



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Berexco LLC

10 1S 37W Cheyenne KS

2020 Bramblewood
Wichita KS 67206

Deyle 1-10

Job Ticket: 60163

DST#: 1

ATTN: Pete Vollmer

Test Start: 2014.09.22 @ 00:15:00

GENERAL INFORMATION:

Formation: **LKC "B"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 03:03:00

Time Test Ended: 08:34:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Robert Zodrow

Unit No: 49

Interval: 4090.00 ft (KB) To 4150.00 ft (KB) (TVD)

Reference Elevations: 3123.00 ft (KB)

Total Depth: 4150.00 ft (KB) (TVD)

3110.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 13.00 ft

Serial #: 6769 Outside

Press@RunDepth: 30.45 psig @ 4091.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.09.22

End Date:

2014.09.22

Last Calib.:

2014.09.22

Start Time: 00:15:05

End Time:

08:33:59

Time On Btm:

2014.09.22 @ 03:02:30

Time Off Btm:

2014.09.22 @ 06:34:30

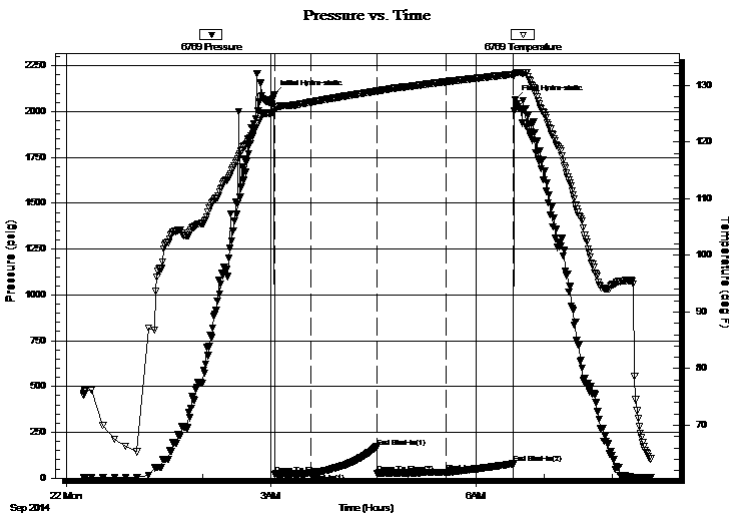
TEST COMMENT: 30-IS- Blow built to 1/8" died in 26 mins

60-IS- No return

60-FF- No blow

60-FS- No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2094.04	125.35	Initial Hydro-static
1	22.16	125.73	Open To Flow (1)
32	24.72	127.02	Shut-In(1)
90	170.99	128.96	End Shut-In(1)
91	27.88	128.93	Open To Flow (2)
151	30.45	130.62	Shut-In(2)
211	79.18	131.95	End Shut-In(2)
212	2063.51	132.03	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	mud 100% m	0.05

Gas Rates

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



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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: 65.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 500.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	mud 100%m	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

