



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194141
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
-----------------------------------	-----------------	---

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: _____

1194141

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	A/T FARMS, INC. 1-27
Doc ID	1194141

Tops

Name	Top	Datum
ANHYDRITE	1335	+773
BASE ANHYDRITE	1370	+738
HEEBNER	3569	-1461
LANSING	3614	-1506
BASE KASAS CITY	3904	-1796
PAWNEE	4012	-1904
FORT SCOTT	4083	-1975
CHEROKEE	4101	-1993
MISSISSIPPI	4193	-2085
MISSISSIPPI OSAGE	4208	-2100

KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.

LEASE # 1-27 A/T FARMS, INC.

FIELD WILDCAT

LOCATION 358' ENL & 1812' EWL

SEC 27 TWP 18s RGE 21w

COUNTY NESS STATE KANSAS

CONTRACTOR L. D. DRILLING, INC.

SPUD 12-20-13 COMP 12-31-13

RTD 4219 LTD -

MUD UP 3386' TYPE MUD CHEMICAL

ELEVATIONS

KB 2108

DF -

GL 2103

Measurements Are All From 2108 KB

CASING

SURFACE 8 5/8" @ 1326'

PRODUCTION -

ELECTRICAL SURVEYS

None

SAMPLES SAVED FROM 3500 TO 4219

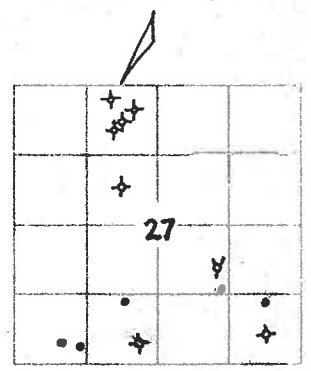
DRILLING TIME KEPT FROM 3900 TO 4219

SAMPLES EXAMINED FROM 3500 TO 4219

GEOLOGICAL SUPERVISION FROM 3800 TO 4219

GEOLOGIST ON WELL KIM B. SHOEMAKER

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE		1335 + 773
B/ANH		1370 + 738
HEEBNER		3569 - 1461
LANSING		3614 - 1506
B/KC		3904 - 1796
PAWNEE		4012 - 1904
FORT SCOTT		4083 - 1975
CHEROKEE		4101 - 1993
MISSISSIPPI		4193 - 2085
MISS. OSAGE		4208 - 2100
RTD		4219 - 2111



REMARKS

API: IS 135-25711

12-20-13 SPUD
12-21 @ 600'
12-22 @ 1335'
12-23 @ 2110 Shot down 7:00PM @ 2529'
12-24 @ 2529'
12-25 CHRISTMAS
12-26
12-27 @ 2519'
12-28 @ 3075'
12-29 @ 3765'
12-30 @ 4200'
12-31 @ 4219'

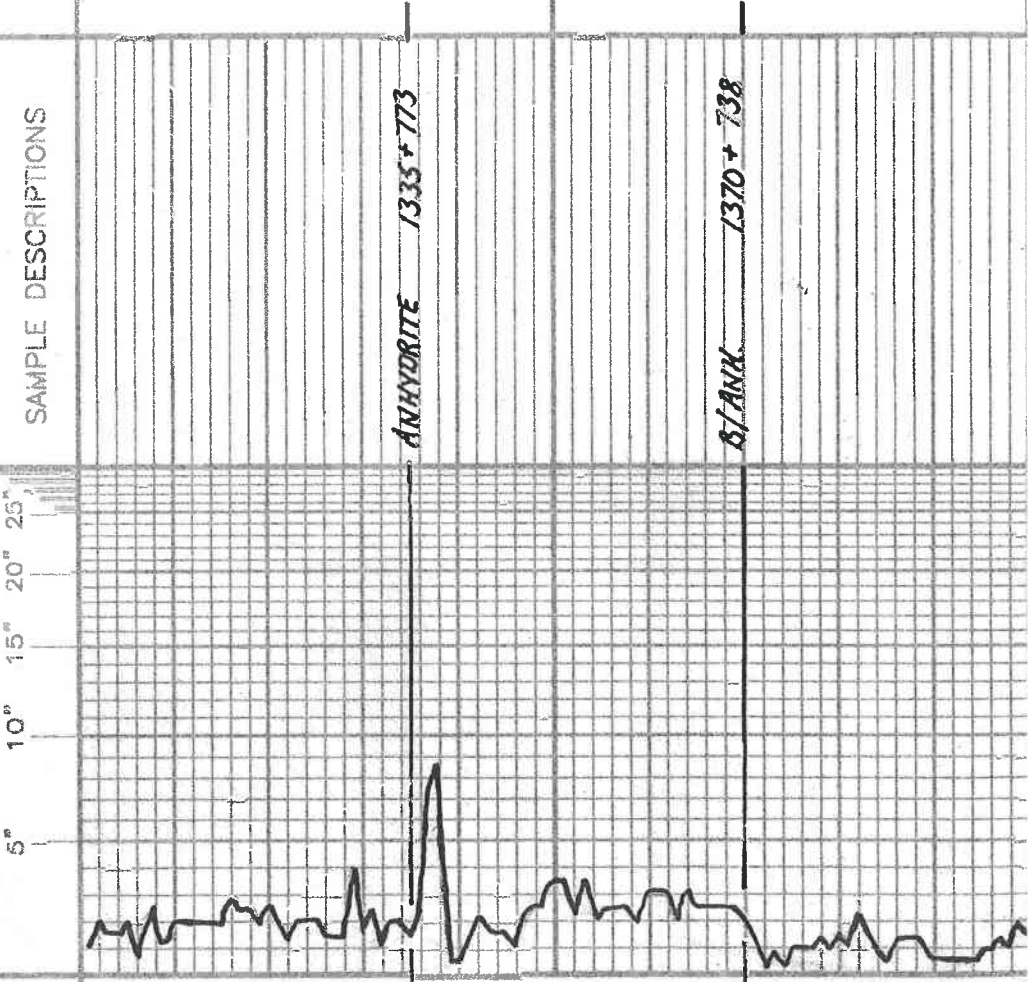
LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Carb sh
- Limestone
- Ool. Lime
- Chert
- Dolomite

SHOE01-06

DRILLING TIME IN MINUTES PER FOOT
Rate of Penetration Increases

DEPTH
1300



REMARKS

SAMPLE DESCRIPTIONS

LITHOLOGY

1400

3400

3500

3600



Samples are lagged

ES. To VFrank. Sinc. VSI. Freq.

ES. To VFrank. Sinc.

ES. wt. ch. log.

ES. To. Lib. Dis.

HEBNER 3569-1461
SB REC LOG.

Sh. 616m

ES. To. and. SIA

Sh. 614m

LANSING 3614-1506

ES. wt. SB. Sinc. SIA. Call.

ES. To. Dis.

ES. 025.

Sh. 614m

ES. To. S. SIA. 614m

Sh. 025m

ES. To. wt. SIA. Sinc. SIA. Call.

Sh. 025m

ES. wt. SIA

3700

3800

3900

4000

65. T. J. Sh. For. SIA

A. M. G.

65. W. Sh. For. Chl.

A. M. G.

65. W. Sh. For. SIA

65. W. Chl.

65. Chl. Dr. SIA

Sh. G.

65. B. Sh. For.

Sh. G.

65. T. W. Sh. For. SIA

Sh. A. F. G.

65. T. Sh. For.

Sh. G.

65. T. SIA

A. M. G.

65. W. Sh. For. SIA

Sh. G.

65. T. occ. gl. acc. p.

65. W. Chl.

Sh. G.

65. B. Sh. For.

Sh. G.

65. T. Sh. For. SIA

65. C. R. SIA

Sh. G.

65. C. R. Sh. For.

65. W. Sh. For. SIA

B/KC 3904-1796

Sh. G.

65. T. R. SIA

Sh. G.

Sh. G.

65. T. B. Sh. For. SIA

Sh. G.

65. B. Sh. For.

Sh. G.

65. W. Sh. For. of R. Sh. SIA

65. T. W. Sh. For. SIA

Sh. G.

PAWNEE 4012-1904

65. W. Sh. For.

A. M. G.

A Day

65. To wt. Sil. Gully.

15. To 65g. VSLA

45. To Bl. g. Phos.

58. Blk. Crab.

FORT SCOTT 4083-1975

15. To 65g. VSLA

45. To g. Phos.

MEMPHIS 4101-1993

58. Blk. Crab.

15. To Sil.

58. RLLG

Clay. Sdg. Blk. Sh. Co. G. Sil. Sul. Pt.

58. Blk. Crab. Sdg. sh. M. G. Sil.

45. To 65g. VSLA

45. To 65g. VSLA

45. To 65g. VSLA

Sh. Blk. Yellow Sdg. Cl. Blk.

A wt. Sil. Phos.

45. To 65g. VSLA

Sh. Blk. Yellow Cl. Blk.

MISSISSIPPI WARSAW PERO

Dst. wt. V. Fresh. Sdg. Cl. G. VSLA Phos.

45. To 65g. VSLA

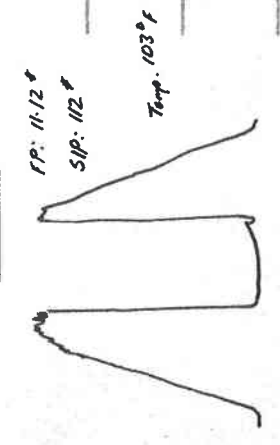
MISS. OSAGE 4208-2100

A wt. Fresh. Coal

A wt. To Y. Sil. Phos. Phos. NS. No. Sil.

RTD 4219-2111

DST CD 4098-4200
1ST OPEN: Surface Blow Diod 9 MIN.
2ND OPEN: 30-30
Rec. 10' Mud



VRS 57 VTS 90
VRS 26 GWS 2000

DST (17)

4100

4200



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 09573 A

DATE _____ TICKET NO. _____

DATE OF JOB 12-22-13 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 L.P. Drilling inc				LEASE A/T Farms inc 1-27 WELL NO.					
ADDRESS				COUNTY Ness STATE KS					
CITY STATE				SERVICE CREW MATTAL, KUMMEL, PHYC, 2991-2					
AUTHORIZED BY				JOB TYPE: COW SP					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 12-21-13	DATE	AM	TIME
37586	1.5							PM	8:00
		70959/19914	1.5			ARRIVED AT JOB		AM	10:50
						START OPERATION	12-22-13	AM	5:30
27463	1.5					FINISH OPERATION		AM	7:05
						RELEASED		AM	8:00
19960/21010	1.5					MILES FROM STATION TO WELL			110

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: X. K. W. J.
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 101	A-con	SK	260		5046 00
CP 103	60/40 POZ	SK	250		3000 00
CC 102	CELLORIAN	LB	133		492 10
CC 109	CALC. URI CHLORIDE	LB	1437		1,509 85
CF 105	TOP RUBBER Plug 8 5/8	EA	1		225 00
E 100	P.U. miles	MT	110		467 50
E 101	Heavy eq. ml-1	MT	330		2130 00
E 113	PROP + Bulk Pci	TN	2635		4215 20
CE 202	Depth charge 1001-2000'	4 hrs	1		1500 00
CE 240	Blend + mix	SKS	530		742 00
CE 504	Plug cost	JSB	1		250 00
S003	Service Supervisor	ea	1		175 00
SUB TOTAL					13,350 19

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE MIKE MATTAL THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X. K. W. J.
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer L.O. Drilling inc	Lease No.	Date 12-22-13
Lease A/T Farms inc	Well # 1-27	
Field Order # 4573	Station Prati	Casing 8 5/8
		Depth 1326.8
Type Job CNW SP	Formation	County Ness
		State KS
		Legal Description 27-18-21

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8	Tubing Size	Shots/Ft		Acid 280 SKS	A-CO ₂	RATE 3 2/3 cc / 40 ct	PRESS 290 psi	ISIP
Depth 1326.8	Depth	From	To	Pre Pad 250 SKS	Max 60/40 P02			5 Min. 3 1/2 cc / 4 C.R.
Volume 85.48	Volume	From	To	Pad	Min			10 Min.
Max Press 800	Max Press	From	To	Frac	Avg			15 Min.
Well Connection V.C.	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 1301.48	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative Rick	Station Manager Kevin Gordley	Treater Mike MATTAI
Service Units 37584	27463	19960 21010
Driver Names MATTAI	KU...	egginy
		70959 19919
		PH Ye

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:50					ON Location / Safety meeting
4:00					Run casing
5:05					casing on bottom
5:30					Hook up 10 casing / break circ w Rig
5:50	200		3	4	Pump 3 BBL H ₂ O
5:52	200		138	4	Mix 280 SKS A-CO ₂
6:27	300		58	5	Mix 250 SKS 60/40 P02
6:45	200			5	Release Plug
7:05	600		82.5		Plug down
					20 BBL cont to pt
					JOB COMPLETE
					THANK YOU
					MIKE MATTAI

ALLIED OIL & GAS SERVICES, LLC 061832

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend, KS

DATE <i>12-31-13</i>	SEC. <i>27</i>	TWP. <i>19S</i>	RANGE <i>21W</i>	CALLED OUT	ON LOCATION	JOB START <i>9:30 AM</i>	JOB FINISH <i>10:30 AM</i>
LEASE <i>A/T Fugus</i>	WELL# <i>1-27</i>	LOCATION <i>Alexander W 70th Rd</i>	COUNTY <i>Ellis</i>	STATE <i>KS</i>			
OLD OR NEW (Circle one) <i>NEW</i>				<i>1/2" N 1 1/2" S 1" T O</i>			

CONTRACTOR *L.D. Drilling #1* OWNER _____

TYPE OF JOB *Rotary Plug*

HOLE SIZE _____ T.D. _____ CEMENT AMOUNT ORDERED *150 SKS 60% C655A*

CASING SIZE *5 5/8* DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE *4 1/2* DEPTH *1360*

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *All*

PERFS. _____

DISPLACEMENT *Freshwater*

EQUIPMENT

PUMP TRUCK CEMENTER *Plug in Chambers*

398 HELPER *Mike Scott*

BULK TRUCK _____

610-170 DRIVER *Kevin Welch*

BULK TRUCK _____

_____ DRIVER _____

COMMON *90* @ *17.90* *1,611.00*

POZMIX *60* @ *9.35* *561.00*

GEL *5* @ *23.40* *117.00*

CHLORIDE _____ @ _____

ASC _____ @ _____

Blow seal *37* @ *2.97* *109.89*

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING *161.06* @ *2.48* *399.42*

MILEAGE *6.71 x 42 x* *2.60* *732.72*

TOTAL *3,531.04*

REMARKS:

Fill hole with Plug Head

11360-50 SKS

2600-50 SKS

360-20 SKS

4 BH-30 SKS

Plug Down 10:30 AM

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE *2213.75*

EXTRA FOOTAGE _____ @ _____

MILEAGE *Hum 42* @ *7.70* *323.40*

MANIFOLD _____ @ _____

Hum 42 @ *4.40* *184.80*

_____ @ _____

TOTAL *2,721.95*

CHARGE TO: *L.D. Drilling*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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.

SALES TAX (If Any) _____

TOTAL CHARGES *6,252.99*

312.04

DISCOUNT _____ IF PAID IN 30 DAYS

5,940.95

PRINTED NAME *Richard Wilson*

SIGNATURE *Richard Wilson*

Thank you!

Date 12-31-13 District Great Bend Ticket No. 61832
 Company WJ Drilling Rig L201
 Lease A/T Farms LLC Well No. T-27
 County Leas State KS
 Location Alexander W 70 N H Field _____
2N 12W S10 T0

CEMENT DATA:
 Spacer Type: Freshwater
 Amt. _____ Sks Yield _____ ft³/sk Density 8.34 PPG _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size _____ Type _____ Weight _____ Collar _____

LEAD: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG _____

TAIL: Pump Time _____ hrs. Type 10 14.5 14.5
14.5 Excess _____
 Amt. 150 Sks Yield 140 ft³/sk Density 14.5 PPG _____

Casing Depths: Top _____ Bottom _____

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls. _____

Drill Pipe: Size 4 1/2 Weight 16.6 Collars x-hyde
 Open Hole: Size 7-1/8 T.D. _____ ft. P.B. to _____ ft.

Pump Trucks Used 398 - M. Ke S
 Bulk Equip. 610 - M2 - Koolink

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 0.637 Lin. ft./Bbl. 15.70
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. 0.142 Lin. ft./Bbl. 70.32
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type Freshwater Amt. _____ Bbls. Weight 8.34 PPG _____
 Mud Type _____ Weight _____ PPG _____

COMPANY REPRESENTATIVE _____

CEMENTER Duane

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						ON Location - Rig up Haul safety bedding
						Rig up drill pipe Fill hole with bit mud Hook up cement pump
						1.1360 - 50 GKS
						2.600 - 50 GKS
						3.100 - 20 GKS
						4.141 - 30 GKS
						Plug Down 10:00 AM

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	L.D. DRILLING, INC.	Job Number	M597
Well Name	A/T FARMS, INC. #1-27	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4098-4200 CHERO SAND	Well Operator	L.D. DRILLING, INC.
Surface Location	SEC.27-18S-21W NESS CO.KS.	Report Date	2013/12/30
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 4098-4200 CHERO SAND		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/12/30	Start Test Time	12:45:00
Final Test Date	2013/12/30	Final Test Time	18:15:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
10' DM 100% MUD
10' TOTAL FLUID

TOOL SAMPLE: 100% DRLG MUD W/ A VERY THIN SCUM OF OIL, SLIGHT ODOR



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: ATFRMS1-27DST1

TIME ON: 1245
TIME OFF: 1815

Company L.D. DRILLING, INC. Lease & Well No. A/T FARMS, INC. #1-27
Contractor L.D. DRILLING, INC. Charge to L.D. DRILLING, INC.
Elevation 2108 KB Formation CHERO SAND Effective Pay _____ Ft. Ticket No. M597
Date 12/30/2013 Sec. 27 Twp. 18 S Range 21 W County NESS State KANSAS
Test Approved By KIM SHOEMAKER Diamond Representative MIKE COCHRAN

Formation Test No. 1 Interval Tested from 4098 ft. to 4200 ft. Total Depth 4200 ft.
Packer Depth 4093 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.
Packer Depth 4098 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4080 ft. Recorder Number 0063 Cap. 6,000 P.S.I.
Bottom Recorder Depth (Outside) 4100 ft. Recorder Number E1150 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEM Viscosity 55 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.0 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 6,000 P.P.M. Drill Pipe Length 4066 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 1 Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 102 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 63' DP Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: A SURGE OF BUBBLES ON TOOL OPEN THAT DIED BEFORE 9 MIN (NO BB)
2nd Open: NO BLOW

Recovered <u>10</u> ft. of <u>DM 100% MUD</u>	Price Job Other Charges Insurance Total
Recovered <u>10</u> ft. of <u>TOTAL FLUID</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	
TOOL SAMPLE: <u>100% DRLG MUD W/ A VERY THIN SCUM OF OIL, SLIGHT ODOR</u>	

Time Set Packer(s) 3:18 P.M. ^{A.M.}/_{P.M.} Time Started Off Bottom 4:21 P.M. ^{A.M.}/_{P.M.} Maximum Temperature 103°F
Initial Hydrostatic Pressure..... (A) 1962 P.S.I.
Initial Flow Period..... Minutes 30 (B) 11 P.S.I. to (C) 12 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 112 P.S.I.
Final Flow Period..... Minutes 3 (E) 12 P.S.I. to (F) 13 P.S.I.
Final Closed In Period..... Minutes 0 (G) UNKNOWN P.S.I.
Final Hydrostatic Pressure..... (H) 1940 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.

L.D. DRILLING, INC.
DST#1 4098-4200 CHERO SAND
Start Test Date: 2013/12/30
Final Test Date: 2013/12/30

A/T FARMS, INC. #1-27
Formation: DST#1 4098-4200 CHERO SAND
Pool: WILDCAT
Job Number: M597

A/T FARMS, INC. #1-27

