



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194473
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: _____

1194473

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 <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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	W. Smith Farms 1-20
Doc ID	1194473

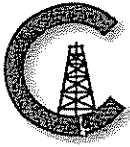
All Electric Logs Run

MAI/MFE
MPD/MDN
MML
MSS

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	W. Smith Farms 1-20
Doc ID	1194473

Tops

Name	Top	Datum
Heebner	3955	-789
Lansing	4006	-840
Stark Shale	4312	-1146
Hushpuckney	4371	-1205
Base KC	4456	-1290
Marmaton	4496	-1330
Pawnee	4592	-1426
Ft. Scott	4613	-1447
Johnson	4721	-1555
Morrow	4819	-1653
Basal Penn	4902	-1736
Mississippian	4925	-1759
St. Louis	4947	-1781



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 266817

Invoice Date: 03/26/2014 Terms: 15/15/30,n/30

Page 1

LARIO OIL & GAS
P.O. BOX 1093
GARDEN CITY KS 67846
(316)265-5611

W. SMITH FARMS 1-20
44655
20-19-35
03-22-2014
KS

Drilling
AFE-14-006
CK 3/28/14

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	230.00	15.8600	3647.80
1118B	PREMIUM GEL / BENTONITE	791.00	.2700	213.57
1107	FLO-SEAL (25#)	58.00	2.9700	172.26
1111	SODIUM CHLORIDE (GRANULA	160.00	.0000	.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-605.04
9995-130	CEMENT EQUIPMENT DISCOUNT	-345.75

Description	Hours	Unit Price	Total
399 P & A NEW WELL	1.00	1395.00	1395.00
399 EQUIPMENT MILEAGE (ONE WAY)	40.00	5.25	210.00
T-127 TON MILEAGE DELIVERY	1.00	700.00	700.00

Handwritten signature and initials

Amount Due 6667.38 if paid after 04/25/2014

Parts:	4033.63	Freight:	.00	Tax:	279.44	AR	5667.28
Labor:	.00	Misc:	.00	Total:	5667.28		
Sublt:	-950.79	Supplies:	.00	Change:	.00		

Signed

Date

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

266817

TICKET NUMBER 44655

LOCATION DAKLEY KS.

FOREMAN DAMON M.

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-22-14	4793	W SMITH FARMS 1-20	20	19	35	WICHITA
CUSTOMER LARIO OIL & GAS			MARIANNA WYO 2020 65 EINTO			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			399	MIKE R.		
STATE			528T-127	CODY R.		
ZIP CODE						

JOB TYPE PLUG HOLE SIZE 7 7/8 HOLE DEPTH 5150 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting Rig up on Duke #4 Plug as ordered with 230 SKS 60/40 4% BEL #1/4 PLO.

50 SKS @ 2380
80 SKS @ 1210
50 SKS @ 400
20 SKS @ 60
RH 30 SKS

THANK YOU DAMON CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395.00	1395.00 ✓
5406	40	MILEAGE	5.25	210.00 ✓
5407	10 ton	TON MILEAGE DELIVERY	1.75	700.00 ✓
1131	230 SKS	60/40 P02	15.86	3647.80 ✓
1188	791 #	BENEONIBE	.27	213.57 ✓
110Z	58 #	FLOSEAL	2.97	172.26 ✓
1111	160	SALT	N/C	N/C ✓
			SUBTOTAL	6389.63 ✓
			12551570	950.79 ✓
			SUBTOTAL	5389.84 ✓
			8.15	SALES TAX 279.44 ✓
				ESTIMATED TOTAL 51607.28 ✓

[Handwritten Signature]
 WICHITA **COMPLETED**

AUTHORIZATION _____ 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.



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 141885
Invoice Date: Mar 11, 2014
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Bill To:
Lario Oil & Gas Co. Lario Oil & Gas Co. P.O. Box 1093 Garden City, KS 67846

Customer ID	Field Ticket #	Payment Terms	
Lario	62014	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Mar 11, 2014	4/10/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	W Smith #1-20		
235.00	CEMENT MATERIALS	drilling AFE 14 006 Class A Common	17.90	4,206.50
8.00	CEMENT MATERIALS	Surface cement Chloride	64.00	512.00
246.75	CEMENT SERVICE	Cubic Feet Charge	2.48	611.94
569.00	CEMENT SERVICE	3-23-14 LF Ton Mileage Charge	2.60	1,479.40
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
50.00	CEMENT SERVICE	Pump Truck Mileage	7.70	385.00
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
50.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	220.00
1.00	EQUIPMENT SALES	8-5/8 Wooden Plug	110.00	110.00
1.00	EQUIPMENT OPERATOR	Paul Beaver		
1.00	EQUIPMENT OPERATOR	Talon Jones		

Handwritten signature and stamp:
MAY 25 2014

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 2,607.38

ONLY IF PAID ON OR BEFORE
Apr 5, 2014

Subtotal	9,312.09
Sales Tax	393.52
Total Invoice Amount	9,705.61
Payment/Credit Applied	
TOTAL	9,705.61

ALLIED OIL & GAS SERVICES, LLC 062014

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Dakota KS

DATE <u>3-11-14</u>	SEC. <u>20</u>	TWP. <u>19</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00 a.m.</u>	JOB FINISH <u>9:50 p.m.</u>
LEASE <u>W. Smith</u>	WELL# <u>1-20</u>	LOCATION <u>Mariuthal S 1/2 mi on</u>		COUNTY <u>Wichita</u>	STATE <u>KS</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)		Rd 20, E + S into					

CONTRACTOR Duke 4 OWNER Same

TYPE OF JOB Surface

HOLE SIZE <u>12 1/4</u>	T.D. <u>369</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>369.23</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>1.5'</u>	
PERFS.	
DISPLACEMENT <u>22.56 bbl water</u>	

CEMENT AMOUNT ORDERED 235 sks 2% Com 3% CC

PUMP TRUCK # <u>431</u>	CEMENTER <u>Paul Beaver</u>
BULK TRUCK # <u>386</u>	HELPER <u>Talon Jones</u>
BULK TRUCK #	DRIVER <u>Tuan 2 (Tws)</u>
BULK TRUCK #	DRIVER

COMMON	<u>235 sks @ 17.70</u>	<u>4206.50</u>
POZMIX	@	
GEL	@	
CHLORIDE	<u>8 sks @ 69.00</u>	<u>552.00</u>
ASC	@	
HANDLING	<u>246.75 @ 2.48</u>	<u>611.94</u>
MILEAGE	<u>11.38 tons x 50 mi x 2.40</u>	<u>1479.40</u>
		TOTAL <u>6909.84</u>

REMARKS:

mix 235 sks Com 3% CC
shut down / release plug
Displace w/ water
Cement did circulate
Thank You!

SERVICE

DEPTH OF JOB	<u>369'</u>	
PUMP TRUCK CHARGE		<u>1512.25</u>
EXTRA FOOTAGE	@	
MILEAGE <u>MHW 50</u>	@ <u>7.70</u>	<u>385.00</u>
MANIFOLD <u>Head</u>	@	<u>275.00</u>
<u>MHW 50</u>	@ <u>4.40</u>	<u>220.00</u>

CHARGE TO: Lario Oil & Gas
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 2312.25

PLUG & FLOAT EQUIPMENT

<u>8 5/8 wood plug</u>	@	<u>110.00</u>
	@	
	@	
	@	
	@	

TOTAL 110.00

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	<u>9,312.09</u>	
DISCOUNT	<u>2,607.38</u>	IF PAID IN 30 DAYS

PRINTED NAME Rich Wheeler
SIGNATURE Rich Wheeler

Bid 6,704.70 Net.

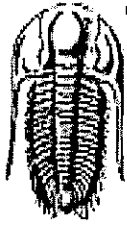
BID SHEET



Date	3/10/14
Service Point:	Oakley
Manager	Terry Heinrich
Address	P.O. Box 27
	Oakley, KS 67748
Business Phone	785-672-3652
E-mail	terry.heinrich@allied.com
Mobile	785-673-9376

Company	Lario Oil & Gas Company	Prepared For:	Jay Schweikert	Well Data			
Address	301 S. Market	Title:	Oper. Eng.	Open Hole	12 1/4	Depth	340
Address	Wichita Kansas, 67102	Business Phone:	316-265-5611			I.D.	32.25
Well Name	W Smith	E-mail:	jhschweikert@lario.com			Job Excess	100
Lease	# 1-20	Mobile Phone:		Casing Size	8 6/8	Depth	340
Field		Prepared By:	Neal Rupp			O.D.	8.6875
County	Wichita	Title:	Sales & Field Operations Manager			I.D.	7.825
State	Kansas	Business Phone:	316-260-3368			Casing Weight	24
Section	20	E-mail:	nealrupp@alliedservices.com			Thread	5TC
Township	19S	Mobile Phone:	316-250-7057			Grade	J-55
Range	35W	Rig Contractor					
API Number		Rig Name					
Proposal Title:	Surface Casing	Rig Phone					

	Units	UOM	Cost per Unit	Total	Unit Net	Net
CJMN - Casing Pump Charge @ to 300'	1.00	(for 6 hours)	\$1,512.25	\$ 1,512.25	\$ 1,088.82	\$1,088.82
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
Subtotal				\$ 1,512.25		\$1,088.82
Wooden Plug	1.00	Each	\$107.64	\$ 107.64	\$ 107.64	\$107.64
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
Subtotal				\$ 107.64		\$107.64
CAC - CLASS A COMMON	215.00	per sack	\$17.90	\$ 3,848.50	\$ 12.89	\$2,770.92
CACL - Calcium Chloride	7.00	per sack	\$64.00	\$ 448.00	\$ 46.03	\$322.56
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
Subtotal				\$ 4,296.50		\$3,093.48
HOLG - Products handling service charge	225.00	per cu. ft.	\$2.28	\$ 513.00	\$ 1.64	\$369.36
DHYG - Drayage for products	520.00	ton mile	\$2.60	\$ 1,352.00	\$ 1.87	\$973.44
MILV - Light Vehicle Mileage	50.00	per mile	\$4.40	\$ 220.00	\$ 3.17	\$158.40
MHRV - Heavy Vehicle Mileage	50.00	per mile	\$7.70	\$ 385.00	\$ 5.54	\$277.20
Subtotal				\$ 2,470.00		\$1,778.40
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
Subtotal				\$ -		\$0.00
Totals:				\$ 8,386.39		\$6,069.34
DISCOUNT: Operations			28.0%	(423.43)		
DISCOUNT: Equipment Sales			0.0%	0.00		
DISCOUNT: Products			28.0%	(1,293.02)		
DISCOUNT: Transport			28.0%	(691.60)		
DISCOUNT: OTHER			28.0%	0.00		
			Total	(2,318.05)		



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Lario Oil & Gas Co.
301 S. Market St.
Wichita, KS 67202
ATTN: Brad Rine

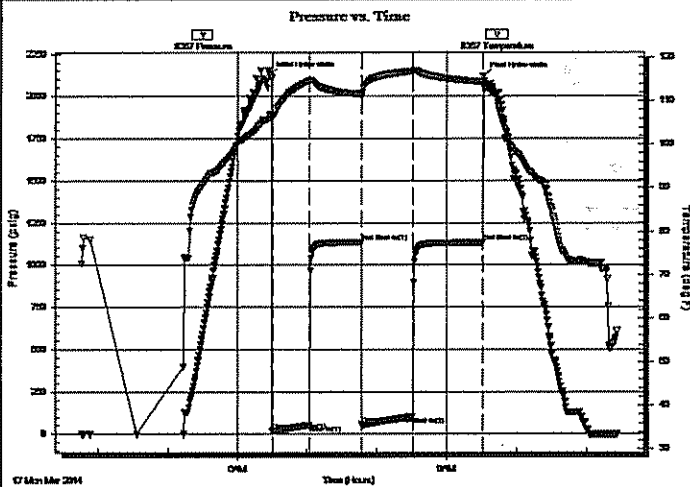
S20-19s-35w Wichita,KS
W Smith Farms #1-20
Job Ticket: 56253 DST#: 1
Test Start: 2014.03.17 @ 03:46:00

GENERAL INFORMATION:

Formation: Lower 'I'
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 06:29:54
Time Test Ended: 11:26:36
Interval: 4274.00 ft (KB) To 4285.00 ft (KB) (TVD)
Total Depth: 4285.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Chuck Smith
Unit No: 62
Reference Elevations: 3166.00 ft (KB)
3157.00 ft (CF)
KB to GR/CF: 9.00 ft

Serial #: 8357 Inside
Press@RunDepth: 104.71 psig @ 4276.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.03.17 End Date: 2014.03.17 Last Calib.: 2014.03.17
Start Time: 03:46:05 End Time: 11:26:36 Time On Blm: 2014.03.17 @ 06:28:00
Time Off Blm: 2014.03.17 @ 09:31:24

TEST COMMENT: 30- 6" Blow. Tool slid 3'
45- No return.
45- 8" Blow.
60- No return.



PRESSURE SUMMARY

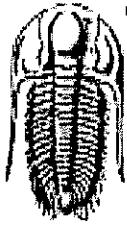
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2125.34	106.51	Initial Hydro-static
2	17.93	105.95	Open To Flow (1)
34	53.99	114.62	Shut-In(1)
79	1136.56	111.55	End Shut-In(1)
79	55.77	111.00	Open To Flow (2)
123	104.71	116.79	Shut-In(2)
183	1134.50	114.32	End Shut-In(2)
184	2117.55	113.30	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
124.00	MW 5m 95w Oil spots in tool.	1.74
66.00	MW 40m 60w	0.93

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.

S20-19s-35w Wichita,KS

301 S. Market St.
Wichita, KS 67202

W Smith Farms #1-20

Job Ticket: 56253

DST#: 1

ATTN: Brad Rine

Test Start: 2014.03.17 @ 03:46:00

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:

54000 ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbf

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3500.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
124.00	MW 5m 95w Oil spots in tool.	1.739
66.00	MW 40m 60w	0.926

Total Length: 190.00 ft

Total Volume: 2.665 bbf

Num Fluid Samples: 0

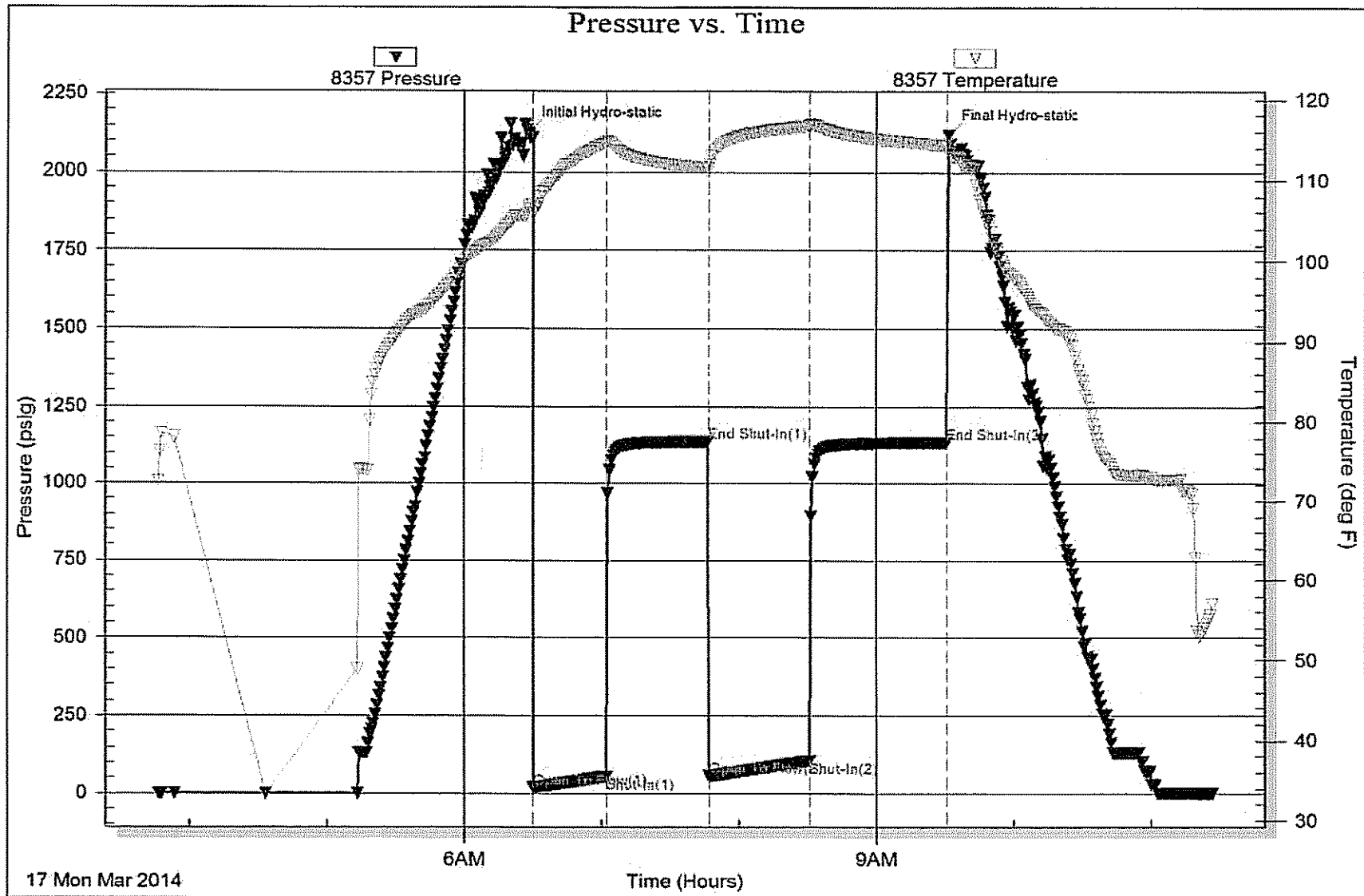
Num Gas Bombs: 0

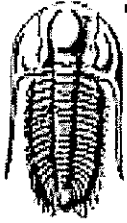
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW: .178 @ 57 Degrees F = 54000 PPM





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Lario Oil & Gas Co.

S20-19s-35w Wichita, KS

301 S. Market St.
Wichita, KS 67202

W Smith Farms #1-20

Job Ticket: 56254 DST#: 2

ATTN: Brad Fine

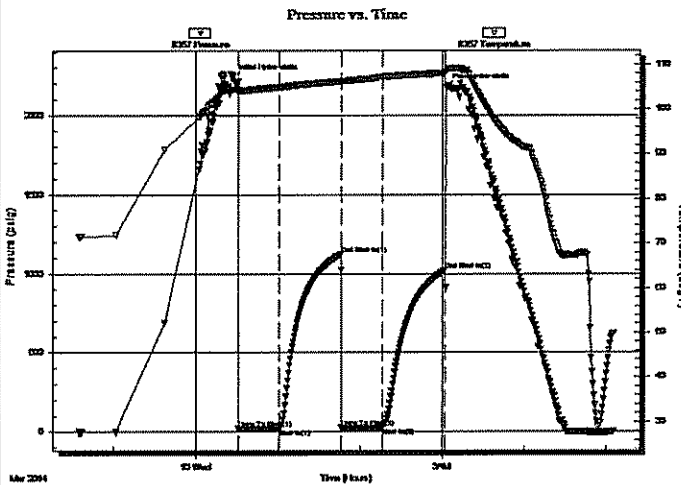
Test Start: 2014.03.18 @ 22:35:00

GENERAL INFORMATION:

Formation: Marmaton - Pawnee
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:31:06
 Time Test Ended: 05:05:54
 Interval: 4521.00 ft (KB) To 4607.00 ft (KB) (TVD)
 Total Depth: 4607.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Chuck Smith
 Unit No: 62
 Reference Elevations: 3166.00 ft (KB)
 3157.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 8357 Inside
 Press@RunDepth: 26.29 psig @ 4523.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.03.18 End Date: 2014.03.19 Last Calib.: 2014.03.19
 Start Time: 22:35:05 End Time: 05:05:53 Time On Blm: 2014.03.19 @ 00:26:54
 Time Off Blm: 2014.03.19 @ 03:02:42

TEST COMMENT: 30- 1/2" Blow died @ 18 min. Tool slid 3'
 45- No return.
 30- No blow.
 45- No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2239.38	104.44	Initial Hydro-static
5	21.68	103.76	Open To Flow (1)
34	22.81	104.90	Shut-In(1)
79	1121.37	106.19	End Shut-In(1)
80	25.12	105.89	Open To Flow (2)
110	26.29	107.17	Shut-In(2)
155	1020.01	108.09	End Shut-In(2)
156	2177.81	108.49	Final Hydro-static

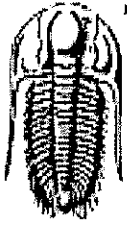
Recovery

Length (ft)	Description	Volume (bbl)
20.00	M 100m	0.28

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.

S20-19s-35w Wichita, KS

301 S. Market St.
Wichita, KS 67202

W Smith Farms #1-20

Job Ticket: 56254

DST#: 2

ATTN: Brad Rine

Test Start: 2014.03.18 @ 22:35:00

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:

bbf

Water Loss: 7.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
20.00	M 100m	0.281

Total Length: 20.00 ft

Total Volume: 0.281 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

