



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225783
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: _____

1225783

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
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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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ALLIED OIL & GAS SERVICES, LLC 063151

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
MEDICINE LODGE KS

DATE <u>8-5-14</u>	SEC. <u>23</u>	TWP. <u>32</u>	RANGE <u>21</u>	CALLED OUT <u>630</u>	ON LOCATION <u>900</u>	JOB START <u>100 PM</u>	JOB FINISH <u>145 PM</u>
LEASE <u>AJ</u>			WELL # <u>1-23</u>	LOCATION <u>PROTECTION KS 5 1/2 W</u>		COUNTY <u>CLARK</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)			<u>4 IN E+3 INT-O</u>				

CONTRACTOR MAVERICK 106
 TYPE OF JOB SURFACE
 HOLE SIZE 12 1/4 T.D. 610
 CASING SIZE 8 7/8 DEPTH 606.20
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 39.82
 CEMENT LEFT IN CSG. 39.82'
 PERFS. _____
 DISPLACEMENT FRESH H₂O

OWNER QUAIL OIL + GAS
 CEMENT AMOUNT ORDERED _____

 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____
 TOTAL _____

REMARKS:

ON LOCATION / SAFETY MEETING / SPOT IN RIG UP
SAFETY MEETING PRESSURE TEST, PUMP SAKER
PUMP LEAD CEMENT, PUMP TAIL CEMENT
SHOT DOWN RELIEF PLUG, START DISPLACEMENT
SLOW RATE 6 BELT BUMP PLUG
RELIEF PRESSURE, FLOAT DID HOLD
DID CIRCULATE CEMENT (15 BELS)

CHARGE TO: QUAIL OIL + GAS
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

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 Craig Kuttanbach
 SIGNATURE Craig Kuttanbach

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

TOTAL _____

GENERAL TERMS AND CONDITIONS

DEFINITIONS: In these terms and conditions, "ALLIED" shall mean Allied Oil & Gas Services, LLC, and "CUSTOMER" shall refer to the party identified by that term on the front of this contract. As applicable, "Job" relates to the services described on the front side of this contract, "Merchandise" refers to the material described on the front of this contract and to any other materials, products, or supplies used, sold, or furnished under the requirements of this contract.

—**TERMS:** Unless satisfactory credit has been established, CUSTOMER must tender full cash payment to ALLIED before the job is undertaken or merchandise is delivered. If satisfactory credit has been established, the terms of payment for the job and/or merchandise, including bulk cement, are net cash, payable in 30 days from the completion of the job and/or delivery of the merchandise. For all past due invoices, CUSTOMER agrees to pay interest on amounts invoiced at a rate of 18 percent per annum until paid. Notwithstanding the foregoing, in no event shall this Contract provide for interest exceeding the maximum rate of interest that CUSTOMER may agree to pay under applicable law. If any such interest should be provided for, it shall be and hereby is deemed to be a mistake, and this contract shall be automatically reformed to lower the rate of interest to the maximum legal contract rate. Any amounts previously paid as excess interest shall be deducted from the amounts owing from the CUSTOMER or at the option of ALLIED, refunded directly to CUSTOMER. For purposes of this paragraph, ALLIED and CUSTOMER agree that Kansas law shall apply. Any discounts granted with this contract are null and void if the charges are not paid when due.

—**ATTORNEY FEES:** In any legal action or proceeding between the parties to enforce any of the terms of this Service Contract, or in any way pertaining to the terms of this Contract, the prevailing party shall be entitled to recover all expenses, including, but not limited to, a reasonable sum as and for attorney's fees.

—**PRICES AND TAXES:** All merchandise listed in ALLIED'S current price schedule are F.O.B. ALLIED'S local station and are subject to change without notice. All prices are exclusive of any federal, state, local, or special taxes for the sale or use of the merchandise or services listed. The amount of taxes required to be paid by ALLIED shall be added to the quoted prices charged to CUSTOMER.

—**TOWING CHARGES:** ALLIED will make a reasonable attempt to get to and from each job site using its own equipment. Should ALLIED be unable to do so because of poor or inadequate road conditions, and should it become necessary to employ tractor or other pulling equipment to get to or from the job site, the tractor or pulling equipment will be supplied by CUSTOMER or, if furnished by ALLIED, will be charged to and paid by CUSTOMER.

—**PREPARATION CHARGES:** If a job and/or merchandise is ordered and CUSTOMER cancels the order after preparation of a chemical solution or other material, CUSTOMER will pay ALLIED for the expenses incurred by ALLIED as a result of the cancellation.

—**DEADHAUL CHARGES:** Unless otherwise specified on the front of this Contract, a deadhaul charge as set forth in ALLIED'S current price book will be charged each way for each service unit which is ordered by CUSTOMER but not used.

—SERVICE CONDITIONS AND LIABILITIES:

1. ALLIED carries public liability and property damage insurance, but since there are so many uncertain and unknown conditions beyond ALLIED'S control, ALLIED shall not be liable for injuries to property or persons or for loss or damage arising from the performance of the job or delivery of the merchandise. CUSTOMER shall be responsible for and indemnify, defend, and hold harmless ALLIED, its officers, agents and employees, from and against any and all claims or suits for:

(A) Damage to property or for bodily injury, sickness, disease, or death, brought by any person, including CUSTOMER and/or the well owner; and

(B) Oil spills, pollution, surface or sub-surface damage, injury to the well, reservoir loss, or damage arising from a well blowout arising out of or in connection with ALLIED'S performance of the job or furnishing of merchandise in accordance with this contract, unless such loss or damage is caused by the willful misconduct or gross negligence of ALLIED or its employees.

2. With respect to any of ALLIED'S tools, equipment, or instruments which are lost in the well or damaged when performing or attempting to perform the job or, in the case of marine operations, are lost or damaged at any time after delivery to the landing for CUSTOMER and before return to ALLIED at the landing, CUSTOMER shall either recover the lost item without cost to ALLIED or reimburse ALLIED the current replacement cost of the item unless the loss or damage results from the sole negligence of ALLIED or its employees.

3. ALLIED does not assume any liability or responsibility for damages or conditions resulting from chemical action in cements caused by contamination of water or other fluids.

WARRANTIES:

1. ALLIED warrants all merchandise manufactured or furnished by it to be free from defects in material and workmanship under normal use and service when installed, and used, and/or serviced in the manner provided and intended. ALLIED'S obligation under this warranty is expressly limited to repair, replacement, or allowance for credit, at its option, for any merchandise which is determined by ALLIED to be defective. THIS IS THE SOLE WARRANTY OF ALLIED AND NO OTHER WARRANTY IS APPLICABLE, EITHER EXPRESS OR OTHERWISE IMPLIED, IN FACT OR IN LAW, INCLUDING ANY WARRANTY AS TO MERCHANTABILITY OR FITNESS FOR A PARTICULAR USE OR PURPOSE. CUSTOMER'S sole and only remedy with regard to any defective merchandise shall be the repair or replacement thereof or allowance for credit as herein provided, and ALLIED shall not be liable for any consequential, special, incidental, or punitive damages resulting from or caused by defective materials, products or supplies.

2. More specifically:

(A) Nothing in this contract shall be construed as a warranty by ALLIED of the success or the effectiveness of the result of any work done or merchandise used, sold, or furnished under this contract.

(B) Nothing in this contract shall be construed as a warranty of the accuracy or correctness of any facts, information, or data furnished by ALLIED or any interpretation of tests, meter readings, chart information, analysis of research, or recommendations made by ALLIED, unless the inaccuracy or incorrectness is caused by the willful misconduct or gross negligence of ALLIED or its employees in the preparation or furnishing of such facts, information or data.

(C) Work done by ALLIED shall be under the direct supervision and control of the CUSTOMER or his agent, and ALLIED will accomplish the job as an independent contractor and not as an employee or agent of the CUSTOMER.

Date 8-5-14 District MEDICINE LODGE Ticket No. 63151
 Company QUAIL OIL & GAS Rig MAVARIC 106
 Lease AJ # Well No. 1-23
 County CLARK State KS
 Location PROTECTION KS 5 1/2 W Field _____
4 N E 15 INTU

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 5/8 Type _____ Weight 28 Collar _____

Casing Depths: Top 606.20 Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 10 7/8 T.D. 610 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbbls/Lin. ft. .0624 Lin. ft./Bbl. 16.02
 Open Holes: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbbls/Lin. ft. .0735 Lin. ft./Bbl. 13.6037
 Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:

Spacer Type: FRESH H₂O
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type 65:35 6% 3%cc
1/2" FLO. SPACER Excess _____

Amt. 25 Sks Yield 1.99 ft³/sk Density 12.4 PPG

TAIL: Pump Time _____ hrs. Type CLASS A + 3%cc
 Excess _____

Amt. 100 Sks Yield 1.35 ft³/sk Density 14.8 PPG

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

Pump Trucks Used 471/302

Bulk Equip. 421/290

Floater Manufacturer WEAT-GRENFORD

Shoe: Type _____ Depth _____

Floater Type AFV INSART Depth 39.82

Centralizers: Quantity 3 Plugs Top RUBBER Btm. _____

Stage Collars _____

Special Equip. 3 CENTRALIZER 2 BASKET

Disp. Fluid Type FRESH H₂O Amt. 36 Bbbls. Weight 2.33 PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER SCOTT PRIDDY

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbbls Min.	
9:00 AM						ON LOCATION / RUN CASING
12:50 PM						SAFETY MEETING
1:00 PM	1500					PRESSURE TEST
1:00 PM	200		3		5	PUMP SPACER
1:03 PM	200		88		5	PUMP LEAD CEMENT
1:20 PM	300		24		4	PUMP TAIL CEMENT
1:30 PM						BMT DOWN / RELEASE PLUG
1:32 PM	200				5	START DISPLACEMENT
1:40 PM	300		30		3	SLOW RATE
1:43 PM	800		35 1/2		3	BUMP PLUG
1:45 PM						RELEASE PRESSURE
						FLOAT DID HOLD
			15			DID CIRCULATE CEMENT

FINAL DISP. PRESS: 300 PSI BUMP PLUG TO 800 PSI BLEEDBACK 1/2 BBLs. THANK YOU

Date 8-16-14 District MEDICINE # 1006 Ticket No. 63156
 Company QUAIL OIL & GAS Rig MARIC 106
 Lease AJ Well No. 1-23
 County CLARK State KS
 Location PROTECTION 1CS 5 1/2 W Field 23-32-21
4 N BITHON 5 INTO

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type _____ Weight 15.5 Collar _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 6484 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 10238 Lin. ft./Bbl. 4201
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. 10309 Lin. ft./Bbl. 32.4065
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type: ASE + WATER FRUSH
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

TAIL: Pump Time _____ hrs. Type CLASS A ASC
5" KUSAL 6" SMT 5.590 CUP 2700 Excess 590 GAS BLOCK

Amt. 205 Sks Yield 1.55 ft³/sk Density 14.6 PPG
 WATER: Lead _____ gals/sk Tail 6.9 gals/sk Total 46 3/4 Bbls.

Pump Trucks Used 892-503
 Bulk Equip. 819-823

Float Equip: Manufacturer WEATHERFORD
 Shoe: Type APV FLOAT SHOE Depth _____
 Float: Type LD PLUG INSERT Depth _____
 Centralizers: Quantity 12 Plugs Top LD Btm. _____
 Stage Collars _____
 Special Equip. BASKOT X2
 Disp. Fluid Type 290 KCL Amt. 154 Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____ CEMENTER SCOTT PRIDDY

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
9:30 AM						ON LOCATION Sm. SPOT IN RIGUP
9:00 PM						SAFETY MEETING
4:30 PM						PRESSURE TEST
4:30 PM	500		18		4	PUMP SPACER
4:40 PM						PLUG RAT HOLE
4:50 PM						PLUG MOUSE HOLE
4:55 PM	300		79		6.5	PUMP CEMENT
5:40 PM						SHUT DOWN, CLEAN LINES
5:55 PM						RELIEF PLUG
5:55 PM					7	START DISPLACEMENT
6:15 PM	700		144		3	SLOW RATE
6:20 PM	1400		154		3	BUMP PLUG
6:25 PM						RELIEF PRESSURE
						FLOAT DID HOLD

FINAL DISP. PRESS: 700 PSI BUMP PLUG TO 1400 PSI BLEEDBACK 7 BBLs. THANK YOU



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: AJ1-23 DST1

TIME ON: 8-10 21:46
TIME OFF: 8-11 06:29

Company Quail Oil & Gas Lease & Well No. AJ #1-23
Contractor Maverick #106 Charge to Quail Oil & Gas
Elevation 2039 KB Formation Marrow Effective Pay -- Ft. Ticket No. S0477
Date 8-11-14 Sec. 23 Twp. 32 S Range 21 W County Clark State KANSAS
Test Approved By Aarron Young Diamond Representative Jacob McCallie

Formation Test No. 1 Interval Tested from 5257 ft. to 5284 ft. Total Depth 5284 ft.

Packer Depth 5251 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Packer Depth 5257 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 5237 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 5260 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 64 Drill Collar Length -- ft. I.D. 2 1/4 in.

Weight 9.4 Water Loss 8.4 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in.

Chlorides 4900 P.P.M. Drill Pipe Length 5224 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out NO Anchor Length 27 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: BB Immediately (Gas to surface in 3 min) NOBB

2nd Open: BB Immediately NOBB

Recovered _____ ft. of Gas to Surface

Recovered 186 ft. of SLMCW 93% W 7% M

Recovered 186 ft. of TOTAL FLUID

Recovered 122 ft. of _____

Recovered _____ ft. of _____ Price Job _____

Recovered _____ ft. of PH: 7 RW: .12 @ 69 degrees F Other Charges _____

Remarks: CHLORIDES: 59,000 ppm Insurance _____

TOOL SAMPLE: Blew Out Total _____

Time Set Packer(s) 1:14 AM A.M. P.M. Time Started Off Bottom 2:49 AM A.M. P.M. Maximum Temperature 119

Initial Hydrostatic Pressure..... (A) 2606 P.S.I.

Initial Flow Period..... Minutes 20 (B) 617 P.S.I. to (C) 718 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 1588 P.S.I.

Final Flow Period..... Minutes 15 (E) 662 P.S.I. to (F) 781 P.S.I.

Final Closed In Period..... Minutes 30 (G) 1586 P.S.I.

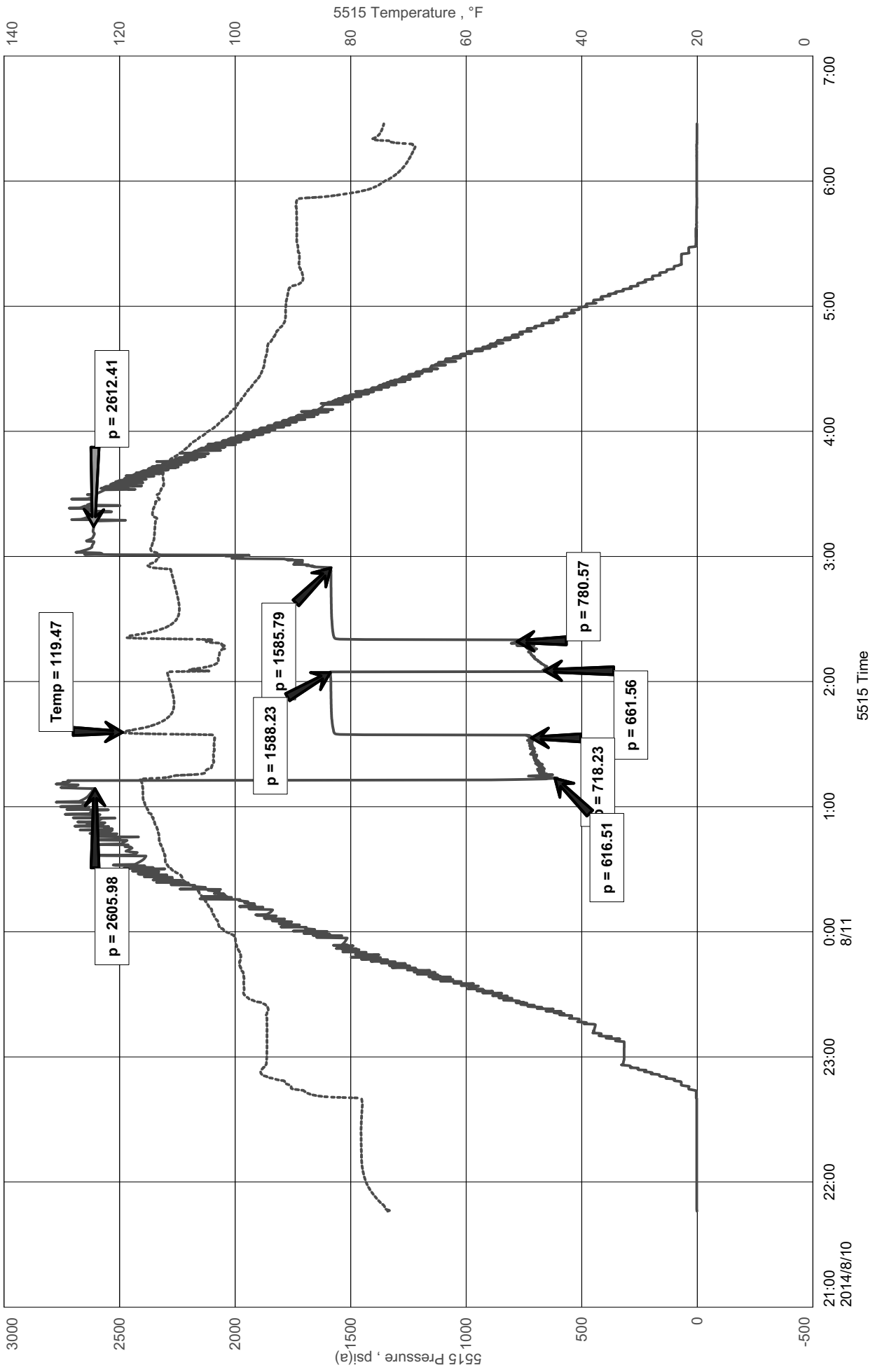
Final Hydrostatic Pressure..... (H) 2612 P.S.I.

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.

Quail Oil & Gas
DST #1 Marrow 5257-5284'
Start Test Date: 2014/08/10
Final Test Date: 2014/08/11

AJ #1-23
Formation: DST #1 Marrow 5257-5284'
Pool: Infield
Job Number: S0477

AJ #1-23



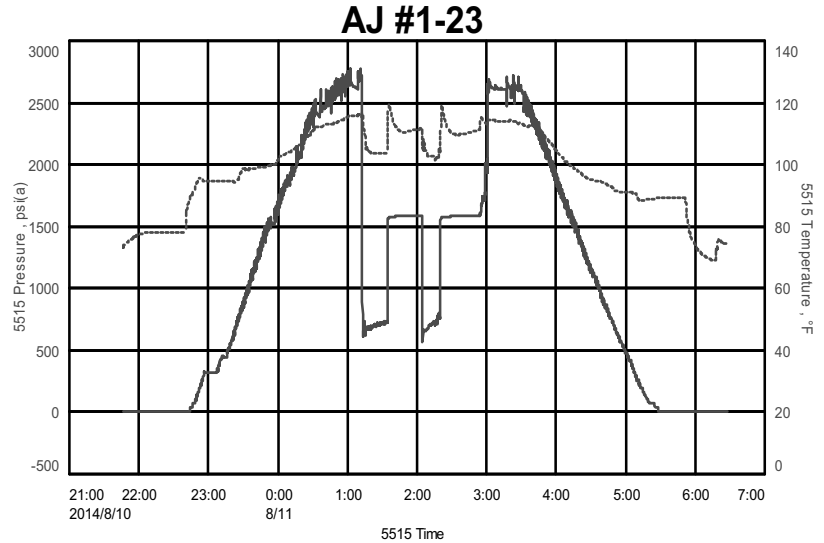
Diamond Testing LLC

General Information Report

Jacob McCallie
620-617-7116
mccallie.dtlc@gmail.com

General Information

Company Name Quail Oil & Gas
Contact Wray Valentine
Well Name AJ #1-23
Unique Well ID DST #1 Marrow 5257-5284'
Surface Location SEC 23-32S-21W Clark County
Field Morrison Northwest
Well Type Vertical
Test Type Drill Stem Test
Formation DST #1 Marrow 5257-5284'
Well Fluid Type 02 Gas
Start Test Date 2014/08/10
Start Test Time 21:46:00
Final Test Date 2014/08/11
Final Test Time 06:29:00
Job Number S0477
Representative Jacob McCallie
Report Date 2014/08/11
Qualified By Aarron Young



Test Results

RECOVERED:

Gas to surface
186' SLMCW 93% W 7% M
186' TOTAL FLUID

PH: 7

RW: .12 @ 69 degrees F
Chlorides: 59,000 ppm

TOOL SAMPLE:

Blew Out



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: AJ1-23 DST2

TIME ON: 09:35
 TIME OFF: 22:37

Company Quail Oil & Gas Lease & Well No. AJ #1-23
 Contractor Maverick #106 Charge to Quail Oil & Gas
 Elevation 2039 KB Formation Viola Effective Pay 7 Ft. Ticket No. S0478
 Date 8-14-14 Sec. 23 Twp. 32 S Range 21 W County Clark State KANSAS
 Test Approved By Aarron Young Diamond Representative Jacob McCallie

Formation Test No. 2 Interval Tested from 6381 ft. to 6410 ft. Total Depth 6410 ft.

Packer Depth 6375 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Packer Depth 6381 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 6361 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 6384 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 60 Drill Collar Length -- ft. I.D. 2 1/4 in.

Weight 9.4 Water Loss 11.6 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in.

Chlorides 4,500 P.P.M. Drill Pipe Length 6348 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out YES Anchor Length 29 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: BB Immediately (Gas to surface in 4 min) BBBB

2nd Open: BB Immediately BBBB

Recovered _____ ft. of GTS in 4 min

Recovered 704 ft. of CO 100% O (10 bbls. (circ to truck) Gravity: 38 @ 60 degrees F

Recovered 700 ft. of CO 100% O (estimate lost down hole)

Recovered 342 ft. of SLOCMCW 2% O 81% W 17% M

Recovered 1746 ft. of TOTAL FLUID

Recovered _____ ft. of PH: 7 RW: .08 @ 82 degrees F

Remarks: CHLORIDES: 76,000 ppm

TOOL SAMPLE: Blew out Estimated Perocity: 12%

Time Set Packer(s) 12:40 PM ^{A.M.}/_{P.M.} Time Started Off Bottom 4:25 PM ^{A.M.}/_{P.M.} Maximum Temperature 139

Initial Hydrostatic Pressure..... (A) 3112 P.S.I.

Initial Flow Period..... Minutes 30 (B) 269 P.S.I. to (C) 401 P.S.I.

Initial Closed In Period..... Minutes 60 (D) 1556 P.S.I.

Final Flow Period..... Minutes 45 (E) 457 P.S.I. to (F) 667 P.S.I.

Final Closed In Period..... Minutes 90 (G) 1375 P.S.I.

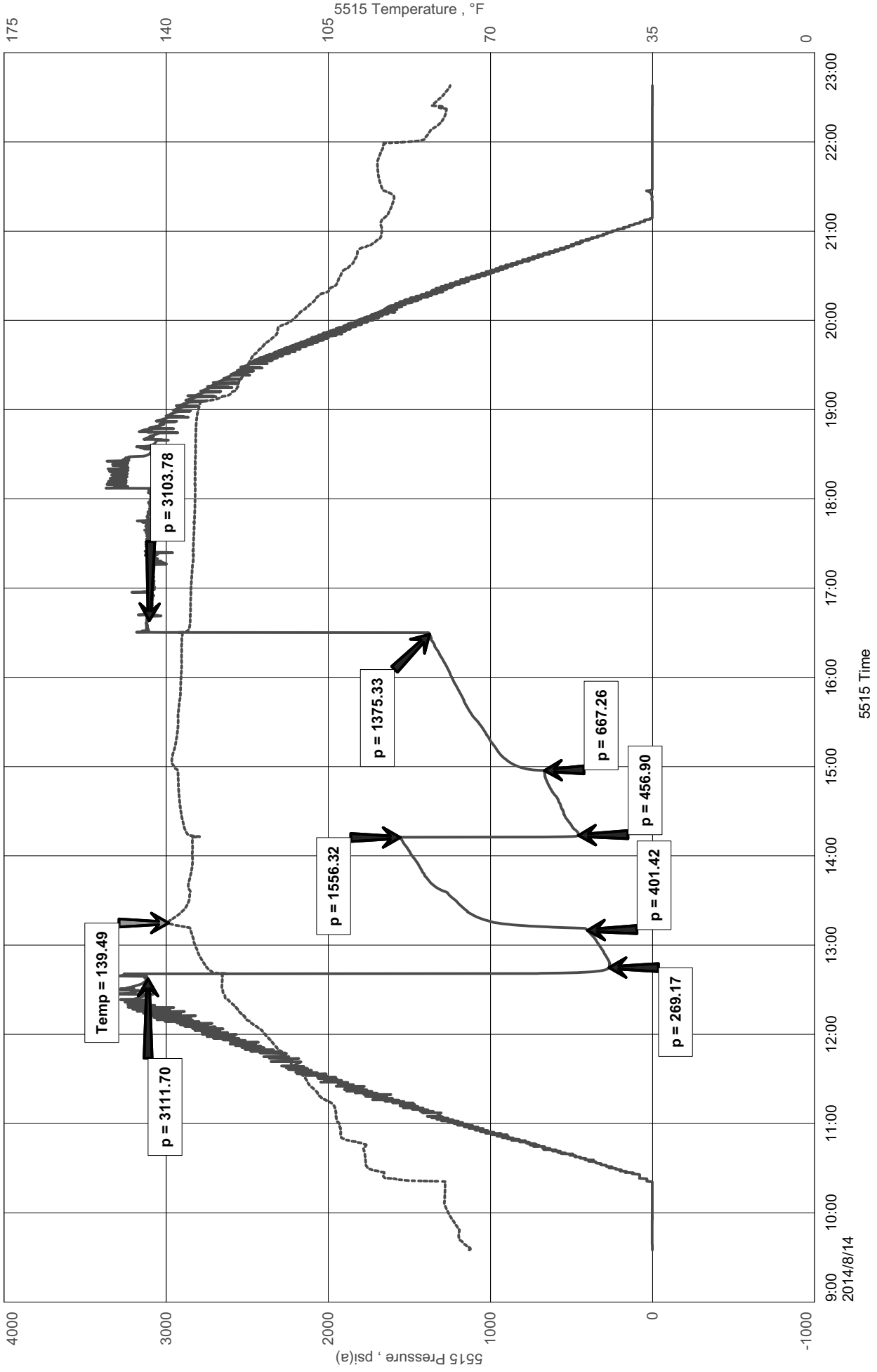
Final Hydrostatic Pressure..... (H) 3104 P.S.I.

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.

Quail Oil & Gas
DST #2 Viola 6381-6410'
Start Test Date: 2014/08/14
Final Test Date: 2014/08/14

AJ #1-23
Formation: DST #2 Viola 6381-6410'
Pool: Infield
Job Number: S0478

AJ #1-23



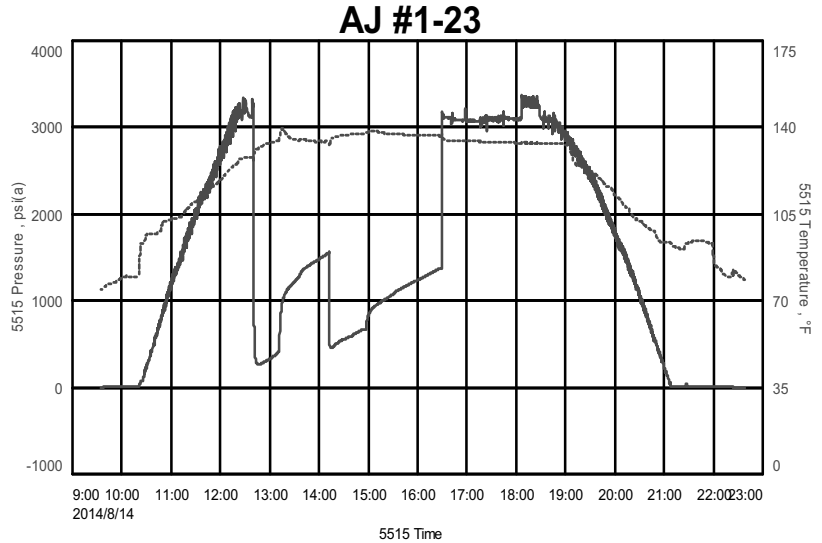
Diamond Testing LLC

General Information Report

Jacob McCallie
620-617-7116
mccallie.dtlc@gmail.com

General Information

Company Name Quail Oil & Gas
Contact Wray Valentine
Well Name AJ #1-23
Unique Well ID DST #2 Viola 6381-6410'
Surface Location SEC 23-32S-21W Clark County
Field Morrison Northwest
Well Type Vertical
Test Type Drill Stem Test
Formation DST #2 Viola 6381-6410'
Well Fluid Type 01 Oil
Start Test Date 2014/08/14
Start Test Time 09:35:00
Final Test Date 2014/08/14
Final Test Time 22:37:00
Job Number S0478
Representative Jacob McCallie
Report Date 2014/08/14
Qualified By Aaron Young



Test Results

RECOVERY:

GTS in 4 min

704'	CO	100% O	(10 bbls. circ to truck)	GRAVITY: 38 @ 60 degrees F
700'	CO	100% O	(estimate lost down hole)	
342'	SLOCMCW	2% O 81%W 17% M		
1746'	TOTAL FLUID			

PH: 7

RW: .08 @ 82 degrees F

Chlorides: 76,000 ppm

Est. Perocity: 12%

TOOL SAMPLE:

Blew out