



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Berexco LLC

2 1s 36w Rawlins KS

2020 N Bramblewood
Wichita KS 67206

Schwerdt 2-2

Job Ticket: 58431

DST#: 2

ATTN: Bryan Bynog

Test Start: 2014.07.21 @ 08:10:00

GENERAL INFORMATION:

Formation: **LKC "B"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:09:00

Time Test Ended: 17:12:30

Test Type: Conventional Bottom Hole (Reset)

Tester: Robert Zodrow

Unit No: 49

Interval: 4030.00 ft (KB) To 4090.00 ft (KB) (TVD)

Reference Elevations: 3051.00 ft (KB)

Total Depth: 4090.00 ft (KB) (TVD)

3040.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 11.00 ft

Serial #: 6769 Outside

Press @ Run Depth: 39.02 psig @ 4031.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.07.21

End Date: 2014.07.21

Last Calib.: 2014.07.21

Start Time: 08:10:05

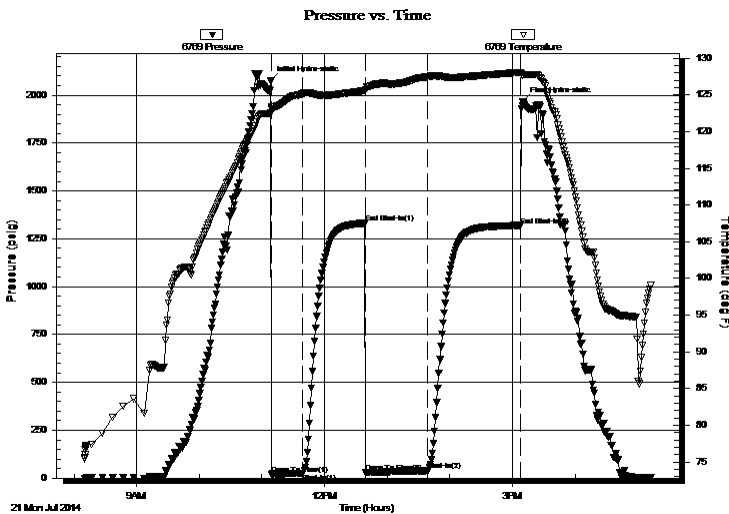
End Time: 17:12:30

Time On Btm: 2014.07.21 @ 11:08:30

Time Off Btm: 2014.07.21 @ 15:10:00

TEST COMMENT: 30-IF- No blow
60-ISI- No return
60-FF- No blow
90-FSI- No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2073.40	122.50	Initial Hydro-static
1	20.55	123.08	Open To Flow (1)
31	26.62	125.14	Shut-In(1)
91	1331.27	125.58	End Shut-In(1)
91	28.48	125.71	Open To Flow (2)
151	39.02	127.48	Shut-In(2)
239	1320.18	128.06	End Shut-In(2)
242	1963.45	127.69	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	mud 100%m	0.02

Gas Rates

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

* Recovery from multiple tests



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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: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1000.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	mud 100%m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

