



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
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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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

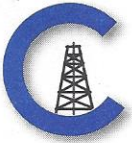
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 261414

=====  
Invoice Date: 08/21/2013 Terms: 0/0/30,n/30  
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Page 1

SCOTT'S WELL SERVICE, INC.  
P.O. BOX 136  
ROXBURY KS 67476  
(785) 254-7828

STEIN, JOLENE #6  
42854  
33-16-1  
08-01-13  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	125.00	15.7000	1962.50
1102	CALCIUM CHLORIDE (50#)	300.00	.7800	234.00
1118B	PREMIUM GEL / BENTONITE	250.00	.2200	55.00
1107	FLO-SEAL (25#)	50.00	2.4700	123.50
	Description	Hours	Unit Price	Total
446	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446	EQUIPMENT MILEAGE (ONE WAY)	85.00	4.20	357.00
681	TON MILEAGE DELIVERY	510.00	1.41	719.10

=====  
Parts: 2375.00 Freight: .00 Tax: 169.81 AR 4490.91  
Labor: .00 Misc: .00 Total: 4490.91  
Sublt: .00 Supplies: .00 Change: .00  
=====

Signed Pd 8-23-13 ck# 7602 Date \_\_\_\_\_





**ENTERED**

TICKET NUMBER 42854  
 LOCATION 180  
 FOREMAN Jeff Shell

PO Box 884, Chanute, KS 66720  
 620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

CEMENT API 15-169-20348-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/1/13	7922	Jolene Stein #6	33	16	1	S9/line
CUSTOMER <u>Scotts Production</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>PO BOX 136</u>			<u>446</u>	<u>Jash G</u>		
CITY <u>Roxbury</u>			<u>681</u>	<u>Jeremy M</u>		
STATE <u>KS</u>			<u>539</u>	<u>Jeff S</u>		
ZIP CODE <u>67476</u>						

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 216 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 209 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 12.5 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: S9fet meeting, broke pipe, pumped 12.5 SKS class A cement  
3% calcium 2% Gell 1/2 lb poly Flake displaced with 12 1/2 bbls  
fresh water

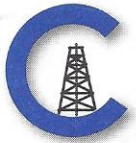
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	85	MILEAGE	4.20	357.00 ✓
5407A	85 miles	Ton mileage Delivery	1.41	719.10 ✓
110 45	125	SKS class A cement	15.70	1962.50 ✓
110 2	300	lbs calcium chloride	.78	234.00 ✓
1118B	250	lbs gel	.22	55.00 ✓
1107	50	lbs Poly Flake	2.47	123.50 ✓
			Subtotal	4321.10
			SALES TAX	169.81 ✓
			ESTIMATED TOTAL	4490.91 ✓

Ravin 3737

261414

AUTHORIZATION Cotton TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 261434

Invoice Date: 08/21/2013 Terms: 0/0/30,n/30

Page 1

SCOTT'S WELL SERVICE, INC.  
P.O. BOX 136  
ROXBURY KS 67476  
(785)254-7828

STEIN, JOLENE #6  
42903  
33-16-1W  
08-07-13  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	20.1600	2520.00
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
1144G	MUD FLUSH (SALE)	500.00	.0000	.00
4130	CENTRALIZER 5 1/2"	3.00	50.5000	151.50
4159	FLOAT SHOE AFU 5 1/2"	1.00	361.0000	361.00
4454	5 1/2" LATCH DOWN PLUG	1.00	266.7500	266.75
4310	1 FT 5 1/2 NIPPLE & COLL	1.00	.0000	.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	80.00	4.20	336.00
446 CASING FOOTAGE	.00	.23	.00
502 TON MILEAGE DELIVERY	480.00	1.41	676.80

=====  
Parts: 3598.25 Freight: .00 Tax: 257.27 AR 5953.32  
Labor: .00 Misc: .00 Total: 5953.32  
Sublt: .00 Supplies: .00 Change: .00  
=====

Signed Pd 8-23-13 ck# 7602 Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 42903  
LOCATION 180 Eldorado  
FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

Api 15-169-20348-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
8-7-13	7922	Jolene stein #6	33	16	14	Sellac																
CUSTOMER Scott's well service			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Josh</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Zvic</td> <td></td> <td></td> </tr> <tr> <td>702</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Josh			502	Zvic			702	Jacob		
TRUCK #	DRIVER	TRUCK #					DRIVER															
446	Josh																					
502	Zvic																					
702	Jacob																					
MAILING ADDRESS Po Box 136																						
CITY ROXBURY																						
STATE KS		ZIP CODE 67476																				

JOB TYPE Long string B HOLE SIZE 27/8 HOLE DEPTH 2665 CASING SIZE & WEIGHT 5 1/2 15.5  
 CASING DEPTH 2664 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15 lb SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 1ft  
 DISPLACEMENT 63.49 DISPLACEMENT PSI 1000 MIX PSI 300 RATE 6.64 Bpm

REMARKS: Safety meeting, circulate hole with mud, break circulation pump 5 bbl water, 500 gal D1100 5 bbl water, mix 125 lbs thickset 5/8 Kol Seal displaced with plug and 63.49 bbl water landing plug at 1300 psi check float float held job complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	80	MILEAGE	4.20	336.00
5407A	80	x 6 ton mileage	1.41	676.80
5402	150	footage	.23	N/C
1126A	125	thickset	20.16	2520.00
1110A	650	Kol Seal	.46	299.00
1144G	500	Dx 1100	1.10	N/C
4130	3	5 1/2 centralizers	50.50	151.50
4159	1	5 1/2 AFlu Float Shoe	361.00	361.00
4454	1	5 1/2 latch down plug	266.75	266.75
4310	1	1 ft 5 1/2 nipple and collar	140.00	N/C
			Subtotal	5696.05
			SALES TAX	251.01
			ESTIMATED TOTAL	5953.32

Ravin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



## DRILL STEM TEST REPORT

Prepared For: **Scotts Production LLC**

P.O. Box 136  
110 N. Memory Trail  
Roxbury Ks, 67476-0136

ATTN: Frank Mize

**Jolene Stein #6**

**33/16s/1w/Saline**

Start Date: 2013.08.06 @ 06:45:00

End Date: 2013.08.06 @ 12:59:30

Job Ticket #: 18423                      DST #: 1

Superior Testers Enterprises LLC  
PO Box 138 Great Bend KS 67530  
1-800-792-6902

Printed: 2013.08.06 @ 13:22:38



# DRILL STEM TEST REPORT

Scotts Production LLC

**33/16s/1w/Saline**

P.O. Box 136  
110 N. Memory Trail  
Roxbury Ks, 67476-0136  
ATTN: Frank Mize

**Jolene Stein #6**

Job Ticket: 18423

**DST#: 1**

Test Start: 2013.08.06 @ 06:45:00

## GENERAL INFORMATION:

Formation: **Mississippian**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 08:41:30

Time Test Ended: 12:59:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Shane Konzem

Unit No: 3330/220/ Great Bend

**Interval: 2518.00 ft (KB) To 2614.00 ft (KB) (TVD)**

Reference Elevations: 1280.00 ft (KB)

Total Depth: 2614.00 ft (KB) (TVD)

1273.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 7.00 ft

**Serial #: 8405**

**Inside**

Press @ Run Depth: 120.07 psia @ 2577.50 ft (KB)

Capacity: 5000.00 psia

Start Date: 2013.08.06

End Date: 2013.08.06

Last Calib.: 2013.08.06

Start Time: 06:45:00

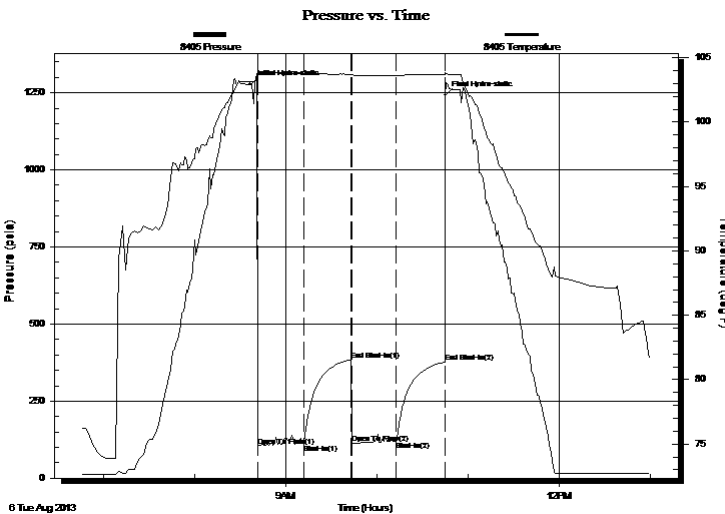
End Time: 12:59:30

Time On Btm: 2013.08.06 @ 08:36:30

Time Off Btm: 2013.08.06 @ 10:45:00

**TEST COMMENT:** 1st Open/ 30 Minutes. Weak blow built to 2 1/2 inches in 5 gallon bucket.  
1st Shut In/ 30 Minutes. No blow back.  
2nd Open/ 30 Minutes. No blow did not flush tool per geo.  
2nd Shut In/ 30 Minutes. No blow back.

## PRESSURE SUMMARY



Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	1276.83	103.17	Initial Hydro-static
5	104.91	103.69	Open To Flow (1)
35	110.79	103.73	Shut-In(1)
66	381.69	103.73	End Shut-In(1)
67	113.05	103.66	Open To Flow (2)
96	120.07	103.62	Shut-In(2)
128	376.69	103.67	End Shut-In(2)
129	1241.33	103.83	Final Hydro-static

## Recovery

## Gas Rates

Length (ft)	Description	Volume (bbl)
0.00	No gas	0.00
90.00	100% mud.	0.44

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





# DRILL STEM TEST REPORT

Scotts Production LLC

**33/16s/1w/Saline**

P.O. Box 136  
110 N. Memory Trail  
Roxbury Ks, 67476-0136  
ATTN: Frank Mize

**Jolene Stein #6**

Job Ticket: 18423

**DST#: 1**

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Reference Elevations: 1280.00 ft (KB)

Total Depth: 2614.00 ft (KB) (TVD)

1273.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 7.00 ft

**Serial #: 8400 Outside**

Press @ RunDepth: 378.07 psia @ 2578.50 ft (KB)

Capacity: 5000.00 psia

Start Date: 2013.08.06

End Date: 2013.08.06

Last Calib.: 2013.08.06

Start Time: 06:45:00

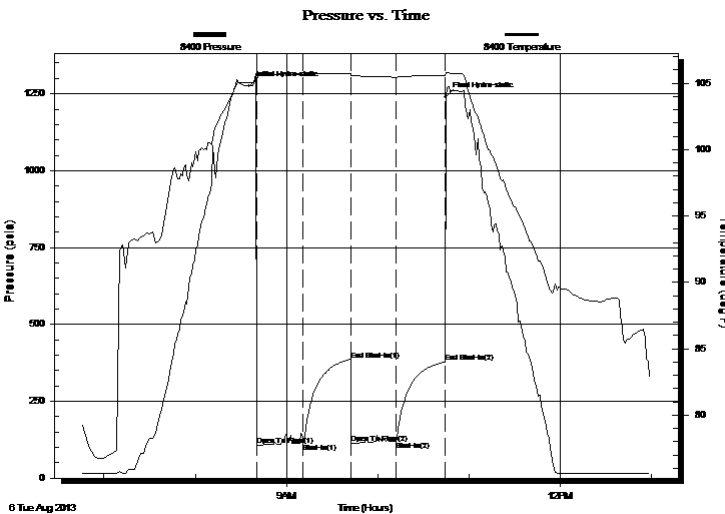
End Time: 12:59:00

Time On Btm: 2013.08.06 @ 08:35:30

Time Off Btm: 2013.08.06 @ 10:44:30

**TEST COMMENT:** 1st Open/ 30 Minutes. Weak blow built to 2 1/2 inches in 5 gallon bucket.  
1st Shut In/ 30 Minutes. No blow back.  
2nd Open/ 30 Minutes. No blow did not flush tool per geo.  
2nd Shut In/ 30 Minutes. No blow back.

## PRESSURE SUMMARY



Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	1276.54	105.07	Initial Hydro-static
5	106.50	105.35	Open To Flow (1)
36	113.26	105.63	Shut-In(1)
67	384.69	105.72	End Shut-In(1)
67	114.55	105.61	Open To Flow (2)
97	120.44	105.46	Shut-In(2)
129	378.07	105.56	End Shut-In(2)
129	1239.85	105.82	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
0.00	No gas	0.00
90.00	100% mud.	0.44

## Gas Rates

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



# DRILL STEM TEST REPORT

**TOOL DIAGRAM**

Scotts Production LLC

**33/16s/1w/Saline**

P.O. Box 136  
 110 N. Memory Trail  
 Roxbury Ks, 67476-0136  
 ATTN: Frank Mize

**Jolene Stein #6**

Job Ticket: 18423

**DST#: 1**

Test Start: 2013.08.06 @ 06:45:00

## Tool Information

Drill Pipe:	Length: 2352.00 ft	Diameter: 2.25 inches	Volume: 11.57 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 157.00 ft	Diameter: 2.25 inches	Volume: 0.77 bbl	Weight to Pull Loose: 62000.00 lb
			Total Volume: 12.34 bbl	Tool Chased 2.00 ft
Drill Pipe Above KB:	20.00 ft			String Weight: Initial 44000.00 lb
Depth to Top Packer:	2518.00 ft			Final 45000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	65.50 ft			
Tool Length:	94.50 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			2490.00	
Shut-In Tool	5.00			2495.00	
Hydroic Tool	5.00			2500.00	
Jars	6.00			2506.00	
Safety Joint	2.00			2508.00	
Packer	5.00			2513.00	29.00 Bottom Of Top Packer
Packer	5.00			2518.00	
Perforations	6.00			2524.00	
Change Over Sub	0.75			2524.75	
Drill Pipe	27.00			2551.75	
Change Over Sub	0.75			2552.50	
Perforations	24.00			2576.50	
Recorder	1.00	8405	Inside	2577.50	
Recorder	1.00	8400	Outside	2578.50	
Bullnose	5.00			2583.50	65.50 Bottom Packers & Anchor

**Total Tool Length: 94.50**



# DRILL STEM TEST REPORT

## FLUID SUMMARY

Scotts Production LLC

**33/16s/1w/Saline**

P.O. Box 136  
110 N. Memory Trail  
Roxbury Ks, 67476-0136  
ATTN: Frank Mize

**Jolene Stein #6**

Job Ticket: 18423

**DST#: 1**

Test Start: 2013.08.06 @ 06:45:00

### Mud and Cushion Information

Mud Type: Gel Chem  
Mud Weight: 9.00 lb/gal  
Viscosity: 42.00 sec/qt  
Water Loss: 9.60 in<sup>3</sup>  
Resistivity: ohm.m  
Salinity: 900.00 ppm  
Filter Cake: 1.00 inches

Cushion Type:  
Cushion Length: ft  
Cushion Volume: bbl  
Gas Cushion Type:  
Gas Cushion Pressure: psia

Oil API: deg API  
Water Salinity: ppm

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	No gas	0.000
90.00	100% mud.	0.443

Total Length: 90.00 ft      Total Volume: 0.443 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



### Pressure vs. Time

