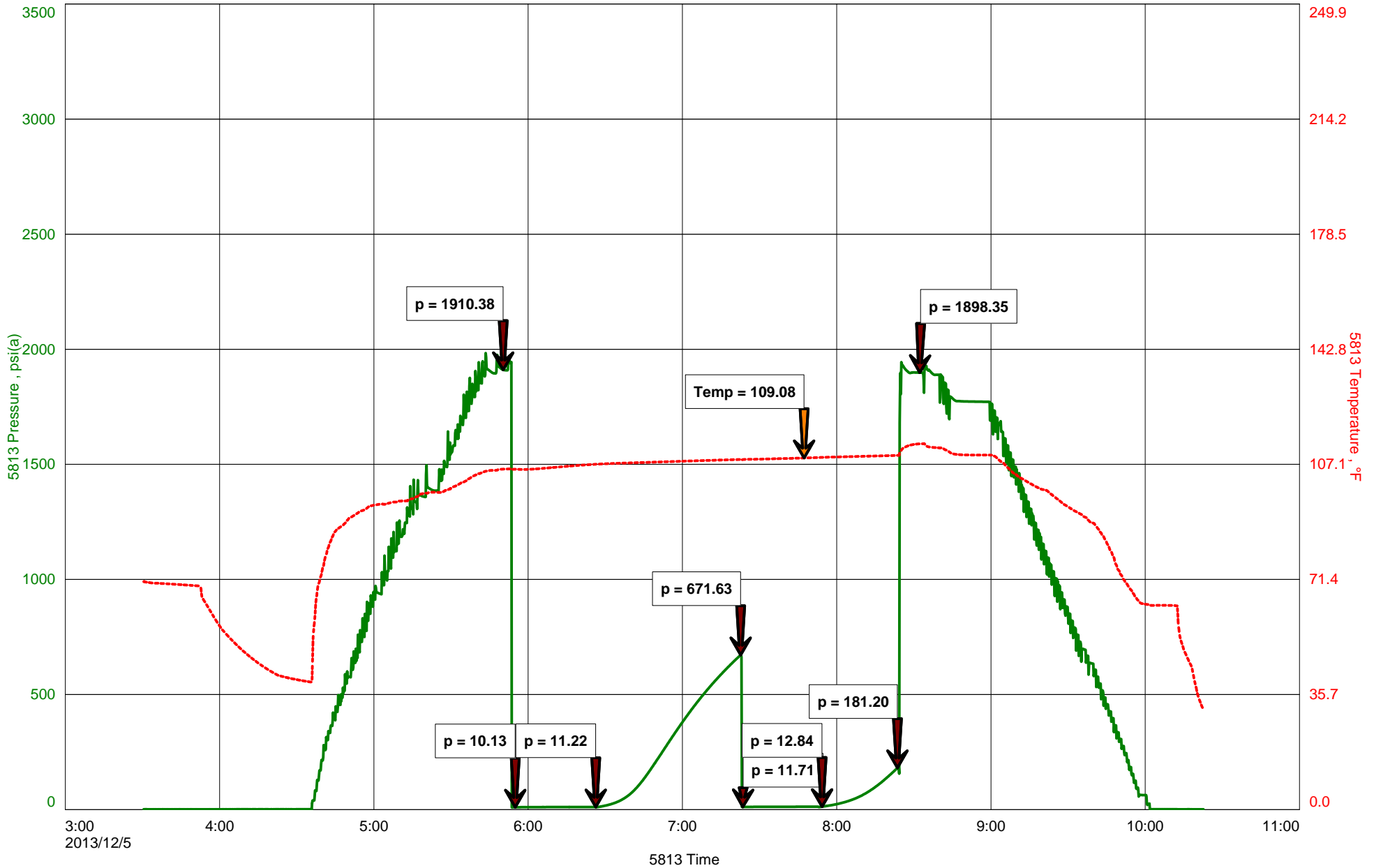


# GRAHM FAMILY TRUST "A"2-7





**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.



**JASON MCLEMORE**

**CELL # 620-6170527**

**General Information**

<b>Company Name</b>	TRANS PACIFIC CORP	<b>Job Number</b>	K069
<b>Contact</b>	ALAN BANTA	<b>Representative</b>	JOHN RIEDL
<b>Well Name</b>	GRAHM FAMILY TRUST "A"2-7	<b>Well Operator</b>	TRANS PACIFIC CORP
<b>Unique Well ID</b>	DST #2 LKC 200,220 3989-4046	<b>Prepared By</b>	JOHN RIEDL
<b>Surface Location</b>	S7/14S.27W	<b>Qualified By</b>	MIKE KIDWELL
<b>Field</b>		<b>Test Unit</b>	
<b>Well Type</b>	Vertical		

**Test Information**

<b>Test Type</b>	DST#3 CONVENTIONAL	<b>Representative</b>	JOHN RIEDL
<b>Formation</b>	LKC 200, 220	<b>Well Operator</b>	TRANS PACIFIC CORP
<b>Well Fluid Type</b>		<b>Report Date</b>	2013/12/05
<b>Test Purpose (AEUB)</b>		<b>Prepared By</b>	JOHN RIEDL

<b>Start Test Date</b>	2013/12/05	<b>Start Test Time</b>	03:30:00
<b>Final Test Date</b>	2013/12/05	<b>Final Test Time</b>	10:59:00

**Test Results**

RECOVERT: 5' DRILLING MUD