

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1232708
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

<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIOW
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<input type="checkbox"/> OG		<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)			
<input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____			

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
<input type="checkbox"/> Plug Back		<input type="checkbox"/> Conv. to GSW	<input type="checkbox"/> Conv. to Producer
<input type="checkbox"/> Commingled		Permit #: _____	
<input type="checkbox"/> Dual Completion		Permit #: _____	
<input type="checkbox"/> SWD		Permit #: _____	
<input type="checkbox"/> ENHR		Permit #: _____	
<input type="checkbox"/> 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: _____ (e.g. xx.xxxxx), Long: _____ (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: _____



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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <hr/> <hr/>
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Form	ACO1 - Well Completion
Operator	O'Brien Resources, LLC
Well Name	MSJ-Penner 28 2
Doc ID	1232708

Tops

Name	Top	Datum
Wabaunsee	3371	
Heebner	3816	
Lansing	3850	
Stark	4101	
Hushpuckney	4135	
Marmaton	4210	
Pawnee	4305	
Myric Station	4337	

Form	ACO1 - Well Completion
Operator	O'Brien Resources, LLC
Well Name	MSJ-Penner 28 2
Doc ID	1232708

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	20	271	Common	200	3%CC, 2%Gel

TERMS

In consideration of the prices to be charged for Consolidated Oil Well Services, LLC (COWS) services, equipment and products and for the performance of services and supplying of materials, Customer agrees to the following terms and conditions.

Terms. Cash in advance unless satisfactory credit is established. On credit sales, invoices are payable within 30 days of the invoice date. On all invoices not paid within 30 days, Customer agrees to pay COWS interest at the rate of 18% per annum or the maximum rate allowed by law, whichever is higher. In the event COWS retains an attorney to pursue collection of any account, Customer agrees to pay all collection costs and attorney's fees incurred by COWS.

Any applicable federal, state or local sales, use occupation, consumer's or emergency taxes shall be added to the quoted price. All process license fees required to be paid to others will be added to the scheduled prices.

All COWS' prices are subject to change without notice.

SERVICE CONDITIONS

Customer warrants that the well is in proper condition to receive the services, equipment, products and materials to be supplied by COWS. The Customer shall at all time have complete care, custody, and control of the well, the drilling and production equipment at the well, and the premises about the well. A responsible representative of the Customer shall be present to specify depths, pressures, or materials used for any service which is to be performed.

(a) COWS shall not be responsible for any claim, cause of action or demand (hereinafter referred to as a 'claim') for damage to property, or injury to or death of employees and representatives, of Customer or the well owner (if different from Customer), unless such damage, injury or death is caused by the willful misconduct or gross negligence of COWS, including but not limited to sub-surface damage and surface damage arising from sub-surface damage.

(b) Unless a claim is the result of the sole willful misconduct or gross negligence of COWS, Customer shall be responsible for and indemnify and hold COWS harmless from any claim for: (1) reservoir loss or damage, or property damage resulting from sub-surface pressure, losing control of the well and/or a well blowout; (2) damages as a result of a subsurface trespass, or an action in the nature thereof, arising from a service operation performed by COWS; (3) injury to or death of persons, other than employees of COWS, or damage to property (including, but not limited to, injury to the well), or any damages whatsoever, irrespective of cause, growing out of or in any way connected with the use of radioactive material in the well hole; and (4) well damage or reservoir damage caused by (i) loss of circulation, cement invasion, cement misplacement, pumping cement or cement plugs on wells with loss of circulation, including the failure to displace plug to proper depth, (ii) sub-surface pressure and resulting failure to complete pumping of cement or cement plug, including dehydration of cement slurry or flashing, plugged float shoe, annulus bridging or plugging, or (iii) down hole tools being lost or left in the well, or becoming stuck in the well for any reason and by any cause. COWS may furnish down hole tools and may supply supervision for the running and placement of such tools but will not be liable for any damage, loss or result caused by the use of such tools.

Furthermore, Customer will be responsible for the cost to replace such tools if they are lost or left in the well.

(c) COWS makes no guarantee of the effectiveness of any COWS' products, supplies or materials, or the results of any COWS' treatment or services.

(d) Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, COWS is unable to guarantee the accuracy of any chart interpretation, research analysis, job recommendation or other data furnished by COWS. COWS' personnel will use their best efforts in gathering such information and their best judgement in interpreting it, but Customer agrees that COWS shall not be responsible for any damage arising from the use of such information except where due to COWS' gross negligence or willful misconduct in the preparation or furnishing of it.

(e) COWS may buy and re-sell to Customer down hole equipment, including but not limited to float equipment, DV tools, port collars, type A & B packers, and Customer agrees that COWS is not an agent or dealer for the companies who manufacture such items, and further agrees that Customer shall be solely responsible for and indemnify COWS against any claim with regard to the effectiveness, malfunction of, or functionality of such items.

WARRANTIES - LIMITATION OF LIABILITY

COWS warrants title to the products, supplies and materials, and that the same are free from defects in workmanship and materials. THERE ARE NO OTHER WARRANTIES, EXPRESS OR IMPLIED, NOR ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PURPOSE, WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. COWS's liability and Customer's exclusive remedy in any claim (whether in contract, tort, breach of warranty or otherwise,) arising out of the sale or use of any COWS' products, supplies, materials or services is expressly limited to the replacement of such products, supplies, materials or services or their return to COWS, or, at COWS' option, an allowance to Customer of credit for the cost of such items.

Customer waives and releases all claims against COWS for any special, incidental, indirect, consequential or punitive damages.

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Great Bend

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
10-5-14	28	14	30		5:00 PM	11:30 AM	12:30 AM
LEASE <i>Wells</i> ² WELL # 2				60x 5 to End	10a	COUNTY <i>Benton</i>	STATE <i>KS</i>

OLD OR NEW (Circle one) *3 into*

CONTRACTOR *Maurick 108*
 TYPE OF JOB *Rotary*
 HOLE SIZE *7 1/8* T.D.
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE *4 1/2* DEPTH *2270*
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. *All*
 PERFS.
 DISPLACEMENT *1/20*

OWNER

CEMENT
AMOUNT ORDERED *250 SX 60/40 4/16*

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
<i>250 SX 60/40 4/16</i>	<i>@ 18.92</i>	<i>4.730.00</i>
<i>Disc 30%</i>	<i>946.00</i>	
	@	
	@	
	@	
	@	
HANDLING <i>264.33</i>	<i>@ 2.48</i>	<i>655.54</i>
MILEAGE <i>11.18 x 40</i>	<i>2.75</i>	<i>1.229.80</i>

REMARKS:

*On location - rig up - had safety meeting
run 4 1/2" drill pipe - fill hole
#1 - 2270 - 50 SX
#2 - 1279 - 100 PH - 30 SX
#3 - 313 - 50
#4 - 40 - 20
Plug down
Plug down*

CHARGE TO: *D Brian Resources*
 STREET _____
 CITY _____ STATE _____ ZIP _____

A thank you!!

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 *Dee E. Farmer*

SIGNATURE *Dee E. Farmer*

DEPTH OF JOB		
PUMP TRUCK CHARGE	<i>2249.84</i>	
EXTRA FOOTAGE	@	
MILEAGE <i>11.18</i>	<i>40 @ 7.70</i>	<i>308.00</i>
MANIFOLD	@	
<i>11.18</i>	<i>40 @ 4.40</i>	<i>176.00</i>
WELL TIME <i>2 1/2</i>	<i>@ 440.00</i>	<i>880.00</i>

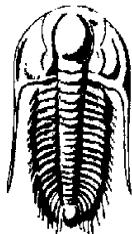
*TOTAL 5.499.18
Disc 20% 1.099.84*

PLUG & FLOAT EQUIPMENT

@	
@	
@	
@	
@	

*TOTAL 0
Disc 0%*

SALES TAX (If Any) _____
 TOTAL CHARGES *10.229.18*
 DISCOUNT *20% 2.045.84* *(20/20/0)*
 IF PAID IN 30 DAYS *8.183.34*



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

O'Brien Resources

28-14s-30w Logan County

P.O. Box 6149
Shreveport La, 71136

MSJ Penner 28 #2

ATTN: Kurt T.

Job Ticket: 57492

DST#: 1

Test Start: 2014.10.31 @ 04:52:00

GENERAL INFORMATION:

Formation: **Lansing C-G**

Deviated: No Whipstock: 0.00 ft (KB)

Test Type: Conventional Bottom Hole (Initial)

Time Tool Opened: 12:55:00

Tester: Justin Harris

Time Test Ended: 17:22:00

Unit No: 58

Interval: 3899.00 ft (KB) To 3985.00 ft (KB) (TVD)

Reference Elevations: 2777.00 ft (KB)

Total Depth: 3985.00 ft (KB) (TVD)

2763.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 14.00 ft

Serial #: 6625

Press@RunDepth: 20.88 psig @ ft (KB) Capacity: 8000.00 psig

Start Date: 2014.10.31 End Date: 2014.10.31 Last Calib.: 2014.10.31

Start Time: 04:52:01 End Time: 17:22:00 Time On Btm: 2014.10.31 @ 12:54:30

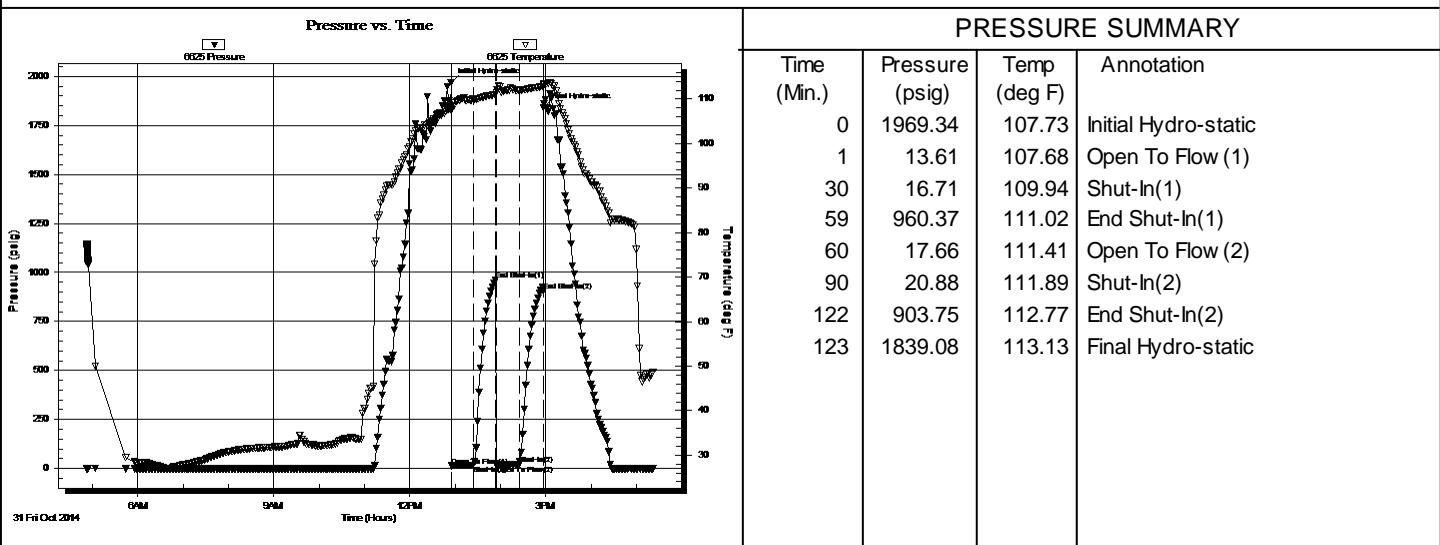
Time Off Btm: 2014.10.31 @ 14:57:00

TEST COMMENT: 30: Weak surface blow.

30: No Return.

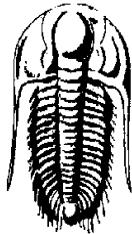
30: No Blow.

30: No Return.



Recovery		
Length (ft)	Description	Volume (bbl)
10.00	mud	0.14

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



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources

28-14s-30w Logan County

P.O. Box 6149
Shreveport La, 71136

MSJ Penner 28 #2

ATTN: Kurt T.

Job Ticket: 57492

DST#: 1

Test Start: 2014.10.31 @ 04:52:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 54.00 sec/qt
Water Loss: 7.99 in³
Resistivity: ohm.m
Salinity: 2000.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 0 deg API
Water Salinity: 0 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	mud	0.140

Total Length: 10.00 ft Total Volume: 0.140 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

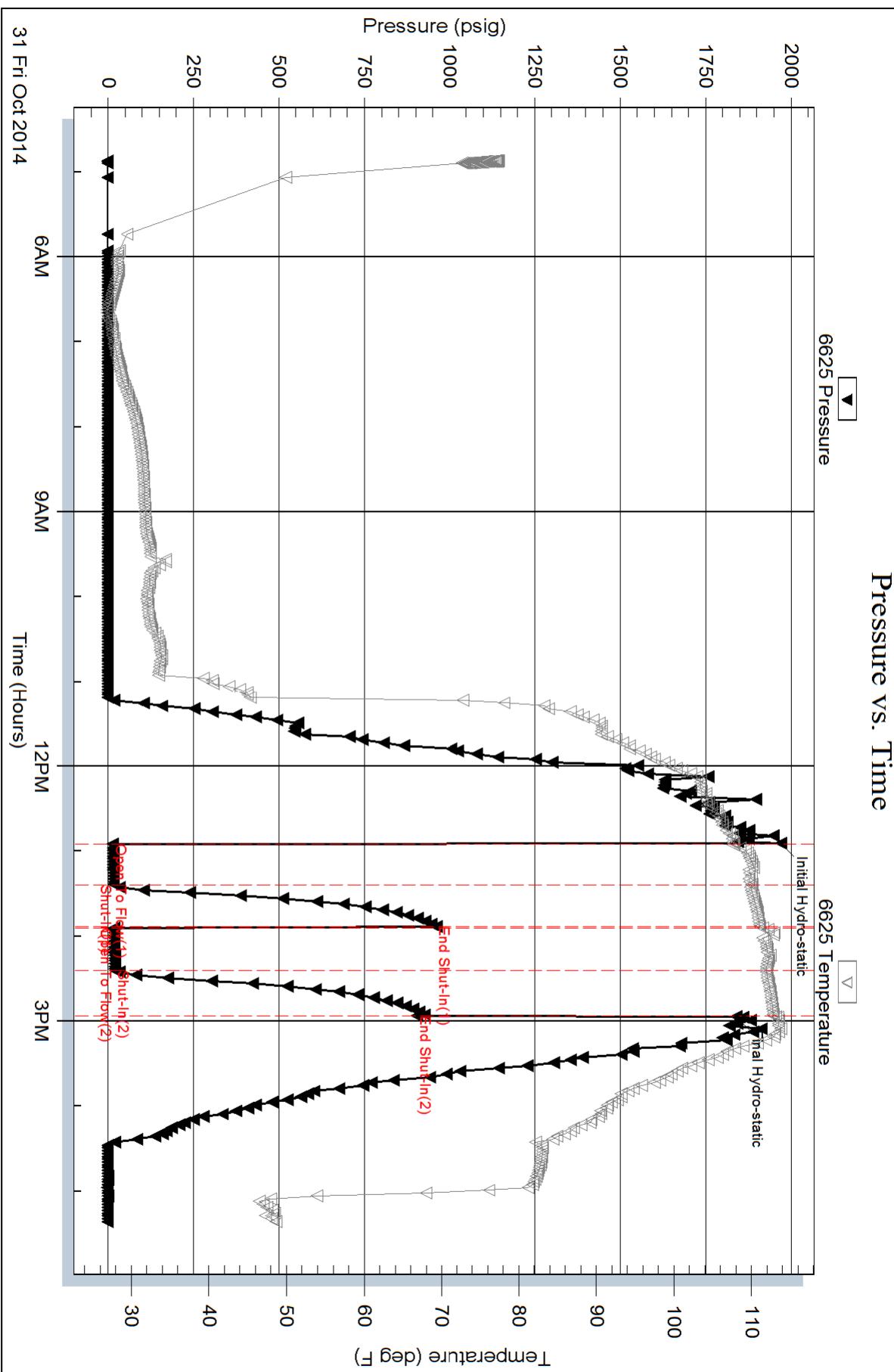
Recovery Comments:

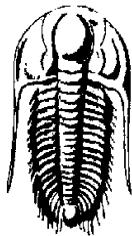
Serial #: 6625

O'Brien Resources

MSJ Penner 28 #2

DST Test Number: 1





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

O'Brien Resources

28-14s-30w Logan County

P.O. Box 6149
Shreveport La, 71136

MSJ Penner 28 #2

ATTN: Kurt T.

Job Ticket: 57493

DST#: 2

Test Start: 2014.11.02 @ 04:38:00

GENERAL INFORMATION:

Formation: **Lansing H-I-J**

Deviated: No Whipstock: 0.00 ft (KB)

Test Type: Conventional Bottom Hole (Reset)

Time Tool Opened: 08:39:00

Tester: Justin Harris

Time Test Ended: 12:45:00

Unit No: 58

Interval: 4036.00 ft (KB) To 4114.00 ft (KB) (TVD)

Reference Elevations: 2777.00 ft (KB)

Total Depth: 4114.00 ft (KB) (TVD)

2763.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 14.00 ft

Serial #: 6625

Press@RunDepth: 15.25 psig @ ft (KB) Capacity: 8000.00 psig

Start Date: 2014.11.02 End Date: 2014.11.02 Last Calib.: 2014.11.02

Start Time: 04:38:01 End Time: 12:45:00 Time On Btm: 2014.11.02 @ 08:38:30

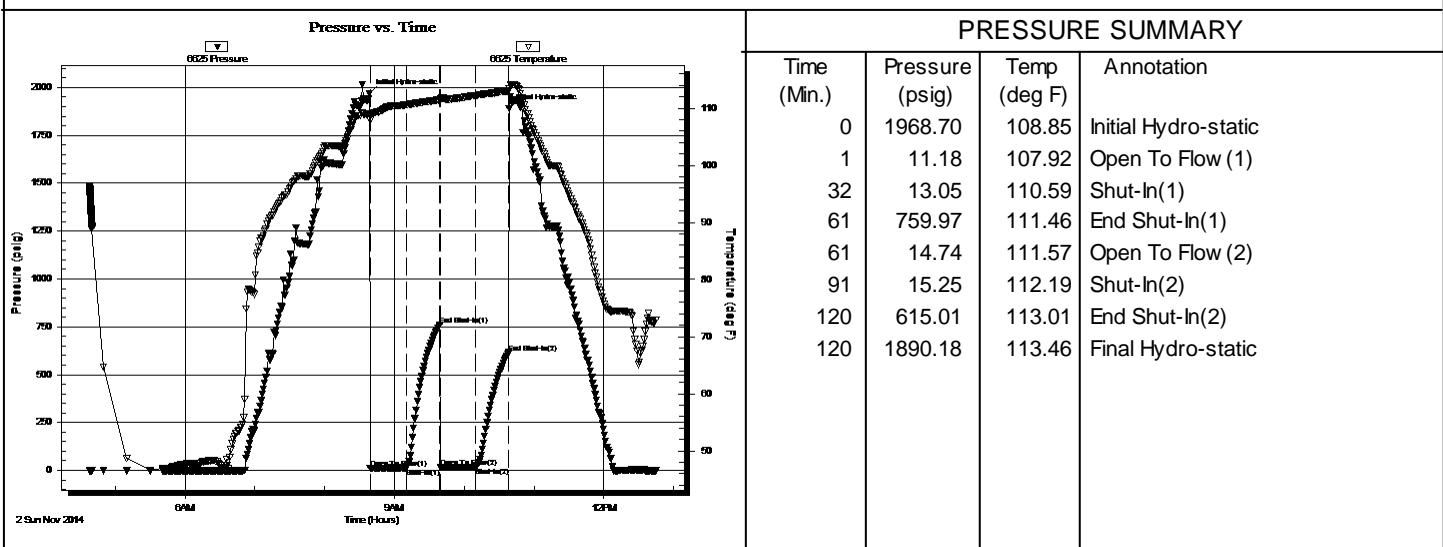
Time Off Btm: 2014.11.02 @ 10:38:30

TEST COMMENT: 30: Weak surface Blow died in 16 mins.

30: No Return.

30: No Blow .

30: No Return.



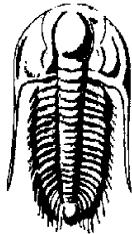
Recovery

Length (ft)	Description	Volume (bbl)
10.00	mud	0.14

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

O'Brien Resources
P.O. Box 6149
Shreveport La, 71136
ATTN: Kurt T.

28-14s-30w Logan County

MSJ Penner 28 #2

Job Ticket: 57493

DST#: 2

Test Start: 2014.11.02 @ 04:38:00

GENERAL INFORMATION:

Formation: **Lansing H-I-J**
Deviated: No Whipstock: 0.00 ft (KB)
Time Tool Opened: 08:39:00
Time Test Ended: 12:45:00

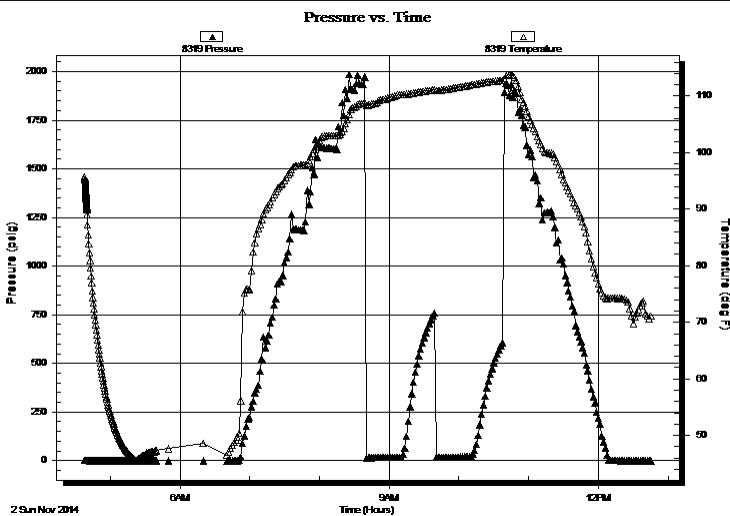
Interval: 4036.00 ft (KB) To 4114.00 ft (KB) (TVD)
Total Depth: 4114.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Poor

Test Type: Conventional Bottom Hole (Reset)
Tester: Justin Harris
Unit No: 58
Reference Elevations: 2777.00 ft (KB)
2763.00 ft (CF)
KB to GR/CF: 14.00 ft

Serial #: 8319 Outside

Press@RunDepth: psig @ 4037.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.11.02 End Date: 2014.11.02 Last Calib.: 2014.11.02
Start Time: 04:38:01 End Time: 12:45:30 Time On Btm:
Time Off Btm:

TEST COMMENT: 30: Weak surface Blow died in 16 mins.
30: No Return.
30: No Blow .
30: No Return.



PRESSURE SUMMARY

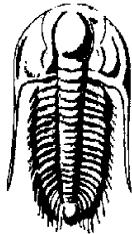
Recovery

Length (ft)	Description	Volume (bbl)
10.00	mud	0.14

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcfd)
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* Recovery from multiple tests



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources

28-14s-30w Logan County

P.O. Box 6149
Shreveport La, 71136

MSJ Penner 28 #2

ATTN: Kurt T.

Job Ticket: 57493

DST#: 2

Test Start: 2014.11.02 @ 04:38:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 48.00 sec/qt
Water Loss: 9.19 in³
Resistivity: ohm.m
Salinity: 2000.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 0 deg API
Water Salinity: 0 ppm

Recovery Information

Recovery Table

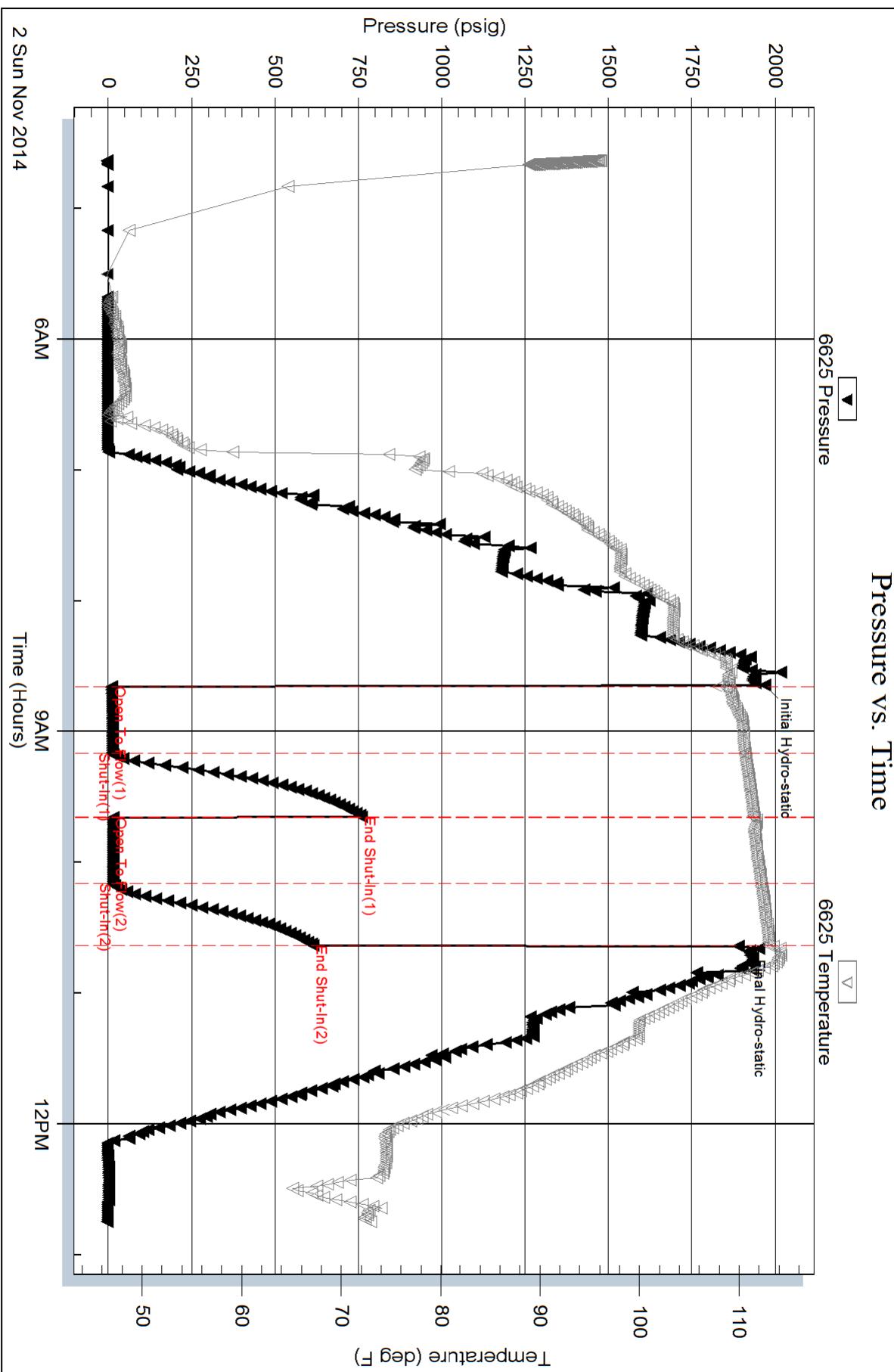
Length ft	Description	Volume bbl
10.00	mud	0.140

Total Length: 10.00 ft Total Volume: 0.140 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

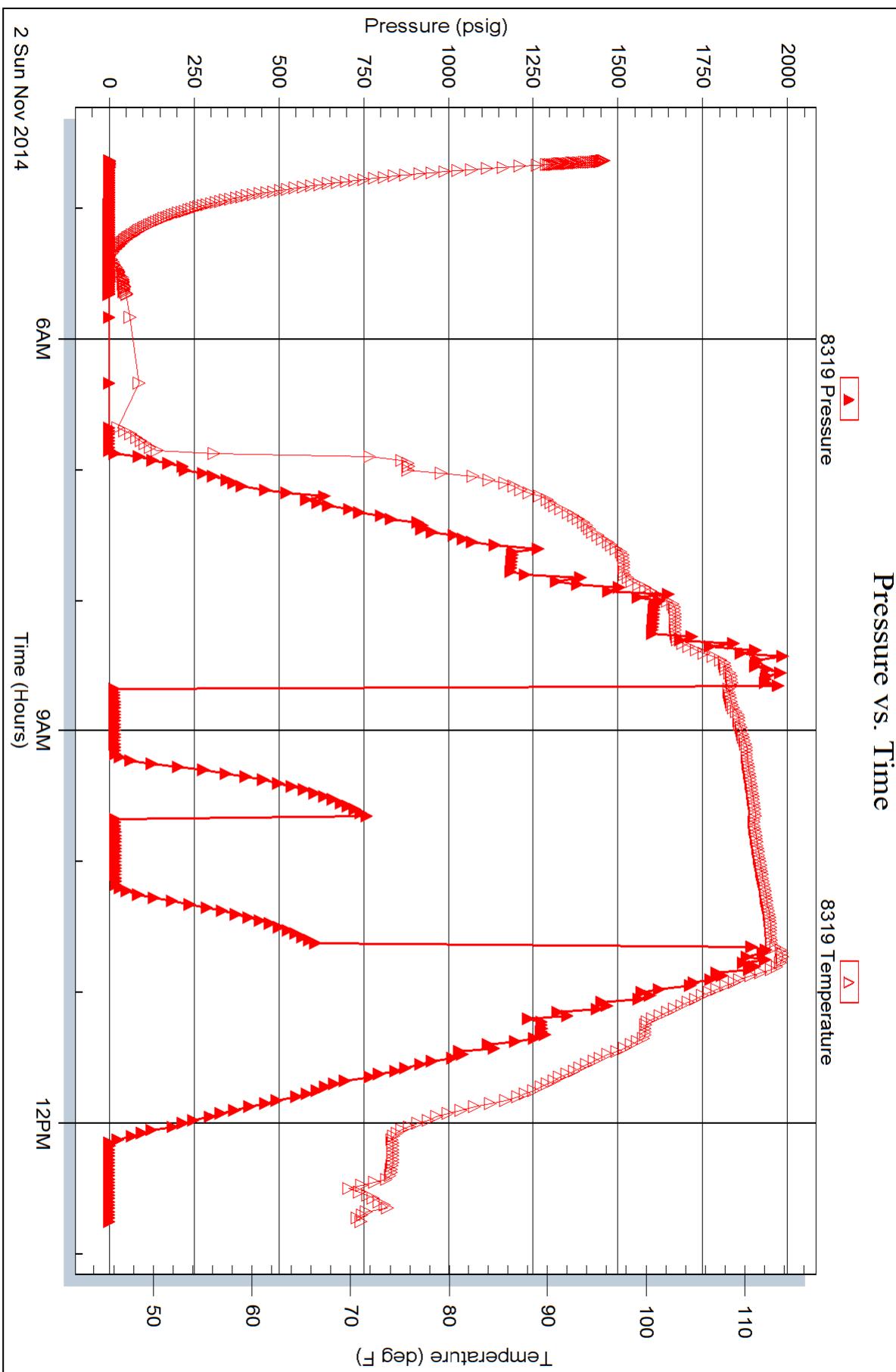


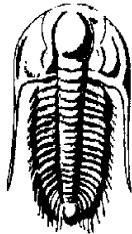
Serial #: 8319

Outside O'Brien Resources

MSJ Penner 28 #2

DST Test Number: 2





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

O'Brien Resources

28-14s-30w Logan County

P.O. Box 6149
Shreveport La, 71136

MSJ Penner 28 #2

ATTN: Kurt T.

Job Ticket: 57494

DST#: 3

Test Start: 2014.11.03 @ 16:18:00

GENERAL INFORMATION:

Formation: **Myrick Station**

Deviated: No Whipstock: 0.00 ft (KB)

Test Type: Conventional Bottom Hole (Reset)

Time Tool Opened: 20:38:00

Tester: Justin Harris

Time Test Ended: 00:51:00

Unit No: 58

Interval: 4322.00 ft (KB) To 4367.00 ft (KB) (TVD)

Reference Elevations: 2777.00 ft (KB)

Total Depth: 4367.00 ft (KB) (TVD)

2763.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 14.00 ft

Serial #: 6625

Press@RunDepth: 20.69 psig @ ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.11.03

Last Calib.: 2014.11.04

Start Time: 16:18:01

End Date: 2014.11.04

Time On Btm: 2014.11.03 @ 20:37:30

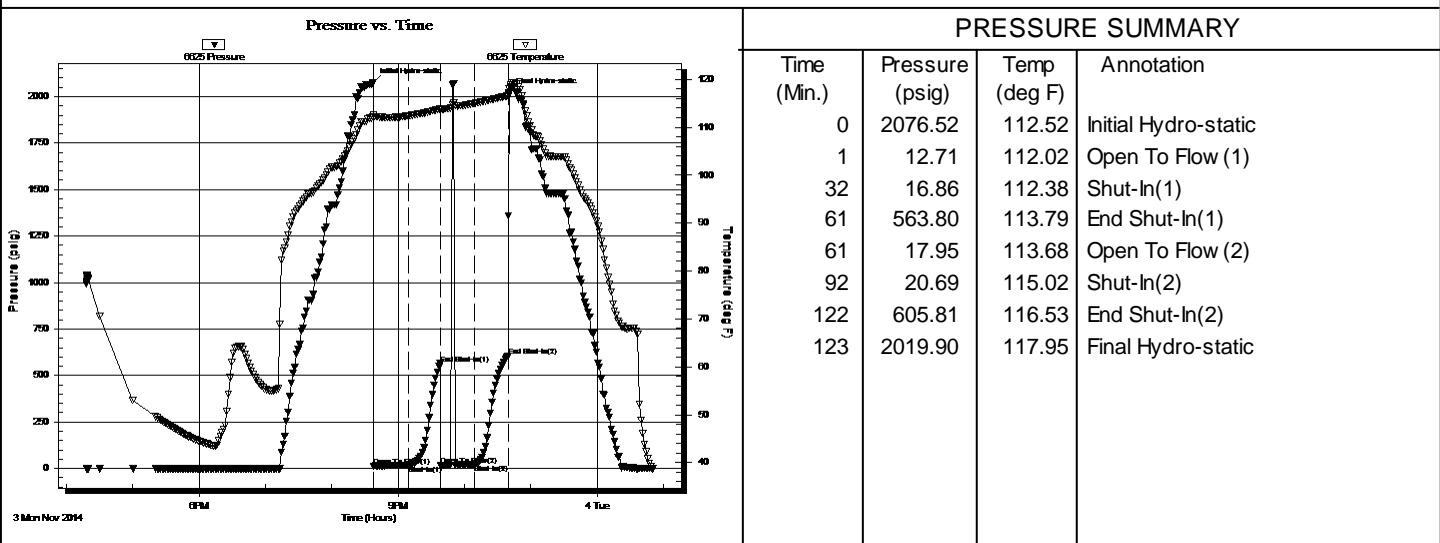
Time Off Btm: 2014.11.03 @ 22:40:30

TEST COMMENT: 30: Weak surface blow died in 18 mins.

30: No Return.

30: No Blow .

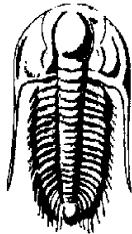
30: No Return.



Recovery		
Length (ft)	Description	Volume (bbl)
10.00	mud w/ oil spots	0.14

* Recovery from multiple tests

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



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Resources

28-14s-30w Logan County

P.O. Box 6149
Shreveport La, 71136

MSJ Penner 28 #2

ATTN: Kurt T.

Job Ticket: 57494

DST#: 3

Test Start: 2014.11.03 @ 16:18:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 54.00 sec/qt
Water Loss: 7.98 in³
Resistivity: ohm.m
Salinity: 2000.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 0 deg API
Water Salinity: 0 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	mud with oil spots	0.140

Total Length: 10.00 ft Total Volume: 0.140 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

