



KANSAS CORPORATION COMMISSION 1169055
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1169055

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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 03390 A

5-255-16W

DATE _____ TICKET NO. _____

DATE OF JOB 10-30-13		DISTRICT Pratt, 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 Castelli Exploration, Inc.				LEASE Julian				WELL NO 4-5	
ADDRESS				COUNTY Edwards		STATE Kansas			
CITY		STATE		SERVICE CREW C. Messick, M McGraw, T. Iuemin					
AUTHORIZED BY				JOB TYPE C.N.W. Plug To Abandon 7:45					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 10-30-13	CAMP PM	TIME 10:45
37,216	1.5								
19,889-19,943	1.5					ARRIVED AT JOB		AM PM	10:45
						START OPERATION		AM PM	12:30
						FINISH OPERATION		AM PM	2:00
19,903-73,768	1.5					RELEASED	10-30-13	AM PM	2:15
						MILES FROM STATION TO WELL			75

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
P CP 103	60/40 Poz Cement	skt	150	\$	1,800 00
P CC 200	Cement Gel	Lb	258	\$	64 50
P E 100	Pickup Mileage	mi	75	\$	318 75
P E 101	Heavy Equipment Mileage	mi	150	\$	1,050 00
P E 113	Bulk Delivery	tm	484	\$	774 00
P CE 202	Cement Pump: 1,000 Feet To 2,000 Feet	hrs	4	\$	1,500 00
P CE 240	Blending and Mixing Service	skt	150	\$	210 00
P S003	Service Supervisor	hrs	8	\$	175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		KA \$	4,419 19
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Castelli Exploration, Inc.	Lease No.	Date 10-30-13
Lease Julian	Well # 4.5	
Field Order # 9390	Station Pratt, Kansas	Casing 7 1/2 D.P.
Type Job C. U. W. - Plug To Abandon	Depth	County Edwards
	Formation	State Kansas
		Legal Description 5-255-16 W

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	150 sacks	60/40 with 4% Gel	RATE	PRESS	ISIP	
Depth	Depth	From	To 13.81	6.77 Gal. 1st.	Max	1.40 CU. FT.	5 Min.	
Volume	Volume	From	To		Min		10 Min.	
Max Press	Max Press	From	To		Avg		15 Min.	
Well Connection X-Hole	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush Fresh water	Gas Volume		Total Load	

Customer Representative Rick Popp	Station Manager Kevin Gordley	Treater Clarence R. Messick
Service Units 37,216	19,889	19,843
Driver Names Messick	Mr Graw	Kulemin
19,903	73,768	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:45					Trucks on location and hold safety meeting.
					1 st Plug 1,130 Feet 50 sacks 60/40 Poz cement.
12:30		200		5	start Fresh water Pre-Flush.
		200	10	5	Start Mixing Cement.
		100	22	5	Start Fresh water Displacement.
12:40		0-	27		Stop pumping.
					2 nd Plug 330 Feet 50 sacks 60/40 Poz cement.
1:15		100		5	Start Mixing cement.
		50	12	5	Start Fresh water Displacement.
1:19		0-	13		Stop pumping.
					3 rd Plug 60 Feet 20 sacks
1:30		0-			Start Mixing cement.
			5	3	Cement circulated to surface.
1:32					Stop pumping.
1:35		0-	7	3	Plug Rat Hole
					Wash up pump truck.
2:15					Job Complete.
					Thank You.
					Clarence, Mike, Tim



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 09088 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>10-21-13</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>Castelli - Exploration</u>		LEASE <u>JULIAN</u> 4-5 WELL NO.							
ADDRESS		COUNTY <u>EDWARDS</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Sullivan, Young, Whitfield</u>							
AUTHORIZED BY		JOB TYPE <u>CNW 8-1/2 Surface</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>19889-19843</u>	<u>25</u>						<u>10-21-13</u>	PM	<u>4:30</u>
<u>78918-19860</u>	<u>25</u>					ARRIVED AT JOB		AM	<u>8:00</u>
<u>37900</u>						START OPERATION		AM	<u>9:50</u>
						FINISH OPERATION		AM	<u>10:15</u>
						RELEASED		AM	<u>10:45</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: Udon Vasquez
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 P02 cut	SK	250		3,000 00
CC 102	Cellulose	lb	63		233 10
CC 109	Calcium chloride	lb	645		677 25
CF 153	Wooden Plug 8 3/8	SA	1		160 00
E 100	pick up	mi	30		177 50
E 101	Heavy Seat	mi	60		420 00
E 113	Bulk Delivery	TM	323		516 00
CE 200	Depth Charge 0-500	SH	1		1,000 00
CE 240	Bleed Valve - mixing	SK	250		350 00
CE 504	Plug Cement Rental	SA	1		250 00
SO 3	Seal and Surveys	SH	1		175 00
CE 503	High Head	SA	1		300 00

SUB TOTAL 5406.64

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Robert J. [Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Udon Vasquez</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

Customer CASTELLI EXPLORATION		Lease No.		Date 10-21-13	
Lease JULIAN		Well # 4-5			
Field Order # 9088	Station PRAHKS	Casing 8 5/8	Depth 298	County EDWARDS	State KS
Type Job CNW 8 5/8 Surface			Formation	Legal Description S-25-16	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
8 5/8				Pre Pad	Max			5 Min.
Depth 298	Depth	From	To	Pad	Min			10 Min.
Volume 17 1/2	Volume	From	To	Frac	Avg			15 Min.
Max Press 300	Max Press	From	To		HHP Used			Annulus Pressure
Well Connection PIC	Annulus Vol.	From	To	Flush	Gas Volume			Total Load
Plug Depth 215	Packer Depth	From	To					

Customer Representative				Station Manager DAVE SOFT				Treater Robert Hill			
Service Units	37900	19859	19843	78918	19860						
Driver Names	Sullivan	Young	Whitfield								

Time	Casing Pressure	Tubing Pressure	Bbils. Pumped	Rate	Service Log
8:00					ON LOC SETTING MATHY
					RUN 7 STS 8 5/8 24 csp.
9:35					CASING ON BOTTOM
9:45					HOOK BY CIRC csp.
9:50			3	3	AT SPACER
			54	5	MIX CMT 250SK 60% 140 PPT CMT 14.8 PPT
					CMT MIXED SHOT DOWN
					RELEASE PLUG
				4	AT DUG
10:15			17		PLUG DOWN
					CARE 10 BBL CMT TO PIT
					JOB COMPLETE
					THANK YOU



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Castelli Exploration Inc.
6908 N.W. 112th St.
Oklahoma City Ok.73162
ATTN: Rick Popp

5-25s-16w Edwards Ks.

Julian #4-5

Job Ticket: 52366

DST#: 1

Test Start: 2013.10.26 @ 13:46:57

GENERAL INFORMATION:

Formation: **Lans. A - B**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:26:42

Time Test Ended: 20:28:42

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 3796.00 ft (KB) To 3840.00 ft (KB) (TVD)

Reference Elevations: 2090.00 ft (KB)

Total Depth: 3840.00 ft (KB) (TVD)

2082.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8352

Inside

Press @ Run Depth: 119.03 psig @ 3797.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.10.26

End Date:

2013.10.26

Last Calib.:

2013.10.26

Start Time: 13:47:02

End Time:

20:28:41

Time On Btm:

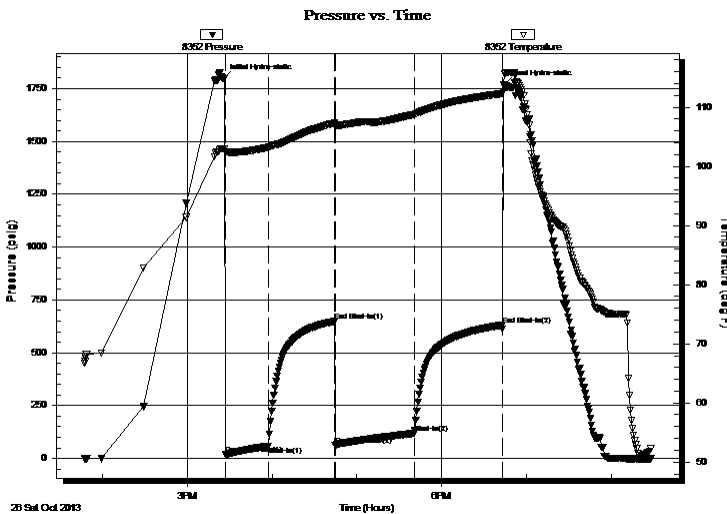
2013.10.26 @ 15:25:12

Time Off Btm:

2013.10.26 @ 18:44:42

TEST COMMENT: IF: Strong blow . B.O.B. in 70 secs.
IS: No blow .
FF: Fair to strong blow . B.O.B. in 9 mins.
FS: Weak blow . 1/2 ".

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1797.28	102.95	Initial Hydro-static
2	18.61	102.53	Open To Flow (1)
33	58.56	103.23	Shut-In(1)
79	648.34	107.30	End Shut-In(1)
80	61.14	107.07	Open To Flow (2)
136	119.03	108.78	Shut-In(2)
198	631.09	112.30	End Shut-In(2)
200	1769.70	115.67	Final Hydro-static

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
0.00	210 FT. OF gip	0.00
70.00	GCMW 5%g 16%m 79%w	0.98
155.00	SW / Rw .1 ohms @55 deg	2.17

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castelli Exploration Inc.

5-25s-16w Edwards Ks.

6908 N.W. 112th St.
Oklahoma City Ok.73162

Julian #4-5

Job Ticket: 52366

DST#: 1

ATTN: Rick Popp

Test Start: 2013.10.26 @ 13:46:57

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity: 101000 ppm

Viscosity: 47.00 sec/qt

Cushion Volume:

bbf

Water Loss: 9.19 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3600.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
0.00	210 FT. OF gip	0.000
70.00	GCMW 5%g 16%m 79%w	0.982
155.00	SW / Rw .1 ohms @55 deg	2.174

Total Length: 225.00 ft

Total Volume: 3.156 bbl

Num Fluid Samples: 0

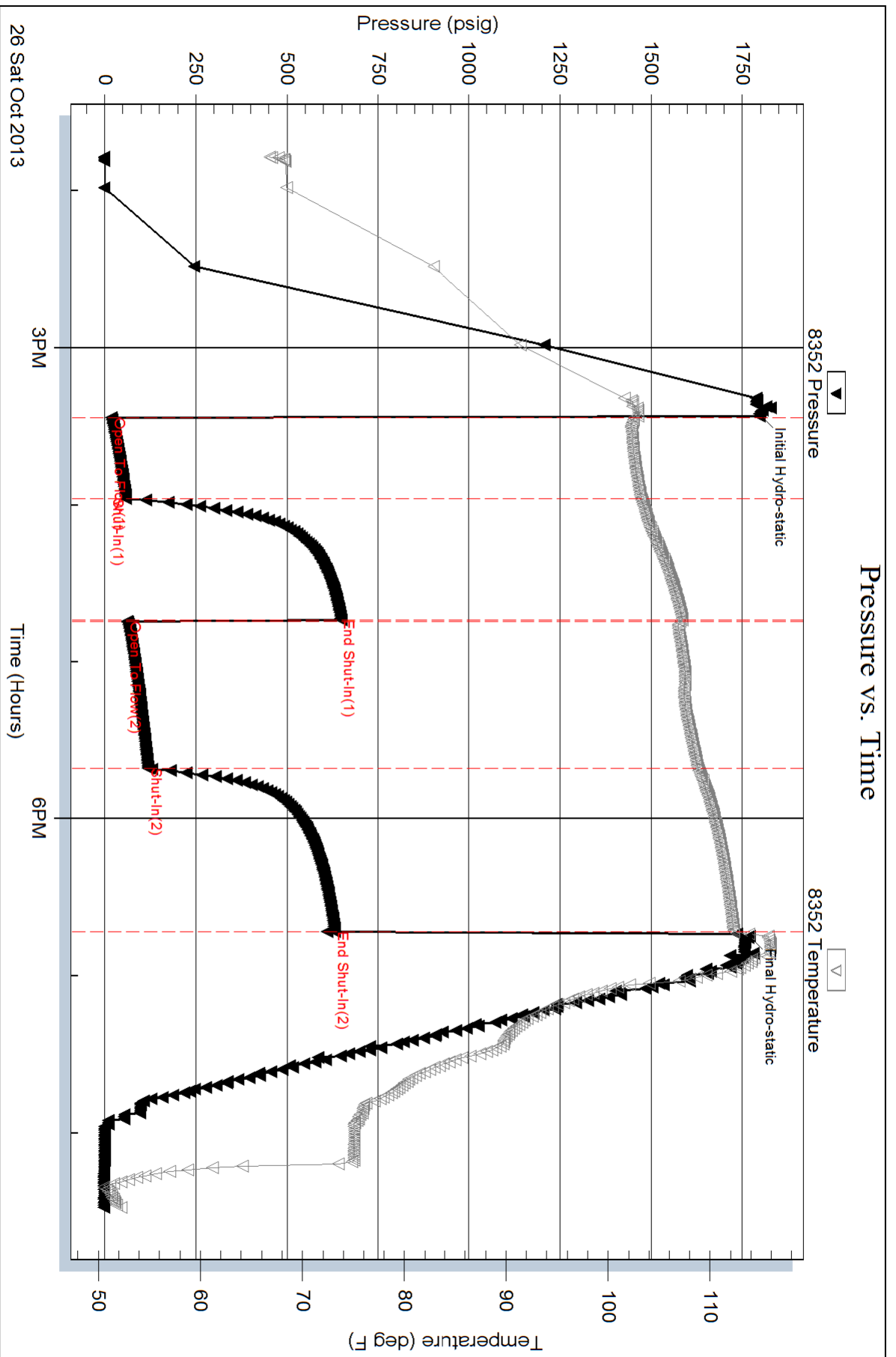
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Castelli Exploration Inc.
6908 N.W. 112th St.
Oklahoma City Ok.73162
ATTN: Rick Popp

5-25s-16w Edwards Ks.

Julian #4-5

Job Ticket: 52367

DST#: 2

Test Start: 2013.10.27 @ 12:54:37

GENERAL INFORMATION:

Formation: **Lans.**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 14:30:52
 Time Test Ended: 18:57:22
 Interval: **3966.00 ft (KB) To 4000.00 ft (KB) (TVD)**
 Total Depth: 4045.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Straddle (Reset)
 Tester: Gary Pevoteaux
 Unit No: 56
 Reference Elevations: 2090.00 ft (KB)
 2082.00 ft (CF)
 KB to GR/CF: 8.00 ft

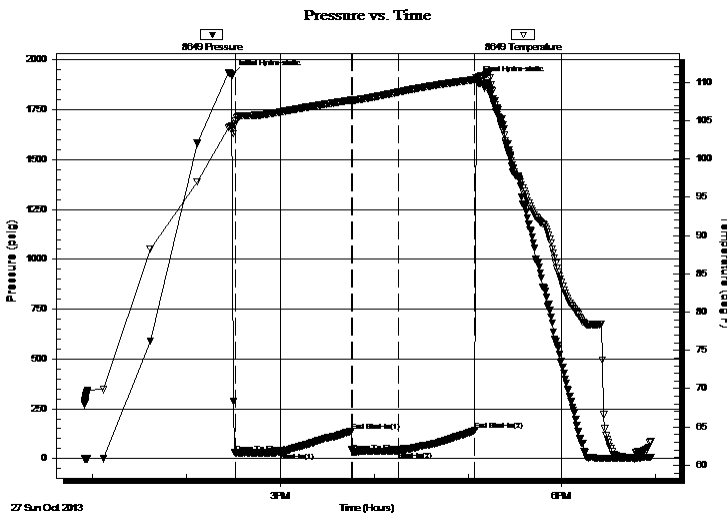
Serial #: 8649

Inside

Press @ Run Depth: 37.20 psig @ 3967.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.10.27 End Date: 2013.10.27 Last Calib.: 2013.10.27
 Start Time: 12:54:38 End Time: 18:57:22 Time On Btm: 2013.10.27 @ 14:28:52
 Time Off Btm: 2013.10.27 @ 17:05:22

TEST COMMENT: IF: Strong blow . B.O.B. in 1 min.
 IS: No blow .
 FF: Fair blow . Increase to 14".
 FS: No blow .

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1925.08	104.24	Initial Hydro-static
2	28.81	104.62	Open To Flow (1)
32	31.10	106.12	Shut-In(1)
77	139.01	107.67	End Shut-In(1)
77	33.84	107.63	Open To Flow (2)
107	37.20	108.71	Shut-In(2)
156	140.97	110.34	End Shut-In(2)
157	1897.47	110.57	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	490 ft. of GIP	0.00
40.00	SO,&GCM 2%o 7%g 91%m	0.56

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castelli Exploration Inc.

5-25s-16w Edwards Ks.

6908 N.W. 112th St.
Oklahoma City Ok.73162

Julian #4-5

Job Ticket: 52367

DST#: 2

ATTN: Rick Popp

Test Start: 2013.10.27 @ 12:54:37

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

8000 ppm

Viscosity: 44.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.18 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 8000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	490 ft. of GIP	0.000
40.00	SO, <u>&</u> GCM 2% <u>o</u> 7% <u>g</u> 91% <u>m</u>	0.561

Total Length: 40.00 ft Total Volume: 0.561 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

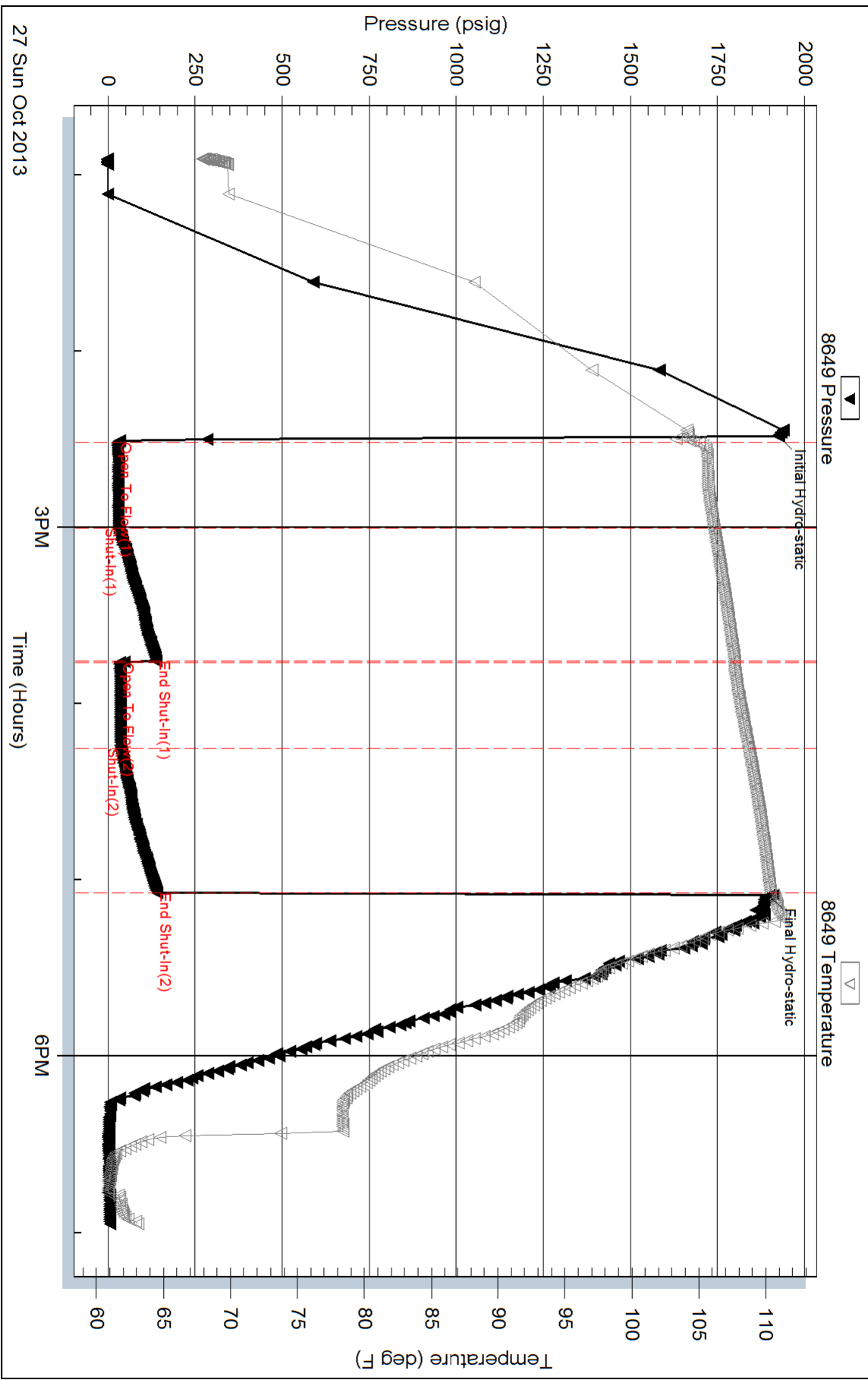
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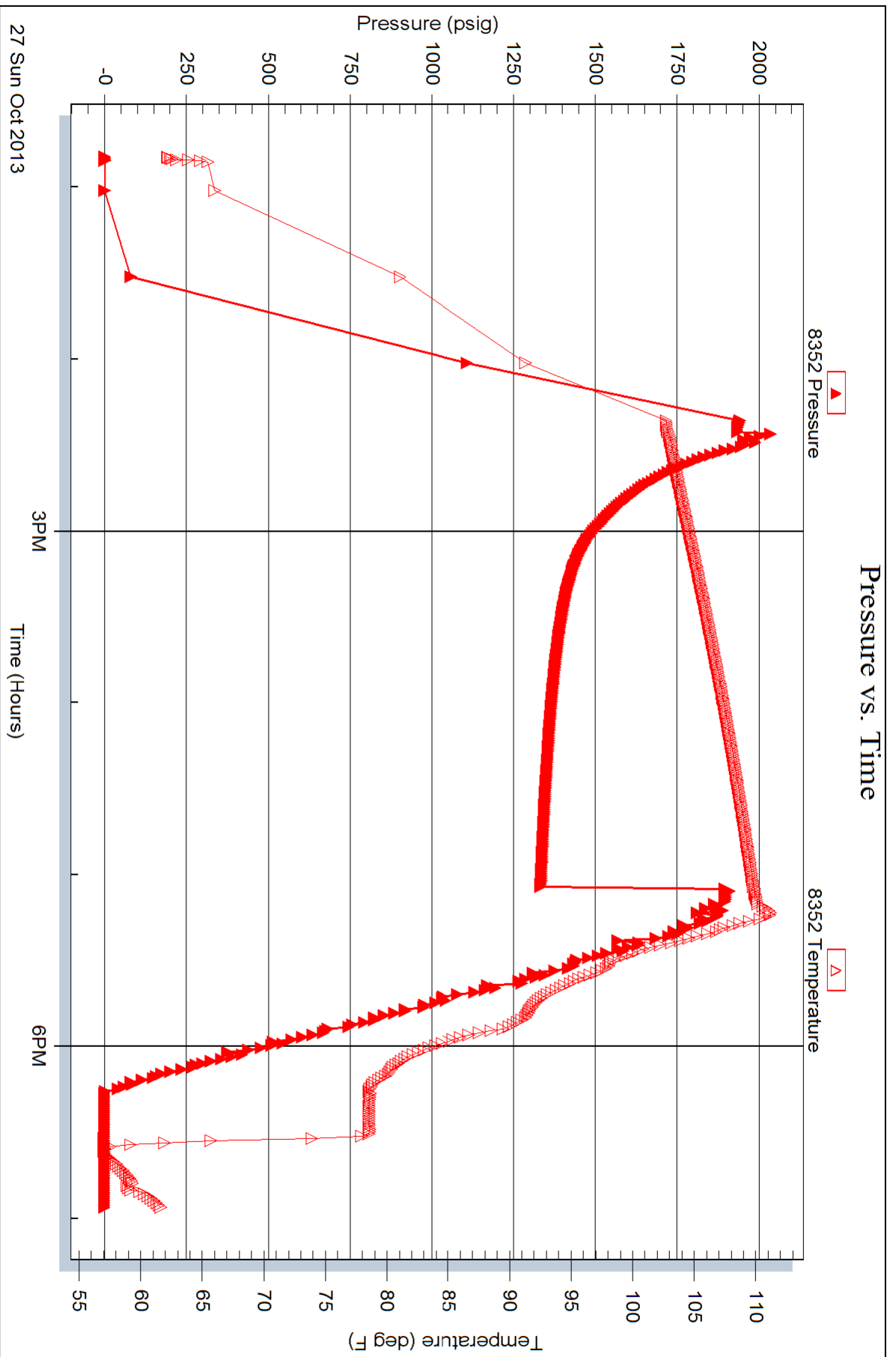
Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time







TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Castelli Exploration Inc.
6908 N.W. 112th St.
Oklahoma City Ok.73162
ATTN: Rick Popp

5-25s-16w Edwards Ks.

Julian #4-5

Job Ticket: 52368

DST#: 3

Test Start: 2013.10.29 @ 15:10:15

GENERAL INFORMATION:

Formation: **Viola**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:21:00

Time Test Ended: 22:16:00

Test Type: Conventional Straddle (Reset)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 4380.00 ft (KB) To 4440.00 ft (KB) (TVD)

Total Depth: 4510.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2090.00 ft (KB)

2082.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 8649

Inside

Press @ Run Depth: 35.32 psig @ 4381.00 ft (KB)

Start Date: 2013.10.29

End Date: 2013.10.29

Start Time: 15:10:16

End Time: 22:16:00

Capacity: 8000.00 psig

Last Calib.: 2013.10.29

Time On Btm: 2013.10.29 @ 17:19:45

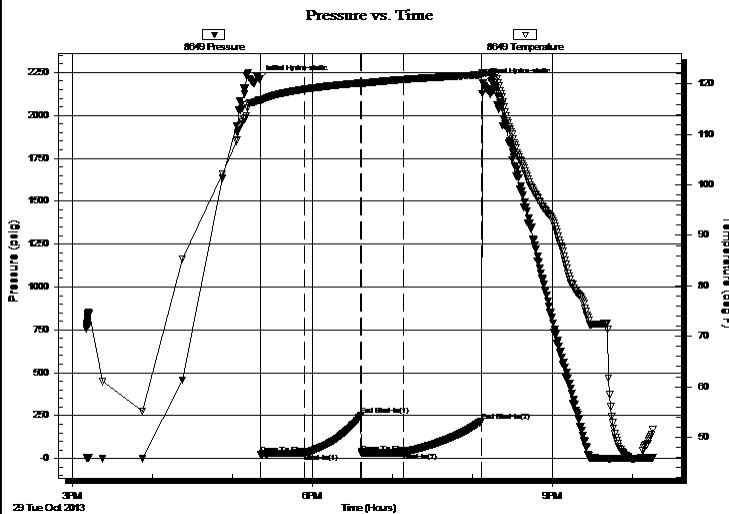
Time Off Btm: 2013.10.29 @ 20:08:15

TEST COMMENT: IF:Weak blow . Increase to 4 1/2".

IS:No blow .

FF:Weak blow . 1/2 - 2 1/2".

FS:No blow .



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2210.42	116.82	Initial Hydro-static
2	25.89	116.38	Open To Flow (1)
34	33.29	118.96	Shut-In(1)
77	250.67	120.22	End Shut-In(1)
77	29.76	120.14	Open To Flow (2)
109	35.32	120.89	Shut-In(2)
167	218.18	121.82	End Shut-In(2)
169	2188.00	122.17	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	60 ft. of GIP	0.00
30.00	Mud w a few o specs	0.42

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castelli Exploration Inc.

5-25s-16w Edwards Ks.

6908 N.W. 112th St.
Oklahoma City Ok.73162

Julian #4-5

Job Ticket: 52368

DST#: 3

ATTN: Rick Popp

Test Start: 2013.10.29 @ 15:10:15

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

6200 ppm

Viscosity: 42.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.39 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 6200.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	60 ft. of GIP	0.000
30.00	Mud w a few o specs	0.421

Total Length: 30.00 ft Total Volume: 0.421 bbl

Num Fluid Samples: 0

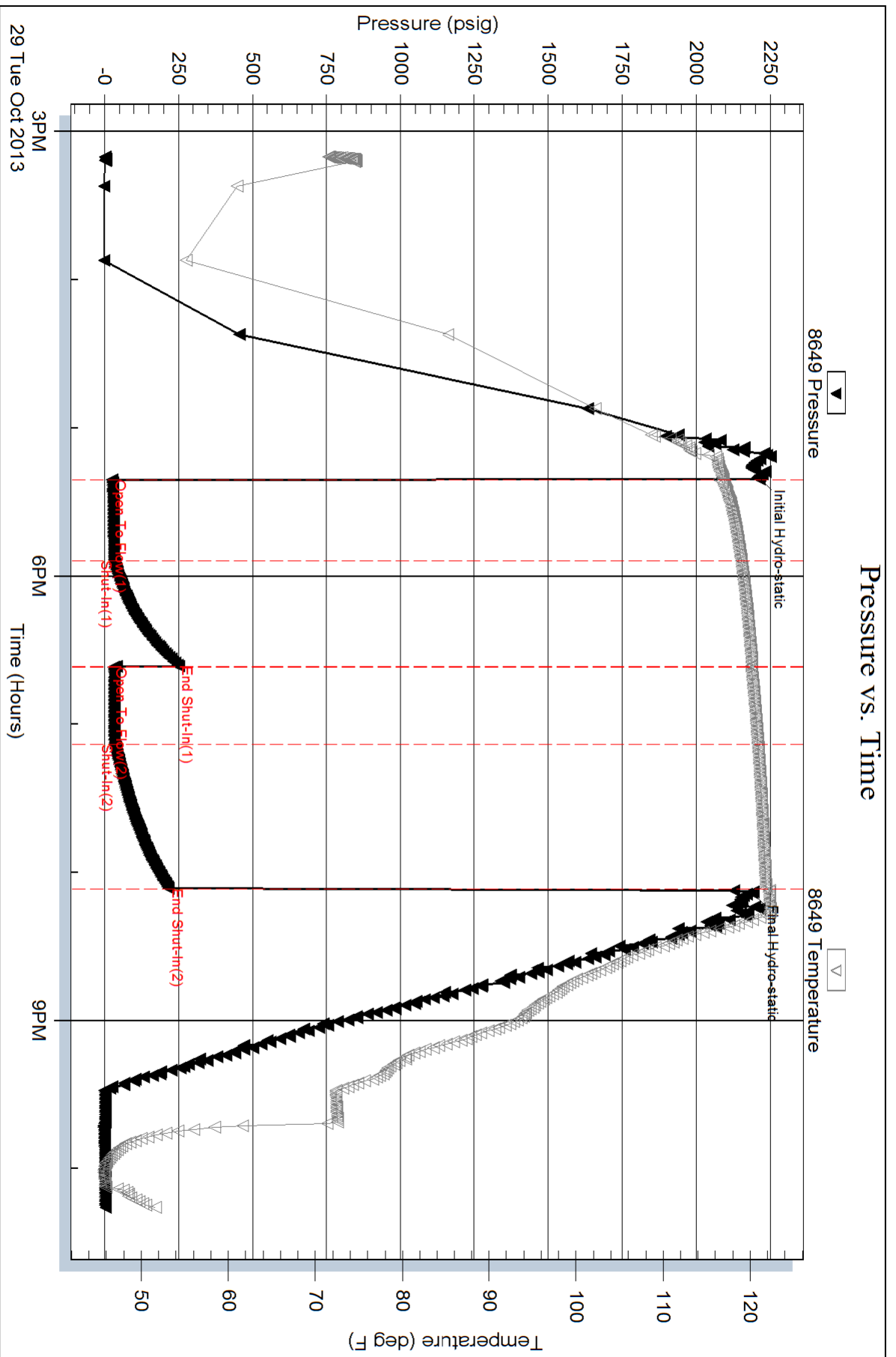
Num Gas Bombs: 0

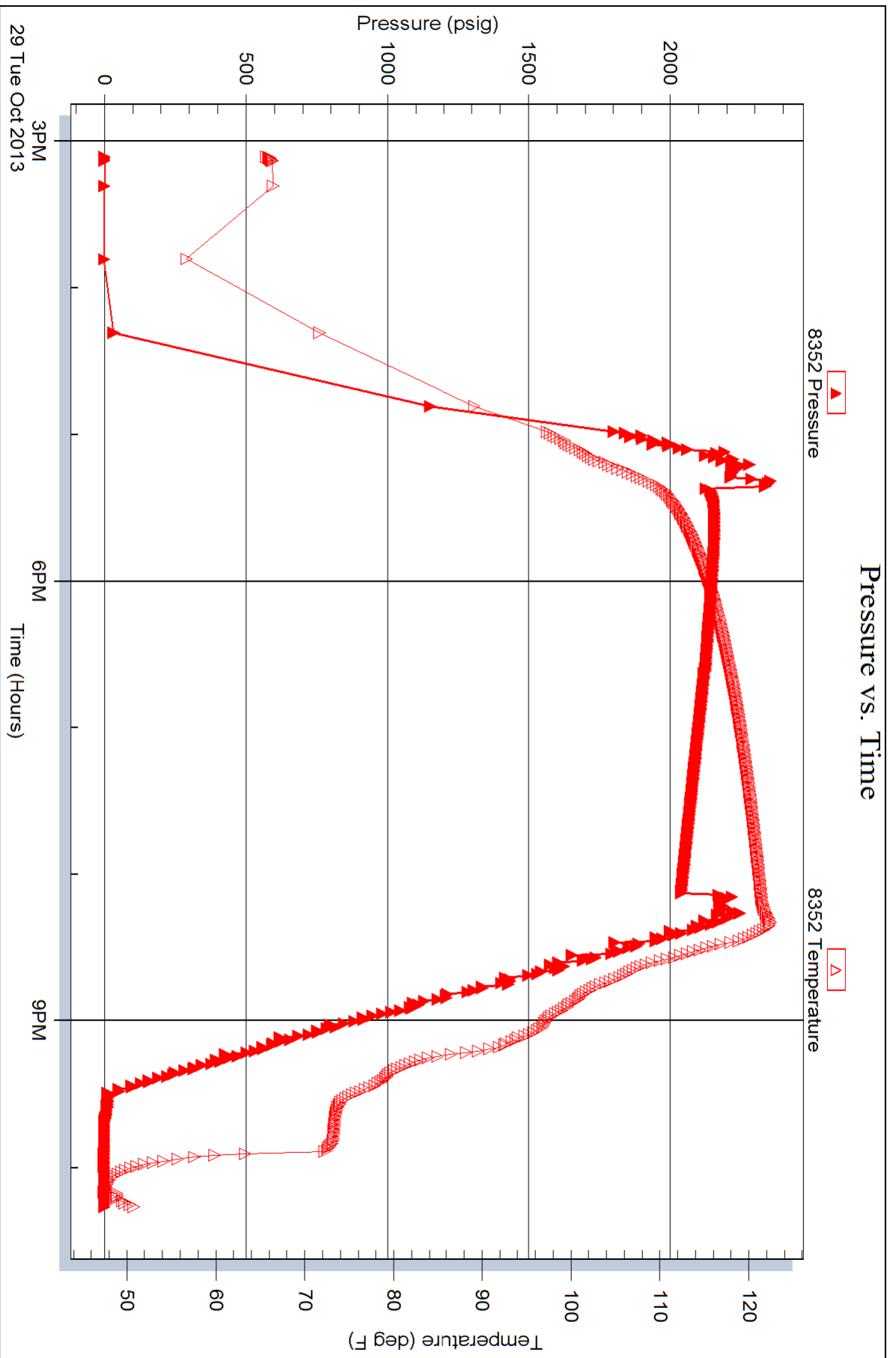
Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:



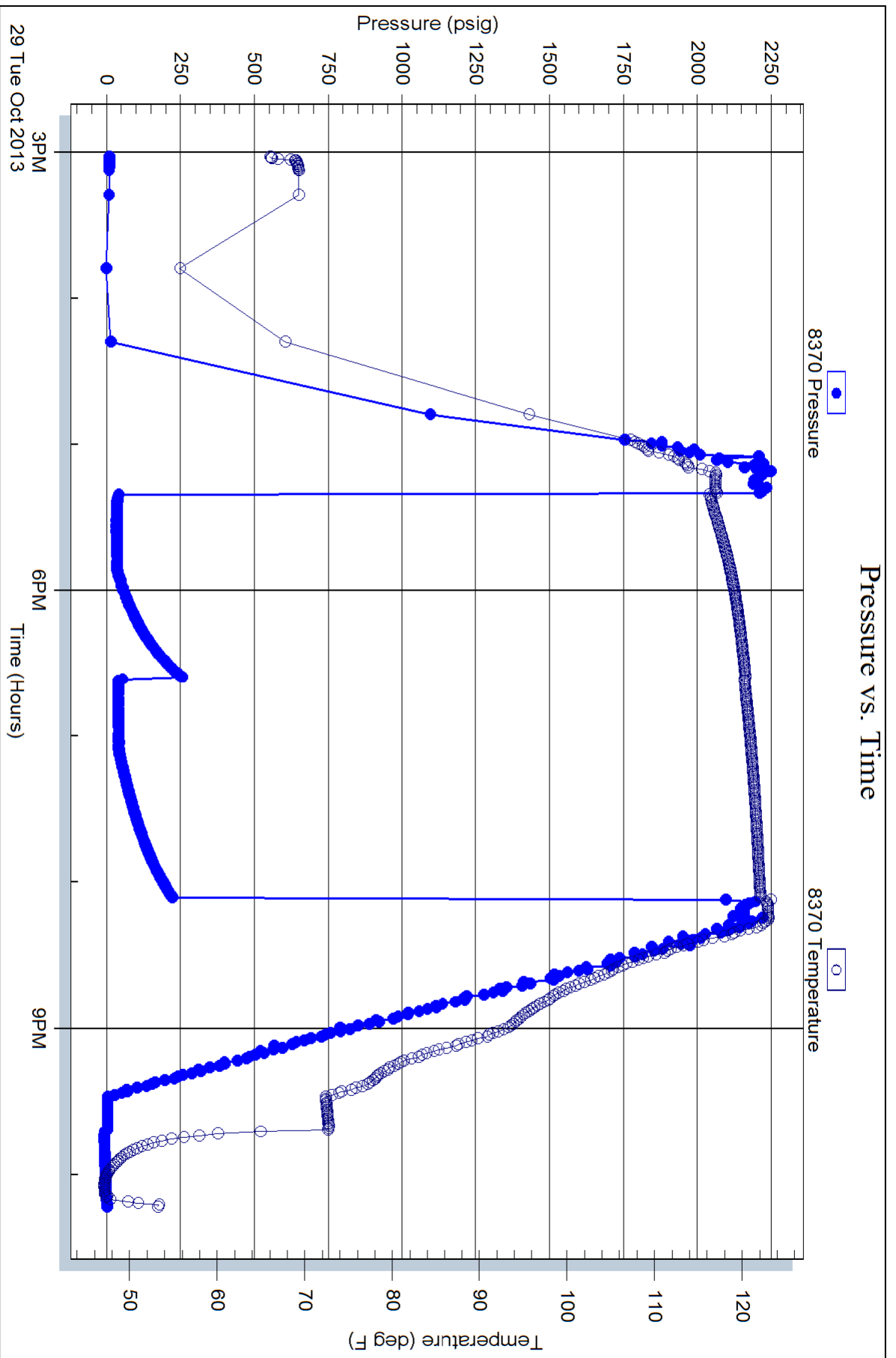


Serial #: 8370

Outside Castelll Exploration Inc.

Julian #4-5

DST Test Number: 3



Trilobite Testing, Inc

Ref. No: 52368

Printed: 2013.10.29 @ 23:55:12