



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1223173
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: _____

1223173

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	Lario Oil & Gas Company
Well Name	Houlton 7
Doc ID	1223173

All Electric Logs Run

CNL/CDL
DIL
MEL
BHCS



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002301	1718	09/20/2014
INVOICE NUMBER			
91599169			

Pratt (620) 672-1201
 BLARIO OIL & GAS
 I P O BOX 84
 L MURDOCK
 L KS US 67111
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Houlton 7 (AFE#14216)
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40767281	19905		Net - 30 days	10/20/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/16/2014 to 09/16/2014</i>				
0040767281				
17181137A Cement-New Well Casing/Pi 09/16/2014				
Cement Surface				
60/40 POZ	200.00	EA	9.60	1,920.00 T
Celloflake	50.00	EA	2.96	148.00 T
Calcium Chloride	516.00	EA	0.84	433.44 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	128.00	128.00
"Unit Mileage Chg (PU, cars one way)"	30.00	MI	3.40	102.00
Heavy Equipment Mileage	60.00	MI	5.60	336.00
"Proppant & Bulk Del. Chgs., per ton mil	258.00	EA	1.76	454.08
Depth Charge; 0-500'	1.00	EA	800.00	800.00
Blending & Mixing Service Charge	200.00	BAG	1.12	224.00
Plug Container Util. Chg.	1.00	EA	200.00	200.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	140.00	140.00

SEP 24 2014

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,885.52
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	178.85
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,064.37
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

BS
9-23-14



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

4-235-12W

FIELD SERVICE TICKET

1718 11137 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-16-15		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 Lario Oil & Gas				LEASE HOULTON				7 WELL NO.							
ADDRESS				COUNTY Barber				STATE KS							
CITY				STATE				SERVICE CREW JOE Melson Josh Hanson Aaron Gibbs							
AUTHORIZED BY				JOB TYPE LNW Surface											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME						
19826-19905	40 min						9-15-14	PM	21:30						
70959-19919	40 min					ARRIVED AT JOB	9-15-14	PM	23:15						
28447						START OPERATION	9-16-14	AM	01:20						
						FINISH OPERATION	9	AM	02:00						
						RELEASED	7	AM	03:00						
									MILES FROM STATION TO WELL	30					

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: *Chris Hultman*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 POZ	SK	200		2,400 00
CL 109	Calcium Chloride	lb	516		541 80
CL 102	Cellulose	lb	50		185 00
CF 153	Woden Plug	eq	1		160 00
E 100	Pickup Mileage	mi	30		127 50
F 101	Heavy Mileage	mi	60		420 00
E 113	Bulk Delivery	Tm	258		567 60
CE 200	Depth Charge	4hr	1		1,000 00
CE 240	Mixing Charge	SK	200		280 00
CE 504	Plug Container	JOB	1		250 00
S 003	Supervisor	eq	1		175 00

SUB TOTAL
JWB 4,885 52

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE *Joe Melson*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Chris Hultman*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002301	1718	09/25/2014
INVOICE NUMBER			
91605225			

Pratt (620) 672-1201
 B LARIO OIL & GAS
 I P O BOX 84
 L MURDOCK
 T KS US 67111
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Houlton 7 (APE#4215)
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40769354	19843		Net - 30 days	10/25/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/23/2014 to 09/23/2014</i>				
0040769354				
171811452A Cement-New Well Casing/Pi 09/23/2014				
Cement 5 1/2" Longstring				
AA2 Cement	275.00	EA	13.09	3,599.49 T
Salt	1,382.00	EA	0.38	532.03 T
C-41P	52.00	EA	3.08	160.15 T
Cement Friction Reducer	78.00	EA	4.62	360.34 T
FLA-322	130.00	EA	5.77	750.70 T
Super Flush	500.00	EA	1.89	943.19 T
Gilsonite	1,375.00	EA	0.52	709.31 T
Claymax KCL Substitute	5.00	EA	26.95	134.74 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	307.98	307.98
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	277.18	277.18
"Turbolizer, 5 1/2" (Blue)"	10.00	EA	84.69	846.94
"Unit Mileage Chg (PU, cars one way)"	30.00	MI	3.27	98.17
Heavy Equipment Mileage	60.00	MI	5.39	323.38
"Proppant & Bulk Del. Chgs., per ton mil	389.00	EA	1.69	658.92
Depth Charge; 4001'-5000'	1.00	EA	1,940.27	1,940.27
Blending & Mixing Service Charge	275.00	BAG	1.08	296.43
Plug Container Util. Chg.	1.00	EA	192.49	192.49
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.74	134.74

XC

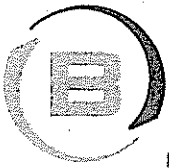
Acc	Exp	File	NO PAY
GC			
KG			
HY			
FV			
OD			

OCT 1 2014

XC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	12,266.45
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	514.08
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	12,780.53
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

BS 9-29-14



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 11452 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-23-14 DISTRICT		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 Lario Oil & Gas		LEASE Houhan WELL NO. 7							
ADDRESS		COUNTY Barber STATE Ks							
CITY STATE		SERVICE CREW Scott, Ed, Dale							
AUTHORIZED BY Tom Schwanke		JOB TYPE: 5 1/2 Long string CNW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
38470	.9						9-23-14	AM	1:00
14899 14843	.9					ARRIVED AT JOB	9-23-14	AM	6:35
14960 21010	.9					START OPERATION	9-23-14	AM	7:25
						FINISH OPERATION	9-23-14	AM	8:10
						RELEASED	9-23-14	AM	8:10
						MILES FROM STATION TO WELL			

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: *Tom Schwanke*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA7 Cement	SK	725		3875.00
CP105	AA7 Cement	SK	50		850.00
CC111	SolH	lb	1387		1691.00
CC201	Galkonite	lb	1375		971.25
CC103	C-4HP	lb	52		208.00
CC129	FIA-327	lb	130		975.00
CC112	Cement Fraction Reducer	lb	78		468.00
CF607	Lead down Plug + Baffle 5 1/2	EA	1		400.00
CF3751	Auto Kill Flood Plug 5 1/2	EA	1		3100.00
CF1651	Turbulators	EA	10		1100.00
CF704	Claymax KCL Substitute	Gal	5		175.00
CC154	Super Flush	Gal	500		1275.00
F101	Heavy Equip Mileage	MI	60		470.00
CE240	Blanching + Mixing charge	SK	275		385.00
F113	Diagn Bulb Delivered	TM	389		554.70
CE205	Depth Charge 4000' 5000'	lbs	1		2570.00
CF504	Plug Container Charge	Job	1		250.00
S003	Service Supervisor	EA	1		175.00
F100	Unit Mileage Pick up	MI	30		127.50

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL
116 12,266.45

SERVICE REPRESENTATIVE *[Signature]*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Tom Schwanke*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

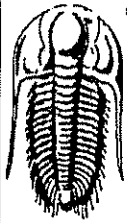
FIELD SERVICE ORDER NO.

Customer <i>Lorain Oil & Gas</i>	Lease No.	Date <i>9-23-14</i>
Lease <i>Houhan</i>	Well # <i>7</i>	
Field Order # <i>11452A</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>
		Depth <i>4627</i>
Type Job <i>5 1/2 Long string (NW)</i>	Formation	County <i>Beecher</i>
		State <i>KS</i>
		Legal Description <i>4-325-126</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>				Pre Pad	Max		5 Min.	
Depth <i>4627</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>111</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <i>7000</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth	Packer Depth	From	To					

Customer Representative <i>Tom Schweikert</i>	Station Manager <i>Kenn Gredley</i>	Treater <i>Scott Gredley</i>
Service Units <i>19500</i>	<i>19960</i>	
Driver Names <i>Scott</i>	<i>Ed</i>	<i>Dale</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:00</i>					<i>On location Safety Meeting Dig up</i>
<i>3:10</i>					<i>Run Flood Equipment 105 Shots</i>
					<i>Turbolizers on 1, 2, 4, 6, 8, 11, 12, 14, 16, 18</i>
<i>5:00</i>					<i>Circulate for 1.5 hours</i>
<i>6:35</i>	<i>0</i>		<i>5</i>	<i>4.5</i>	<i>Pump H2O spacer</i>
<i>6:37</i>	<i>50</i>		<i>17</i>	<i>4.5</i>	<i>Pump 500 gallons Super flush</i>
<i>6:40</i>	<i>50</i>		<i>5</i>	<i>4.5</i>	<i>Pump H2O spacer</i>
<i>6:42</i>	<i>100</i>		<i>57</i>	<i>5.8</i>	<i>Mix 275 sks AA2 cement 15 spg</i>
<i>6:53</i>	<i>0</i>				<i>shut down</i>
<i>6:54</i>					<i>Work pump & lines</i>
<i>6:55</i>					<i>Drop plug</i>
<i>6:55</i>				<i>5.5</i>	<i>Start Displacement</i>
<i>7:06</i>	<i>500</i>		<i>78</i>	<i>5.5</i>	<i>Ltd Pressure</i>
<i>7:10</i>	<i>700</i>		<i>22</i>	<i>4.1</i>	<i>Reduce Rate</i>
<i>7:13</i>	<i>700</i>		<i>10.5</i>	<i>4</i>	<i>Plug landed</i>
<i>7:14</i>	<i>1500</i>				<i>Pressure up set plug</i>
<i>7:15</i>					<i>Release pressure via returns</i>
<i>7:18</i>			<i>8</i>	<i>3</i>	<i>Plug Red hole 30 sks AA2</i>
<i>7:25</i>			<i>5</i>	<i>3</i>	<i>Plug Mouse hole 70 sks AA2</i>



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Lario Oil & Gas Company

4-32s-12w Barber CO., ks.

301 S. Market St.
Wichita, Ks. 67202

Houlton #7

Job Ticket: 57776

DST#: 1

ATTN: Tim Hendrick

Test Start: 2014.09.20 @ 19:10:30

GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:42:45

Time Test Ended: 05:16:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Matt Smith

Unit No: 53

Interval: 4226.00 ft (KB) To 4274.00 ft (KB) (TVD)

Total Depth: 4274.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 1485.00 ft (KB)

1475.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 6773

Inside

Press@RunDepth: 43.72 psig @ 4227.00 ft (KB)

Start Date: 2014.09.20

End Date:

2014.09.21

Capacity: 8000.00 psig

Last Calib.: 2014.09.21

Start Time: 19:10:35

End Time:

05:16:30

Time On Btm: 2014.09.20 @ 22:40:30

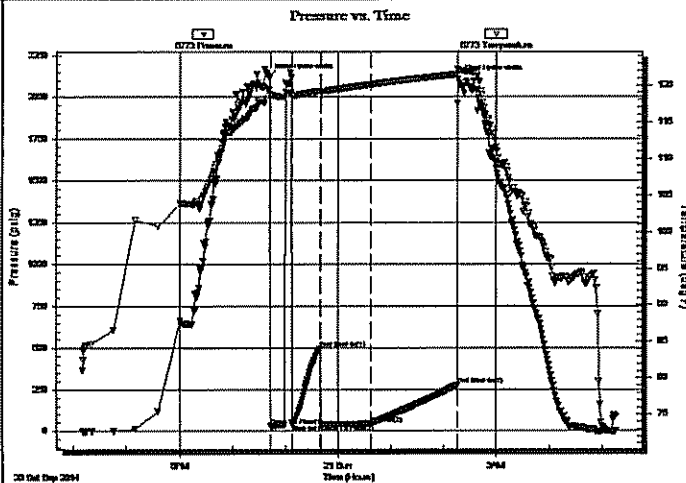
Time Off Btm: 2014.09.21 @ 02:16:45

TEST COMMENT: IF: Weak blow . Surf., - 3 1/2".

ISI: No blow .

FF: Weak blow . Surf., - 3".

FSI: No blow .



PRESSURE SUMMARY

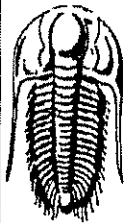
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2122.17	119.49	Initial Hydro-static
3	29.09	118.73	Open To Flow (1)
28	40.58	118.56	Shut-In(1)
60	496.60	119.21	End Shut-In(1)
61	38.70	119.12	Open To Flow (2)
117	43.72	120.11	Shut-In(2)
215	275.03	121.49	End Shut-In(2)
217	2110.51	121.95	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
12.00	SOCM 100% m	0.17

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Company

4-32s-12w Barber CO., ks.

301 S. Market St.
Wichita, Ks. 67202

Houlton #7

Job Ticket: 57776

DST#: 1

ATTN: Tim Hendrick

Test Start: 2014.09.20 @ 19:10:30

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:

3000 ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbf

Water Loss: 9.19 in²

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
12.00	SOCM 100% _m	0.168

Total Length: 12.00 ft Total Volume: 0.168 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments: almost enough oil for 1%.

Serial #: 6773

Inside Lario Oil & Gas Company

Houlton #7

DST Test Number: 1

