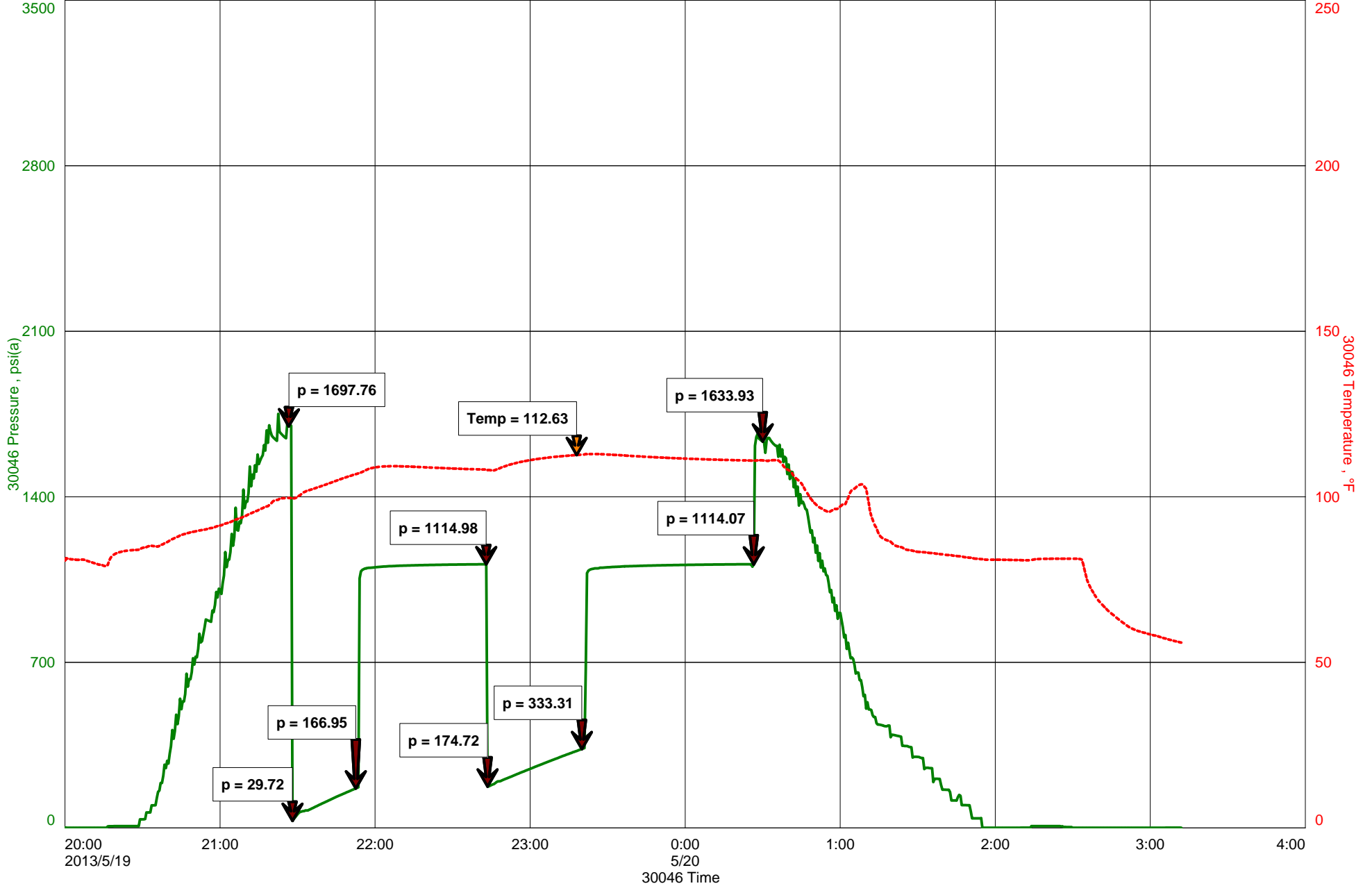
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	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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1-16 FLOREINE



2800

2900

3000

✓ Top of Log

TOPEKA 2882-992

Sh. clay silty
Samples are tagged.

41. Bag. VSI. Foss.

Sh. clay.

45. Gy. VSI. Foss.

Sh. D. clay. Blk.

45. wt. VSI. Foss. Si. Chalk.

45. wt. clay. red. Si. Foss. Si. Chalk.
to 45 clay. 1000.

46. wt. Chalk.

45. wt. gy. Sh. red. Si. Foss. Si. Chalk. VSI. Foss.

