



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1186642
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1186642

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Wells, Rodger D. dba Pioneer Resources
Well Name	Hopper 1
Doc ID	1186642

All Electric Logs Run

Compensated Neutron
Compensated Density
Dual Induction
Mircolog

ALLIED OIL & GAS SERVICES, LLC 054966

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>1-21-14</u>	SEC. <u>28</u>	TWP. <u>12</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00 AM</u>	JOB FINISH <u>10:30 AM</u>
LEASE <u>Hopper</u>		WELL# <u>1</u>	LOCATION <u>Russell KS 4N 1W 1N</u>			COUNTY <u>Russell</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>Winto</u>				

CONTRACTOR Shields
 TYPE OF JOB surface
 HOLE SIZE 12 1/4 T.D. 332
 CASING SIZE 8 5/8 23" DEPTH 332
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 15
 CEMENT LEFT IN CSG. 15
 PERFS.
 DISPLACEMENT 20 bbl

OWNER
 CEMENT
 AMOUNT ORDERED: 2.25 com 3.2acc 2.9gel

EQUIPMENT
 PUMP TRUCK CEMENTER Robert Y
 # 409 HELPER Walter D
 BULK TRUCK
 # 473 DRIVER Jerse C
 BULK TRUCK
 # DRIVER

COMMON	<u>2.25</u>	@	<u>17.90</u>	<u>4027.50</u>
POZMIX		@		
GEL	<u>4.23</u>	@	<u>23.40</u>	<u>98.98</u>
CHLORIDE	<u>8</u>	@	<u>64.00</u>	<u>512.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>243.40</u> <u>SP</u>	@	<u>2.48</u>	<u>603.63</u>
MILEAGE	<u>55.53</u> <u>fl/m</u>	@	<u>2.60</u>	<u>144.38</u>
TOTAL				<u>5386.49</u>

REMARKS:

see log
Cement did circulate to surface
Thank you!!

SERVICE

DEPTH OF JOB	<u>332</u>
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@
MILEAGE <u>5 HVM</u> <u>x2</u>	@ <u>7.70</u> <u>77.00</u>
MANIFOLD	@
<u>SLUMI</u>	@ <u>4.40</u> <u>22.00</u>
	@

TOTAL 1611.25

CHARGE TO: Pioneer Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>8 5/8 top rubber plug</u>	@	
	@	
	@	
	@	

TOTAL _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME George Begler
 SIGNATURE George Begler

SALES TAX (If Any) _____
 TOTAL CHARGES: 6997.74
 DISCOUNT 1749.44 IF PAID IN 30 DAYS
net \$ 5248.30



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Pioneer Resources

28-12s-14w Russell KS

Hopper #1

Job Ticket: 56060

DST#: 1

ATTN: Steve Murphy

Test Start: 2014.01.25 @ 06:19:00

GENERAL INFORMATION:

Formation: **LKC "C-D"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 09:16:30

Time Test Ended: 12:23:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Cody Bloedorn

Unit No: 73

Interval: 2786.00 ft (KB) To 2820.00 ft (KB) (TVD)

Reference Elevations: 1611.00 ft (KB)

Total Depth: 2820.00 ft (KB) (TVD)

1606.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8875 Outside

Press @ Run Depth: 35.64 psig @ 2787.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.01.25

End Date:

2014.01.25

Last Calib.:

2014.01.25

Start Time: 06:19:05

End Time:

12:22:59

Time On Btm:

2014.01.25 @ 09:16:15

Time Off Btm:

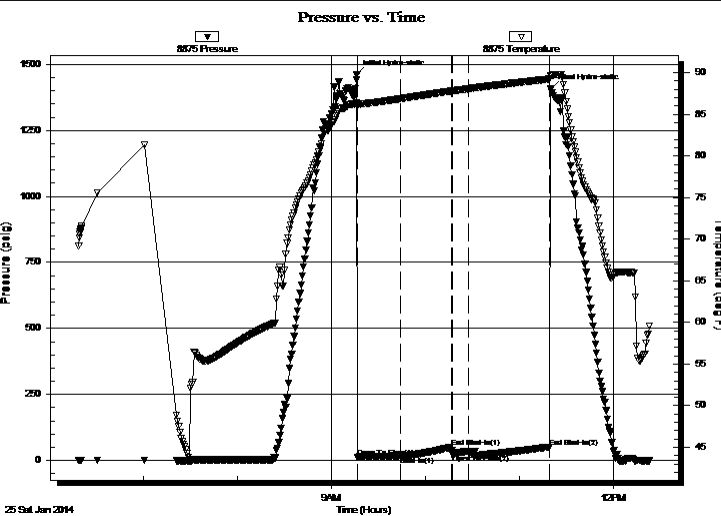
2014.01.25 @ 11:20:00

TEST COMMENT: 30 - IF- 1/4" blow , dying @ 20 minutes

30 - IS- No return

15 - FF- Surged and died

45 - FS- No return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1462.04	86.38	Initial Hydro-static
1	12.88	86.01	Open To Flow (1)
28	17.55	86.88	Shut-In(1)
60	50.64	87.79	End Shut-In(1)
61	23.48	87.80	Open To Flow (2)
72	35.64	88.07	Shut-In(2)
123	51.10	89.23	End Shut-In(2)
124	1409.89	89.66	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud, 100%M	0.04

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Pioneer Resources

28-12s-14w Russell KS

ATTN: Steve Murphy

Hopper #1

Job Ticket: 56060

DST#: 1

Test Start: 2014.01.25 @ 06:19:00

GENERAL INFORMATION:

Formation: **LKC "C-D"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 09:16:30

Time Test Ended: 12:23:00

Interval: 2786.00 ft (KB) To 2820.00 ft (KB) (TVD)

Total Depth: 2820.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Initial)

Tester: Cody Bloedorn

Unit No: 73

Reference Elevations: 1611.00 ft (KB)

1606.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 6799 Inside

Press @ Run Depth: psig @ 2787.00 ft (KB)

Start Date: 2014.01.25

End Date:

2014.01.25

Start Time: 06:19:05

End Time:

12:23:14

Capacity: 8000.00 psig

Last Calib.:

1899.12.30

Time On Btm:

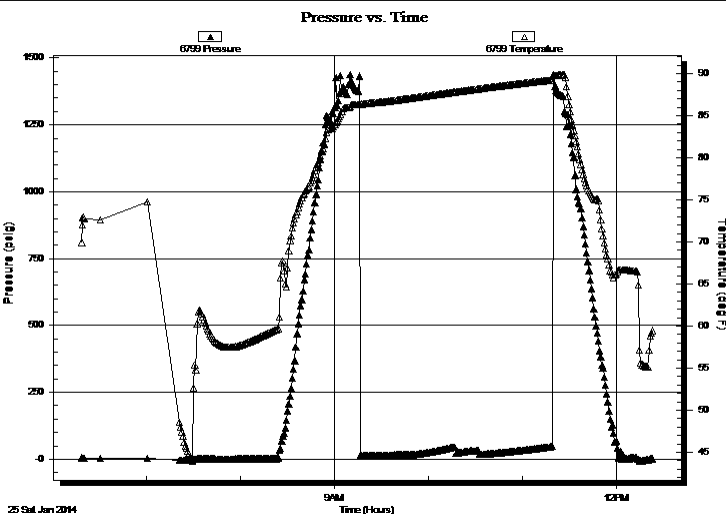
Time Off Btm:

TEST COMMENT: 30 - IF- 1/4" blow , dying @ 20 minutes

30 - IS- No return

15 - FF- Surged and died

45 - FS- No return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud, 100%M	0.04

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Pioneer Resources

28-12s-14w Russell KS

Hopper #1

Job Ticket: 56060

DST#: 1

ATTN: Steve Murphy

Test Start: 2014.01.25 @ 06:19:00

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:

ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 7700.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud, 100%M	0.037

Total Length: 5.00 ft Total Volume: 0.037 bbl

Num Fluid Samples: 0

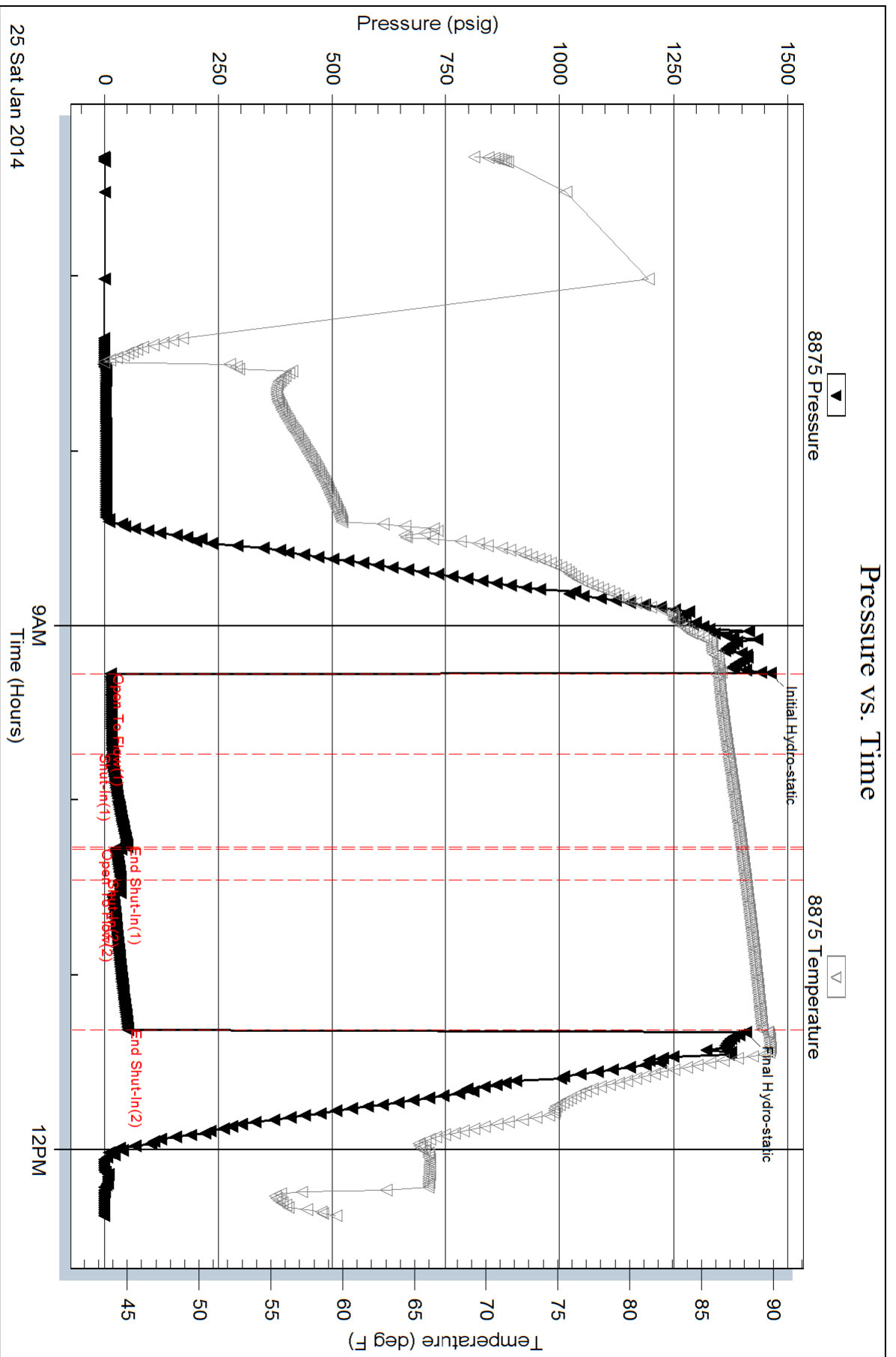
Num Gas Bombs: 0

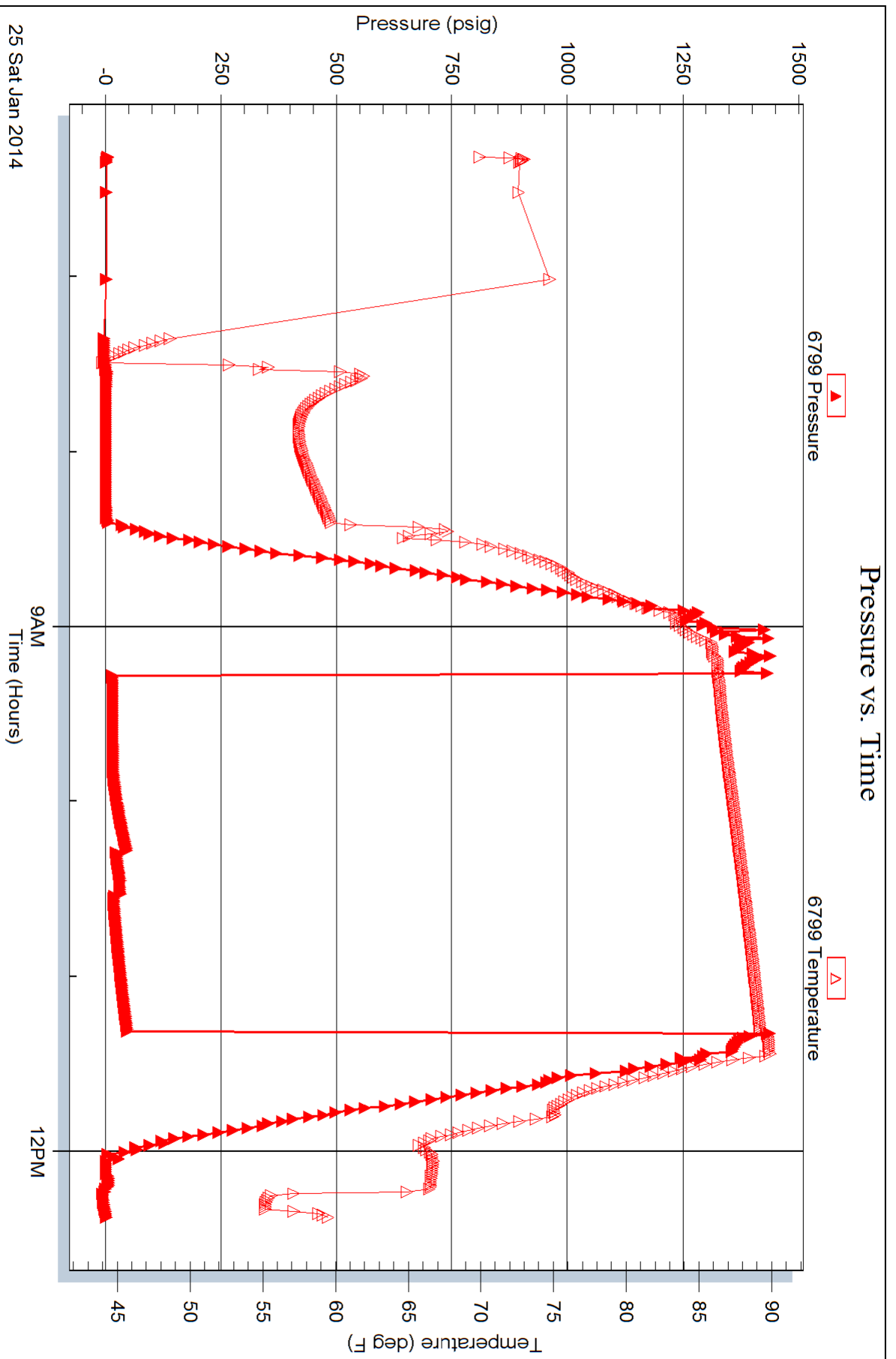
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:







TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Pioneer Resources
 80 Windmill Dr.
 Phillipsburg KS, 67661
 ATTN: Steve Murphy

28-12s-14w Russell KS
Hopper #1
 Job Ticket: 56061 **DST#: 2**
 Test Start: 2014.01.25 @ 17:20:00

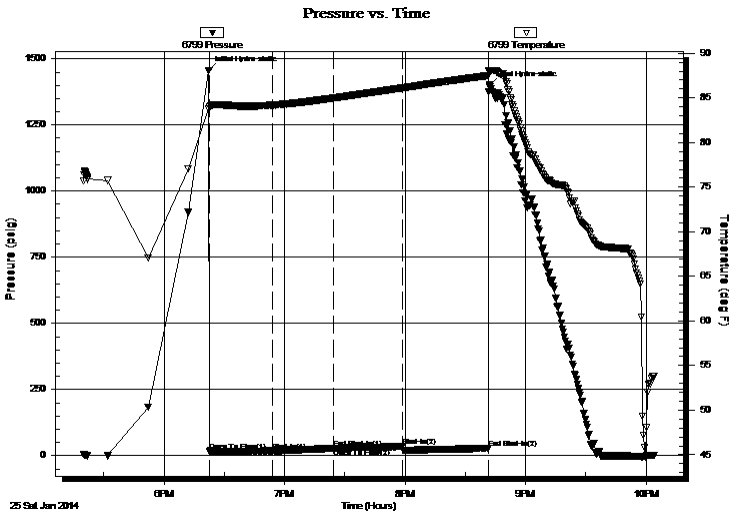
GENERAL INFORMATION:

Formation: **LKC "D"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 18:22:30
 Time Test Ended: 22:04:15
Interval: 2824.00 ft (KB) To 2834.00 ft (KB) (TVD)
 Total Depth: 2834.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Cody Bloedorn
 Unit No: 73
 Reference Elevations: 1611.00 ft (KB)
 1606.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 6799 Inside
 Press @ Run Depth: 35.25 psig @ 2825.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.01.25 End Date: 2014.01.25 Last Calib.: 2014.01.25
 Start Time: 17:20:05 End Time: 22:04:14 Time On Btm: 2014.01.25 @ 18:22:15
 Time Off Btm: 2014.01.25 @ 20:42:00

TEST COMMENT: 30 - IF- 3/4" blow
 45 - IS- No return
 20 - FF- No blow
 45 - FS- No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1456.33	83.77	Initial Hydro-static
1	17.78	83.81	Open To Flow (1)
32	18.41	84.18	Shut-In(1)
62	27.92	84.98	End Shut-In(1)
63	28.02	84.99	Open To Flow (2)
97	35.25	86.13	Shut-In(2)
140	27.65	87.50	End Shut-In(2)
140	1400.62	87.86	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud - Show of oil, 100%M	0.04

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Pioneer Resources
80 Windmill Dr.
Phillipsburg KS, 67661
ATTN: Steve Murphy

28-12s-14w Russell KS
Hopper #1
Job Ticket: 56061 **DST#: 2**
Test Start: 2014.01.25 @ 17:20:00

Mud and Cushion Information

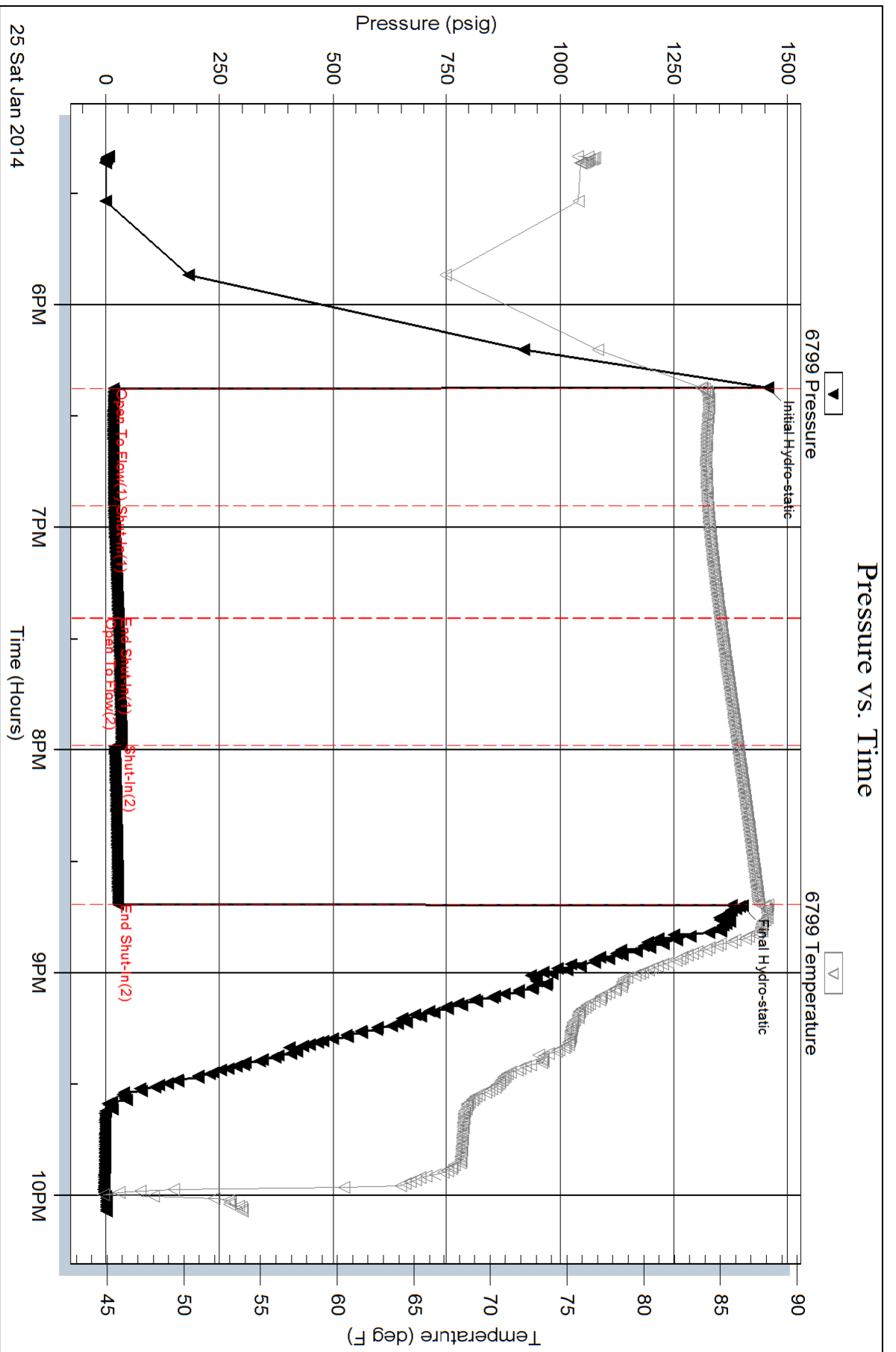
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 60.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.19 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 7700.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud - Show of oil, 100%M	0.037

Total Length: 5.00 ft Total Volume: 0.037 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Pioneer Resources
 80 Windmill Dr.
 Phillipsburg KS, 67661
 ATTN: Steve Murphy

28-12s-14w Russell KS
Hopper #1
 Job Ticket: 56061 **DST#: 2**
 Test Start: 2014.01.25 @ 17:20:00

GENERAL INFORMATION:

Formation: **LKC "D"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 18:22:30
 Time Test Ended: 22:04:15
Interval: 2824.00 ft (KB) To 2834.00 ft (KB) (TVD)
 Total Depth: 2834.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Cody Bloedorn
 Unit No: 73
 Reference Elevations: 1611.00 ft (KB)
 1606.00 ft (CF)
 KB to GR/CF: 5.00 ft

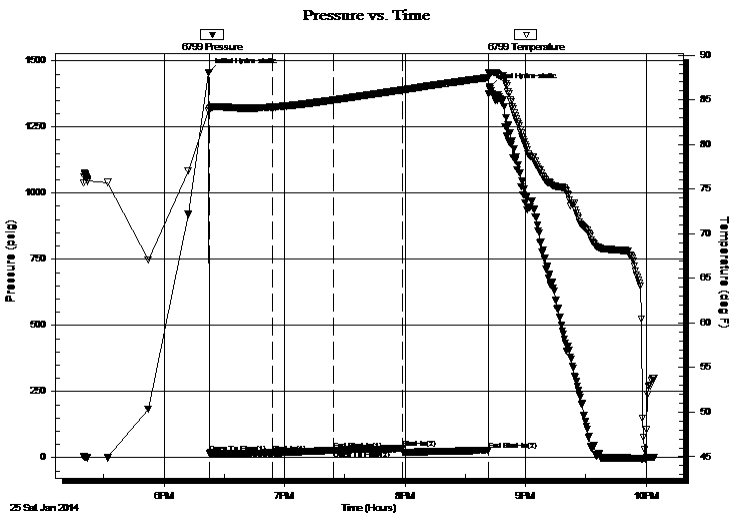
Serial #: 6799

Inside

Press @ Run Depth: 35.25 psig @ 2825.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.01.25 End Date: 2014.01.25 Last Calib.: 2014.01.25
 Start Time: 17:20:05 End Time: 22:04:14 Time On Btm: 2014.01.25 @ 18:22:15
 Time Off Btm: 2014.01.25 @ 20:42:00

TEST COMMENT: 30 - IF- 3/4" blow
 45 - IS- No return
 20 - FF- No blow
 45 - FS- No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1456.33	83.77	Initial Hydro-static
1	17.78	83.81	Open To Flow (1)
32	18.41	84.18	Shut-In(1)
62	27.92	84.98	End Shut-In(1)
63	28.02	84.99	Open To Flow (2)
97	35.25	86.13	Shut-In(2)
140	27.65	87.50	End Shut-In(2)
140	1400.62	87.86	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud - Show of oil, 100%M	0.04

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Pioneer Resources
80 Windmill Dr.
Phillipsburg KS, 67661
ATTN: Steve Murphy

28-12s-14w Russell KS
Hopper #1
Job Ticket: 56061 **DST#: 2**
Test Start: 2014.01.25 @ 17:20:00

Mud and Cushion Information

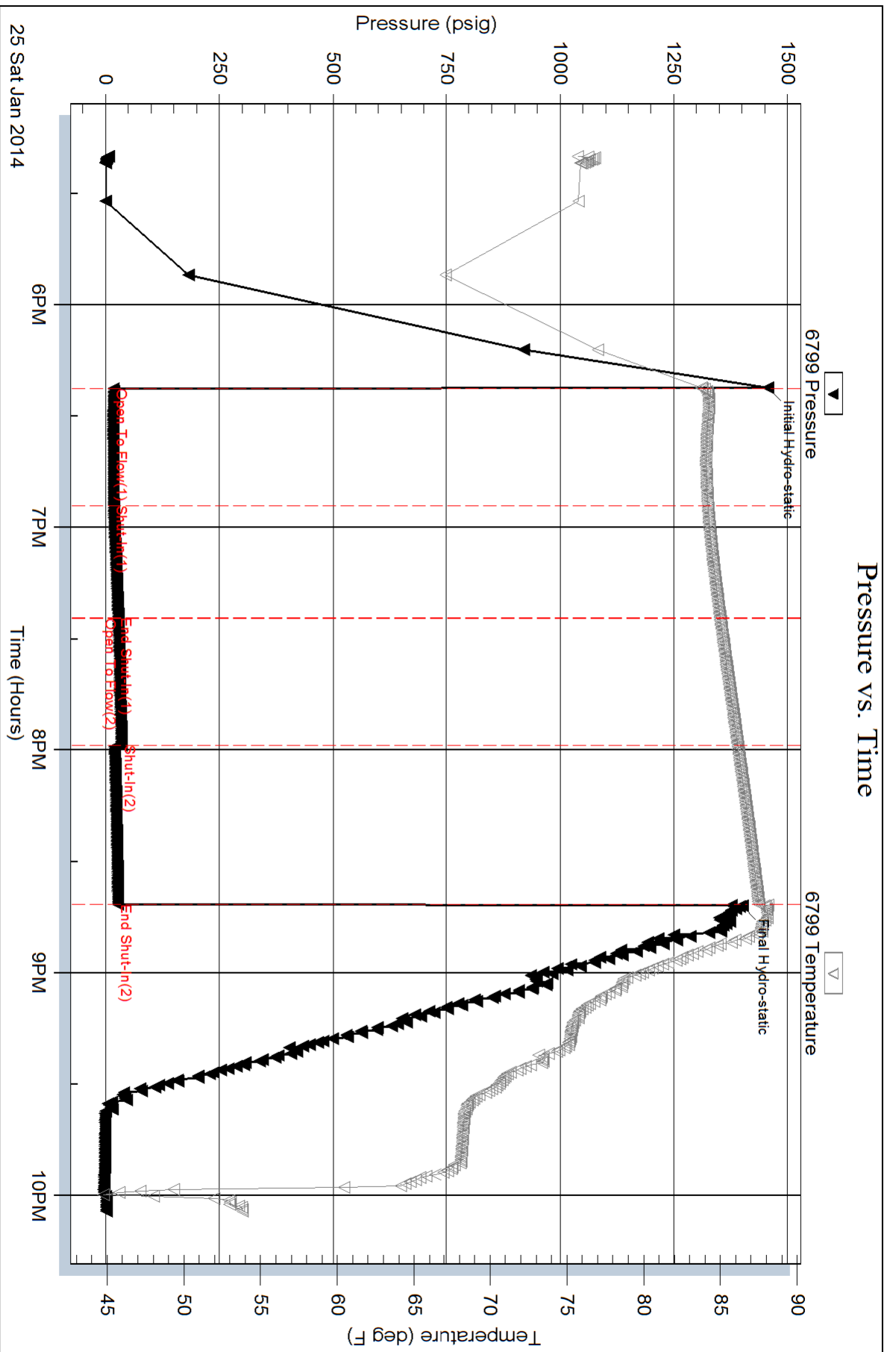
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 60.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.19 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 7700.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud - Show of oil, 100%M	0.037

Total Length: 5.00 ft Total Volume: 0.037 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Pioneer Resources
80 Windmill Dr.
Phillipsburg KS, 67661
ATTN: Steve Murphy

28-12s-14w Russell KS

Hopper #1

Job Ticket: 56179

DST#: 3

Test Start: 2014.01.27 @ 01:22:05

GENERAL INFORMATION:

Formation:

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 03:59:50

Time Test Ended: 08:26:35

Test Type: Conventional Straddle (Initial)

Tester: Tim Phillips

Unit No: 73

Interval: 2968.00 ft (KB) To 2988.00 ft (KB) (TVD)

Reference Elevations: 1611.00 ft (KB)

Total Depth: 3090.00 ft (KB) (TVD)

1606.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 5.00 ft

Serial #: 8875 Outside

Press@RunDepth: 23.67 psig @ 2969.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.01.27 End Date: 2014.01.27

Last Calib.: 2014.01.27

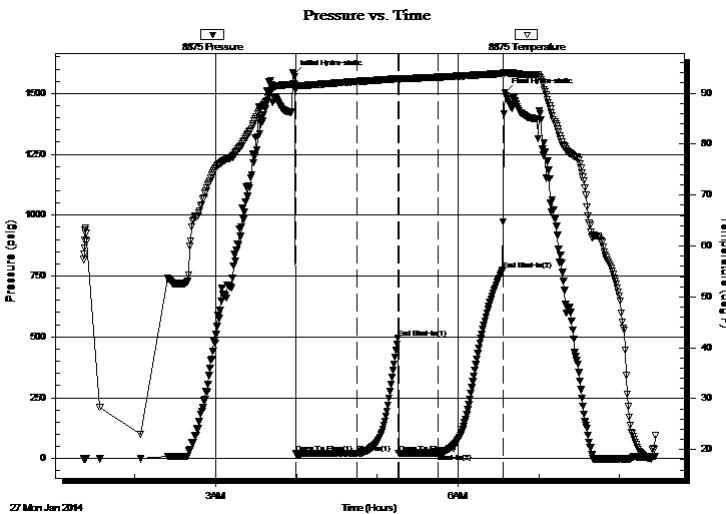
Start Time: 01:22:10 End Time: 08:26:34

Time On Btm: 2014.01.27 @ 03:58:05

Time Off Btm: 2014.01.27 @ 06:35:05

TEST COMMENT: IFP-30-built to 3/4 in. Died back to 1/4 in
ISI-45-Dead no blow back
FF-30-Dead no blow
FSI-45-Dead no blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1577.88	91.77	Initial Hydro-static
2	19.93	91.32	Open To Flow (1)
47	22.66	92.30	Shut-In(1)
78	493.71	92.86	End Shut-In(1)
78	22.60	92.64	Open To Flow (2)
107	23.67	93.16	Shut-In(2)
155	774.77	93.86	End Shut-In(2)
157	1501.93	94.01	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	100% Mud	0.04

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Pioneer Resources

28-12s-14w Russell KS

80 Windmill Dr.
Phillipsburg KS, 67661

Hopper #1

Job Ticket: 56179

DST#: 3

ATTN: Steve Murphy

Test Start: 2014.01.27 @ 01:22:05

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:

ppm

Viscosity: 43.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.98 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5600.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	100% Mud	0.037

Total Length: 5.00 ft Total Volume: 0.037 bbl

Num Fluid Samples: 0

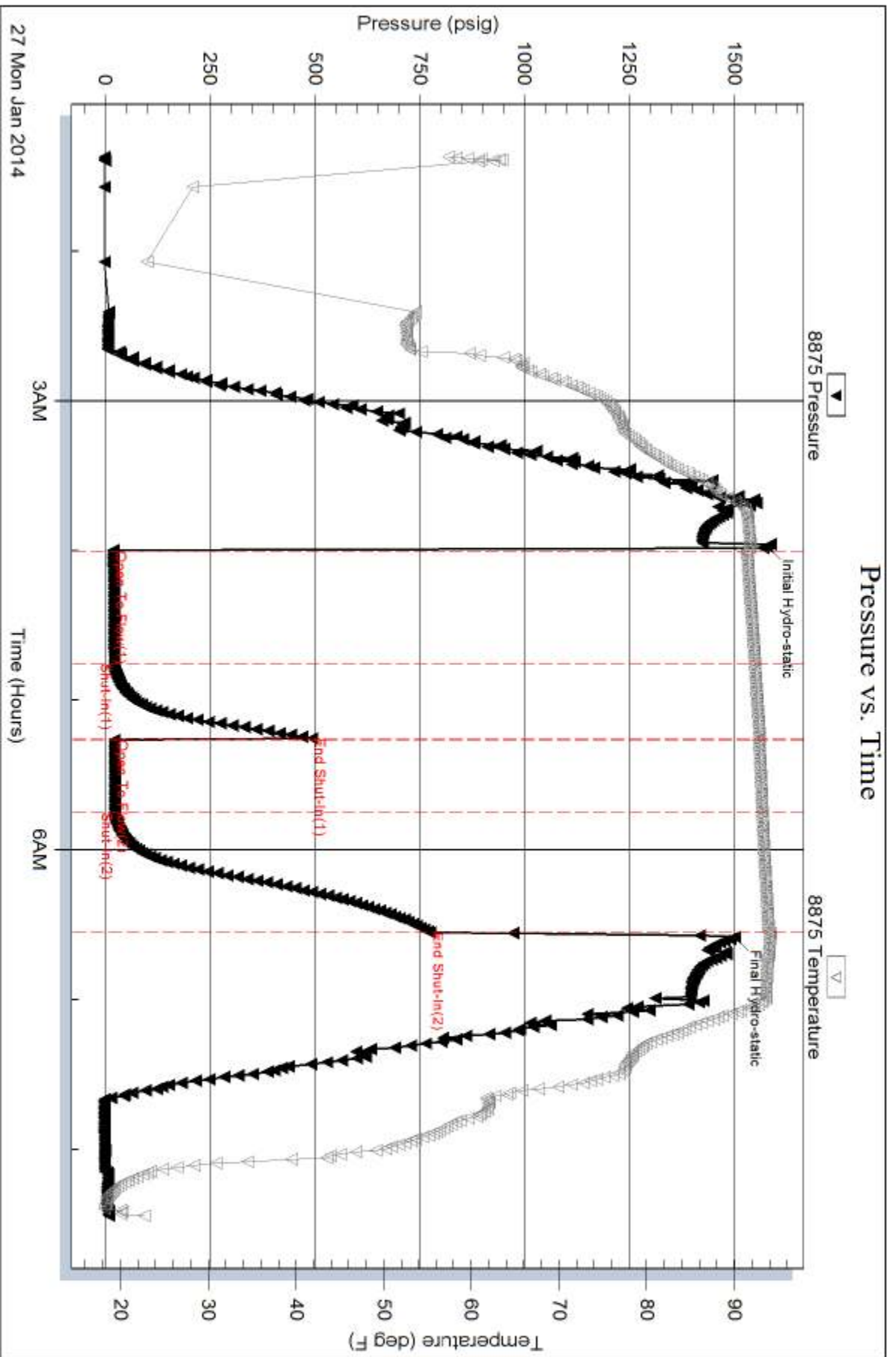
Num Gas Bombs: 0

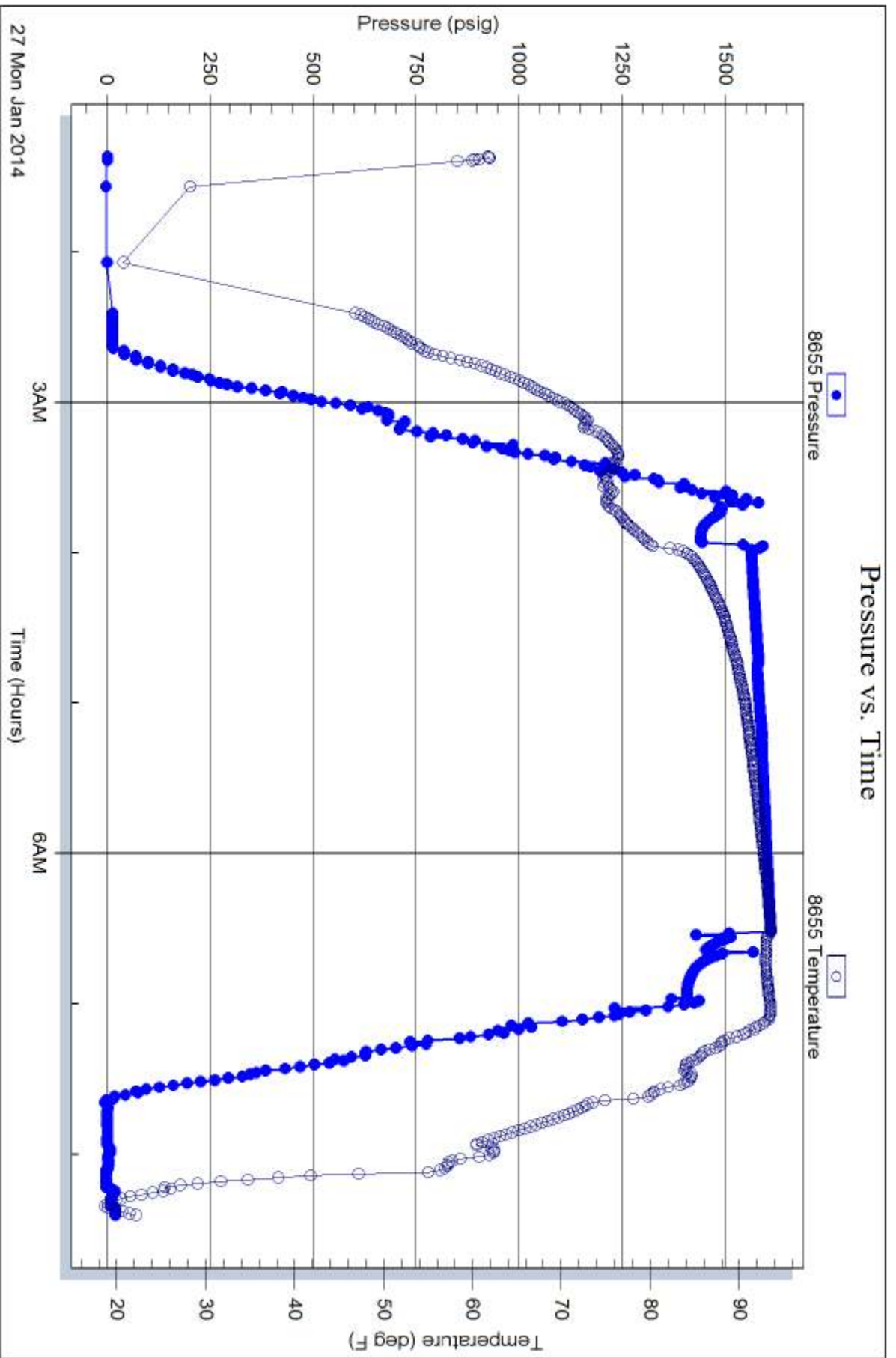
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





ALLIED OIL & GAS SERVICES, LLC 062613

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
great Bend

DATE <u>1-27-14</u>	SEC. <u>28</u>	TWP. <u>12</u>	RANGE <u>14</u>	CALLED OUT <u>9:00</u>	ON LOCATION <u>12:00pm</u>	JOB START <u>3:00pm</u>	JOB FINISH <u>4:00pm</u>
LEASE <u>Hopper</u>		WELL # <u>1</u>		LOCATION <u>5 North of Round to land rd Round</u>		COUNTY <u>Red</u>	STATE <u>Tx</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>2W 1N West data</u>			

CONTRACTOR Shields

TYPE OF JOB Primary plug

HOLE SIZE 7 7/8 T.D. 3090

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 3/4 DEPTH 678

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Same

CEMENT AMOUNT ORDERED 155# 60140 47 gal 4 flr

EQUIPMENT

PUMP TRUCK # 366 CEMENTER Charles Kinzer
HELPER Mike Scotten

BULK TRUCK # 871-112 DRIVER Kevin Weighouse

BULK TRUCK # _____ DRIVER _____

COMMON	<u>93</u>	@	<u>17.90</u>	<u>1.664</u>	<u>.70</u>
POZMIX	<u>62</u>	@	<u>9.35</u>	<u>579</u>	<u>.70</u>
GEL	<u>5</u>	@	<u>23.40</u>	<u>117</u>	<u>.00</u>
CHLORIDE		@			
ASC		@			
<u>410 seal</u>	<u>39</u>	@	<u>2.97</u>	<u>115</u>	<u>.83</u>
		@			
		@			
		@			
		@			
		@			
HANDLING	<u>116.48</u>	@	<u>2.48</u>	<u>412</u>	<u>.82</u>
MILEAGE	<u>6.95 x 10 x</u>		<u>2.60</u>	<u>180</u>	<u>.70</u>
				TOTAL	<u>3.070</u>

REMARKS:
1st plug @ 678' 10BDI H2O ahead
Mix 25 shz 60140 47 gal 4 flr displac
3.5 PBI H2O 4.5 BDI mud Rig pulled to
336' set 2nd plug mixed 75 shz
displaced 1 BDI H2O Rig pulled to
40' mixed 10 shz top off hole
3 mixed 30 shz chn Rat hole mixed
15 shz chn mouse hole

CHARGE TO: Pioneer Resources

STREET _____

CITY _____ STATE _____ ZIP _____

thank you

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X George Begler

SIGNATURE K George Begler

SERVICE

DEPTH OF JOB	<u>678</u>				
PUMP TRUCK CHARGE			<u>2158</u>	<u>.75</u>	
EXTRA FOOTAGE		@			
MILEAGE Hum	<u>10</u>	@	<u>7.70</u>	<u>77</u>	<u>.00</u>
MANIFOLD		@			
	<u>Hum 10</u>	@	<u>4.40</u>	<u>44</u>	<u>.00</u>
		@			

TOTAL 2.279

PLUG & FLOAT EQUIPMENT

<u>wooden plug 8 5/8</u>	<u>107</u>	<u>.31</u>		
		@		
		@		
		@		
		@		
		@		
				TOTAL <u>107.31</u>

SALES TAX (If Any) _____

TOTAL CHARGES 5.457

DISCOUNT 818.67

IF PAID IN 30 DAYS

4.639.18