



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236203
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: _____

1236203

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1057

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-5-2014	25	16	12	BARTON	KANSAS		2:30 AM
				Location: Beaver KS, 3E 3/4 S 1/4 E T10			

Lease	URBAN WALKER	Well No.	1	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor	Royal D&B Rig # 2 'Tom'	Type Job	Cement Surface	Charge To	R.J.M.
Hole Size	12 1/4	T.D.	415'	Street	
Csg.	8 5/8	Depth	415'	City	State
Tbg. Size	New 23# csg	Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool		Depth		Cement Amount Ordered 250 sq Com.	
Cement Left in Csg.	20'	Shoe Joint		Meas Line Displace 25 1/8 BBL 3 1/2 cc 2 1/2 GEL	

EQUIPMENT

Pumptrk	18	No.	Cementer	Glenn G.
			Helper	Cody B.
Bulktrk	9	No.	Driver	Dave H.
			Driver	
Bulktrk		No.	Driver	
			Driver	

JOB SERVICES & REMARKS

Remarks:
Rat Hole
Mouse Hole
Centralizers
Baskets
D/V or Port Collar

Common
Poz. Mix
Gel
Calcium
Hulls
Salt
Flowseal
Kol-Seal
Mud CLR 48
CFL-117 or CD110 CAF 38
Sand
Handling
Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge
Mileage

Tax
Discount
Total Charge

8 5/8 Set @ 415
Cement w/ 250 sq Com 3 1/2
Displace 25 1/8 BBL 1 1/2
SHUT IN @ 300#

Cement did circulate
THANKS!

X Signature *Tom Drake*

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

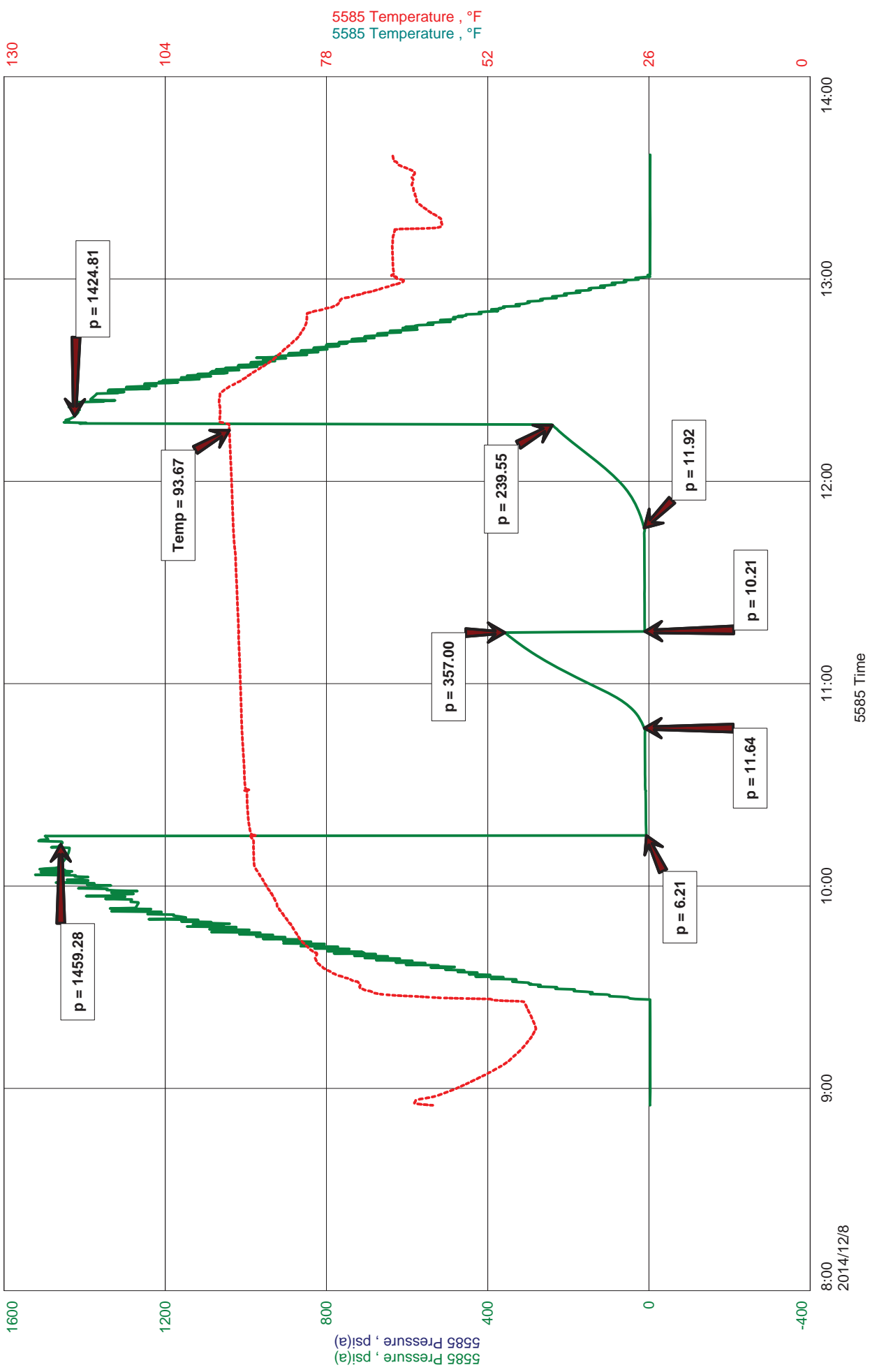
No. 1364

Date	12-11-14	Sec.	26	Twp.	16	Range	12	County	Barton	State	KS	On Location		Finish	6:00AM	
								Location								Beaver, 3E, 3/4 S, E n 2
Lease	Urban-Walker			Well No. 1	Owner											
Contractor	Royal 2			To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.												
Type Job	long string			Charge To												
Hole Size	7 7/8			T.D.	RJM											
Csg.	5 1/2 15.5 #			Depth	3434											
Tbg. Size				Depth	Street											
Tool				Depth	City											
Cement Left in Csg.				Shoe Joint	State											
Meas Line				Displace	The above was done to satisfaction and supervision of owner agent or contractor.											
				Cement Amount Ordered												
				180sx com, 10% salt, 5% gilsonite												
EQUIPMENT																
Pumptrk	17	No.	Cementer			Common										
Bulktrk	3	No.	Helper			Poz. Mix										
Bulktrk	Ph	No.	Driver			Gel.										
			Lorraine W.			Calcium										
			Tylor			Hulls										
			Travis			Salt										
JOB SERVICES & REMARKS																
Remarks:																
Rat Hole 3 1/2																
Mouse Hole 1 5/8																
Centralizers 1-9																
Baskets 3, 5																
D/V or Port Collar																
Pipe on bottom broke circulation set																
Triplex shoe pumped 500 gal Mud CLR 48																
with 10 661 fw behind it. Plug / Rat																
hole with 20 sx and mouse hole with																
15 sx. Hooked to 5 1/2 Mixed 1.35 sx shut																
down. Washed pump and lines. Released																
Plug and displaced with 8 1/2 661 fw																
Plug landed and held.																
FLOAT EQUIPMENT																
Guide Shoe																
Centralizer 9 turbo's																
Baskets 2																
AFU Inserts																
Float Shoe																
Latch Down 1																
Lift pressure 800-psi																
1 Triplex shoe																
Plug landed at 1500 psi																
Pumptrk Charge																
Mileage																
Tax																
Discount																
Total Charge																
Signature <i>Tom Blake</i>																

RJM CO
DST1 LAN A-F 3102-3185
Start Test Date: 2014/12/08
Final Test Date: 2014/12/08

URBAN WALKER 1
Formation: DST1 LAN A-F 3102-3185
Pool: WILDCAT
Job Number: A132

URBAN WALKER 1



8:00
2014/12/8

11:00
5585 Time

14:00

DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	RJM CO	CHRIS HOFFMAN	Job Number	A132
Contact		URBAN WALKER 1	Representative	ANDY CARREIRA
Well Name		DST1 LAN A-F 3102-3185	Well Operator	RJM CO
Unique Well ID		SEC 26-16S-12W BARTON CNTY,KS	Report Date	2014/12/08
Surface Location			Prepared By	ANDY CARREIRA
Well License Number				
Field		WILDCAT		
Well Type		Vertical		

Test Information

Test Type	CONVENTIOAL
Formation	DST1 LAN A-F 3102-3185
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/12/08	Start Test Time	08:55:00
Final Test Date	2014/12/08	Final Test Time	13:40:00

Gauge Name	5585
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Test Results

RECOVERY: 10' MUD

TOOL SAMPLE: LESS THAN 1% OIL, MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313

TIME ON: 08:55
TIME OFF: 13:40

DRILL-STEM TEST TICKET
FILE: URBAN WALKER 1 DST1

Company RJM CO. Lease & Well No. URBAN WALKER 1
Contractor ROYAL 2 Charge to RJM CO
Elevation 1917 KB Formation LAN A-F Effective Pay _____ Ft. Ticket No. A132
Date 12-8-14 Sec. 26 Twp. 16 S Range 12 W County BARTON State KANSAS
Test Approved By WYATT URBAN Diamond Representative ANDY CARREIRA

Formation Test No. 1 Interval Tested from 3102 ft. to 3185 ft. Total Depth 3185 ft.
Packer Depth 3097 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3102 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3092 ft. Recorder Number 5585 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3104 ft. Recorder Number 8471 Cap. 10000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 49 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 7.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 3000 P.P.M. Drill Pipe Length 3077 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number N/A Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 83 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: DEAD IN 8 MIN. FLUSHED, SURGED, SURFACE BLOW. DEAD IN 5 MIN, (NObb)
2nd Open: NO BLOW (NObb)

Recovered 10 ft. of MUD
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: LESS THAN 1% OIL, MUD	Total

Time Set Packer(s) 10:18 AM A.M. P.M. Time Started Off Bottom 12:18 PM A.M. P.M. Maximum Temperature 94

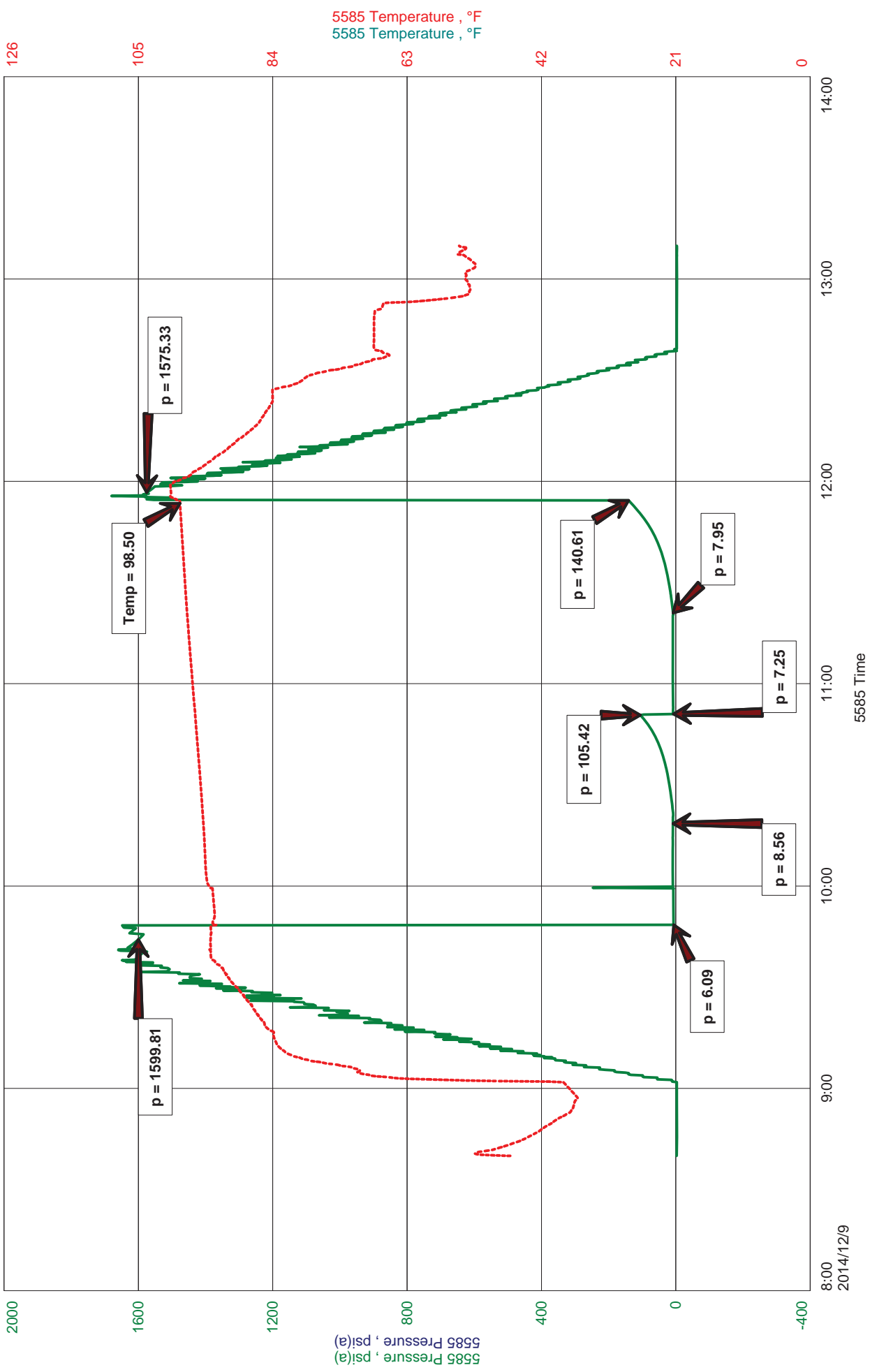
Initial Hydrostatic Pressure..... (A) 1459 P.S.I.
Initial Flow Period..... Minutes 30 (B) 6 P.S.I. to (C) 12 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 357 P.S.I.
Final Flow Period..... Minutes 30 (E) 10 P.S.I. to (F) 12 P.S.I.
Final Closed In Period..... Minutes 30 (G) 240 P.S.I.
Final Hydrostatic Pressure..... (H) 1425 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.

RJM CO
DST2 ARBUCKLE 3334-3371
Start Test Date: 2014/12/09
Final Test Date: 2014/12/09

URBAN-WALKER 1
Formation: DST2 ARBUCKLE 3334-3371
Pool: WILDCAT
Job Number: A133

URBAN-WALKER 1



DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	RJM CO	CHRIS HOFFMAN	Job Number	A133
Contact		URBAN-WALKER 1	Representative	ANDY CARREIRA
Well Name		DST2 ARBUCKLE 3334-3371	Well Operator	RJM CO
Unique Well ID		SEC 26-16S-12W BARTON CNTY,KS	Report Date	2014/12/09
Surface Location			Prepared By	ANDY CARREIRA
Well License Number				
Field		WILDCAT		
Well Type		Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST2 ARBUCKLE 3334-3371
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/12/09	Start Test Time	08:40:00
Final Test Date	2014/12/09	Final Test Time	13:10:00

Gauge Name	5585
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Test Results

RECOVERY: 5' OCM 20%OIL, 80%MUD

TOOL SAMPLE: 40%OIL, 60%MUD



DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313

TIME ON: 08:40
 TIME OFF: 13:10

DRILL-STEM TEST TICKET
 FILE: URBAN WALKER 1 DST2

Company RJM CO. Lease & Well No. URBAN WALKER 1
 Contractor ROYAL 2 Charge to RJM CO
 Elevation 1917 KB Formation ARBUCKLE Effective Pay _____ Ft. Ticket No. A133
 Date 12-9-14 Sec. 26 Twp. 16 S Range 12 W County BARTON State KANSAS
 Test Approved By WYATT URBAN Diamond Representative ANDY CARREIRA

Formation Test No. 2 Interval Tested from 3334 ft. to 3371 ft. Total Depth 3371 ft.
 Packer Depth 3329 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3334 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3324 ft. Recorder Number 5585 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 3336 ft. Recorder Number 8471 Cap. 10000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 57 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 7000 P.P.M. Drill Pipe Length 3309 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number N/A Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 37 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: DEAD IN 7 MIN. FLUSHED, SURGED, NO BLOW. (NObb)
 2nd Open: NO BLOW (NObb)

Recovered <u>5</u> ft. of <u>OCM 20% OIL, 80%MUD</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: <u>40% OIL, 60% MUD</u>	Total

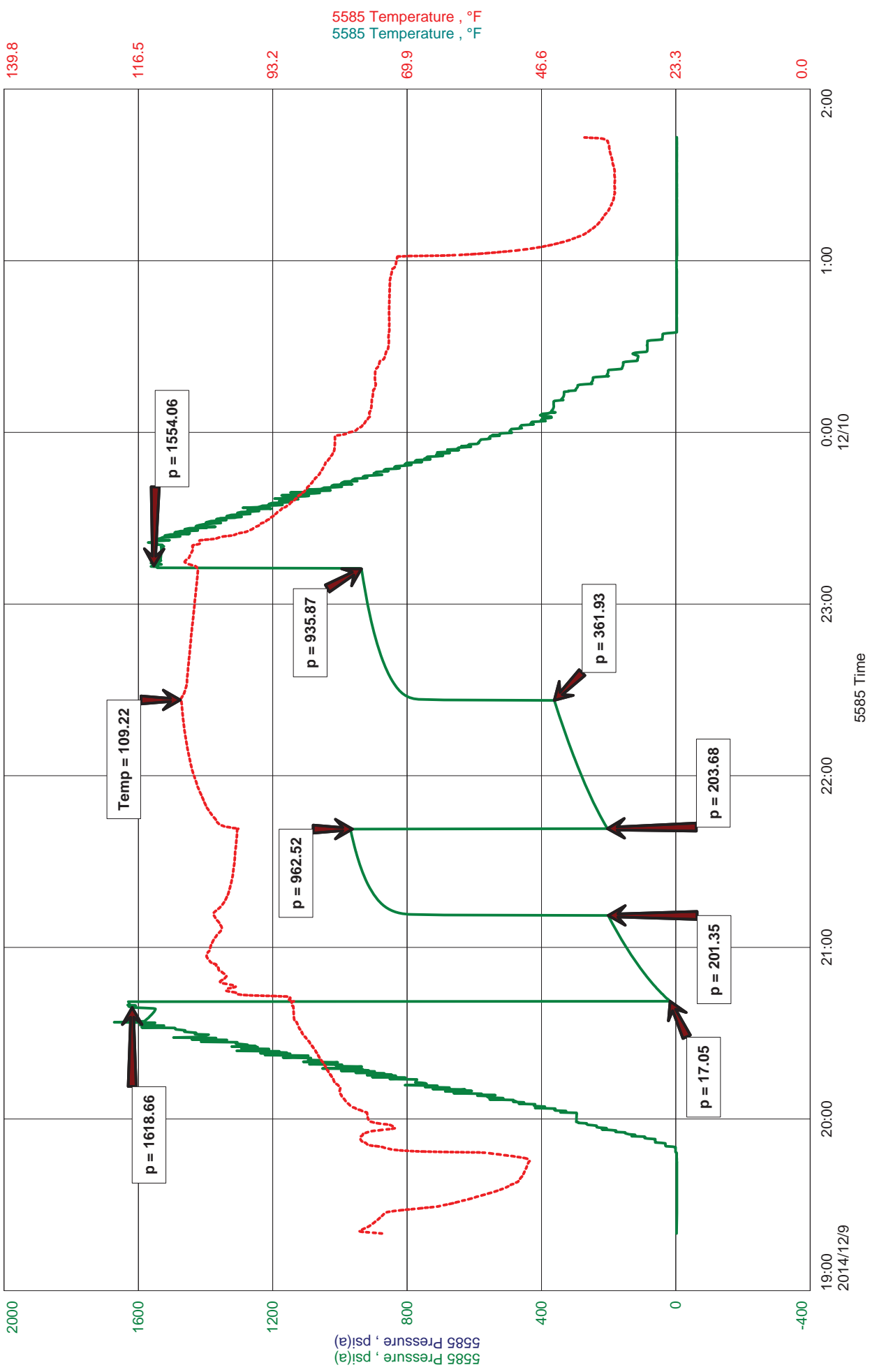
Time Set Packer(s) 9:50 AM A.M. P.M. Time Started Off Bottom 11:50 AM A.M. P.M. Maximum Temperature 99
 Initial Hydrostatic Pressure..... (A) 1600 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 6 P.S.I. to (C) 9 P.S.I.
 Initial Closed In Period..... Minutes 30 (D) 105 P.S.I.
 Final Flow Period..... Minutes 30 (E) 7 P.S.I. to (F) 8 P.S.I.
 Final Closed In Period..... Minutes 30 (G) 141 P.S.I.
 Final Hydrostatic Pressure..... (H) 1575 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.

RJM CO
DST3 ARBUCKLE 3334-3387
Start Test Date: 2014/12/09
Final Test Date: 2014/12/10

URBAN WALKER 1
Formation: DST3 ARBUCKLE 3334-3387
Pool: WILDCAT
Job Number: A134

URBAN WALKER 1



DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	RJM CO	CHRIS HOFFMAN	Job Number	A134
Contact		URBAN WALKER 1	Representative	ANDY CARREIRA
Well Name		DST3 ARBUCKLE 3334-3387	Well Operator	RJM CO
Unique Well ID		SEC 26-16S-12W BARTON CNTY,KS	Report Date	2014/12/09
Surface Location			Prepared By	ANDY CARREIRA
Well License Number				
Field		WILDCAT		
Well Type		Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST3 ARBUCKLE 3334-3387
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/12/09	Start Test Time	19:20:00
Final Test Date	2014/12/10	Final Test Time	01:43:00

Gauge Name	5585
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Test Results

RECOVERY:	378' GIP	GRAVITY= 37
	30' CGO 10%G, 90%O	CHLORIDES= 13000 PPM
	194' GOCWM 5%G, 15%O, 10%W, 70%M	RW= .54 @ 67
	194' GOCMW 5%G, 15%O, 45%W, 35%M	PH= 6
	378' OCW 5%O, 95%W	
	796' TOTAL FLUID	

TOOL SAMPLE: 5%OIL, 95%WATER



DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313

TIME ON: 19:20
 TIME OFF: 01:43

DRILL-STEM TEST TICKET
 FILE: URBAN WALKER 1 DST3

Company RJM CO. Lease & Well No. URBAN WALKER 1
 Contractor ROYAL 2 Charge to RJM CO
 Elevation 1917 KB Formation ARBUCKLE Effective Pay _____ Ft. Ticket No. A134
 Date 12-9-14 Sec. 26 Twp. 16 S Range 12 W County BARTON State KANSAS
 Test Approved By WYATT URBAN Diamond Representative ANDY CARREIRA

Formation Test No. 3 Interval Tested from 3334 ft. to 3387 ft. Total Depth 3387 ft.
 Packer Depth 3329 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3334 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 3315 ft. Recorder Number 5585 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 3336 ft. Recorder Number 8471 Cap. 10000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 57 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 7000 P.P.M. Drill Pipe Length 3302 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number 09 Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 53 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: BOB IN 5 MIN. (NObb)
 2nd Open: BOB IN 9 MIN. (NObb)

Recovered <u>378</u> ft. of <u>GIP</u>	
Recovered <u>30</u> ft. of <u>CGO 10%G, 90%O</u>	<u>GRAVITY= 37</u>
Recovered <u>194</u> ft. of <u>GOCWM 5%G, 15%O, 10%W, 70%M</u>	<u>CHLORIDES= 13000 PPM</u>
Recovered <u>194</u> ft. of <u>GOCMW 5%G, 15%O, 45%W, 35%M</u>	<u>RW= .54 @ 67</u>
Recovered <u>378</u> ft. of <u>OCW 5%O, 95%W</u>	<u>PH= 6</u>
Recovered <u>796</u> ft. of <u>TOTAL FLUID</u>	<u>Price Job</u>
Remarks: _____	<u>Other Charges</u>
<u>TOOL SAMPLE: 5%OIL, 95%WATER</u>	<u>Insurance</u>
	<u>Total</u>

Time Set Packer(s) 8:41 PM A.M. P.M. Time Started Off Bottom 11:11 PM A.M. P.M. Maximum Temperature 109

Initial Hydrostatic Pressure..... (A) 1619 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 17 P.S.I. to (C) 201 P.S.I.
 Initial Closed In Period..... Minutes 30 (D) 963 P.S.I.
 Final Flow Period..... Minutes 45 (E) 204 P.S.I. to (F) 362 P.S.I.
 Final Closed In Period..... Minutes 45 (G) 936 P.S.I.
 Final Hydrostatic Pressure..... (H) 1554 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.