



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238547
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: _____



1238547

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
---	--

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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Brad SWD 1
Doc ID	1238547

All Electric Logs Run

Gamma Ray
Dual Induction
Neutron Log
Density Log

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Brad SWD 1
Doc ID	1238547

Tops

Name	Top	Datum
STARK SHALE	4518	-3095
HUSHPUCKNEY SHALE	4546	-3126
B/KC	4595	-3175
PAWNEE	4688	-3268
CHEROKEE SAND	4750	-3330
MISSISSIPPIAN	4800	-3380
KINDERHOOK	5110	-3690
WOODFORD	5180	-3760
VIOLA	5258	-3838
SIMPSON SHALE	5354	-3934
ARBUCKLE	5530	-4110

ALLIED OIL & GAS SERVICES, LLC 065052

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
MEO LOOGE

DATE <u>10-29-14</u>	SEC. <u>6</u>	TWP. <u>25</u>	RANGE <u>12</u>	CALLED OUT <u>12:00 P.M</u>	ON LOCATION <u>1:120</u>	JOB START <u>4:00</u>	JOB FINISH <u>5:30</u>
LEASE <u>BRAN</u>		WELL # <u>SWO #1</u>	LOCATION <u>HARDTWOZ KS .4 West North into</u>		COUNTY <u>Garber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>VAL Dele #5</u>	OWNER <u>INDIAN OIL Co.</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>900</u>
CASING SIZE <u>8 5/8 24"</u>	DEPTH <u>262.19</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>41.33</u>
CEMENT LEFT IN CSG.	<u>41.33</u>
PERFS.	
DISPLACEMENT	<u>14 Bbl</u>

CEMENT	AMOUNT ORDERED <u>250 sq Class A</u>
	<u>2% GEL 3% LL</u>
COMMON	<u>250 sq @ 17.90 4475.00</u>
POZMIX	@
GEL	<u>470 lbs @ .50 235.00</u>
CHLORIDE	<u>705 lbs @ 1.10 775.50</u>
ASC	@
	@
	@
	@
	@
	@
	@
	@
HANDLING	@
MILEAGE	@

PUMP TRUCK CEMENTER <u>T. SEBA J. BSWERS</u>
<u>548-545</u> HELPER <u>Justin Bawoz</u>
BULK TRUCK
<u>702-643</u> DRIVER <u>Kindel H</u>
BULK TRUCK
DRIVER

REMARKS:
Run 6 1/2" 24" 8 5/8 CSG set @ 262.19
1st = 41.33 Fiber Baffle Plate 1 cmt Bkt on Bottom
CSG on Bottom Hook up to CSG & Break circ w/leg
1 cmt Pumping 5 Bbl H₂O
Mix 1 Pump 250 sq Class A 2% GEL 3% LL @ 15.2/gal
Disp 14 Bbl total
Plug down @ 4.45 380
Class in valve on CSG Break circ then JCS
Circ out TO RT

TOTAL	<u>5485.50</u>
25% =	<u>1371.38</u>
SERVICE	
DEPTH OF JOB	<u>262</u>
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	<u>2.5 @ 4.40 110.00</u>
MILEAGE	<u>2.5 @ 7.70 192.50</u>
MANIFOLD & HEAD	@ 275.00
Handling	<u>270.33 @ 2.48 670.42</u>
Mileage	<u>12.33 @ 2.75 339.08</u>
TOTAL	<u>3607.86</u>
25% =	<u>901.97</u>

CHARGE TO: _____
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT		
<u>8 5/8</u>		
1 Top Cushion Plug	@ 131.00	<u>131.00</u>
1 Fiber Baffle Plate	<u>322.00</u>	<u>322.00</u>
1 CMT Bkt	@ 560.00	<u>560.00</u>
	@	
	@	

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 Jeff Hood
 SIGNATURE Jeff Hood

ALLIED OIL & GAS SERVICES, LLC 065077

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Mackwell, K.S.

DATE <u>11-7-14</u>	SEC <u>6</u>	TWP <u>35W</u>	RANGE <u>12S</u>	CALLED OUT	ON LOCATION <u>11:00 pm</u>	JOB START	JOB FINISH
LEASE <u>Brookswp</u> WELL # <u>1</u>		LOCATION <u>Hardner K.S 1/4 west</u>			COUNTY <u>Barber</u>	STATE <u>K.S.</u>	
OLD OR <u>(NEW)</u> (Circle one)		north into					

CONTRACTOR Kal #5 OWNER Indian oil

TYPE OF JOB <u>production</u>	CEMENT
HOLE SIZE <u>7 1/8</u> T.D.	AMOUNT ORDERED <u>50 SKS 60:40:14</u>
CASING SIZE <u>5 1/2</u> DEPTH <u>5,593</u>	<u>185 Class A ASC + 5# Kolseal + 5%</u>
TUBING SIZE DEPTH	<u>\$1140 + DF</u>
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	
MEAS. LINE SHOE JOINT <u>42</u>	
CEMENT LEFT IN CSG. <u>42 ft</u>	
PERFS.	
DISPLACEMENT <u>132</u>	

COMMON _____ @ _____	
POZMIX _____ @ _____	
GEL _____ @ _____	
CHLORIDE _____ @ _____	
ASC <u>125 sk</u> @ <u>23.50</u> <u>2937.50</u>	
<u>60:40:4% gel 50 sk</u> @ <u>18.92</u> <u>946.00</u>	
<u>Kolseal 625#</u> @ <u>98</u> <u>612.50</u>	
<u>F1-160 55.75</u> @ <u>18.90</u> <u>1110.37</u>	
<u>Debunker 17.5#</u> @ <u>9.50</u> <u>171.50</u>	
<u>ASF 12 Bbls</u> @ <u>25.00</u> <u>300.00</u>	
_____ @ _____	
_____ @ _____	
HANDLING _____ @ _____	
MILEAGE _____ @ _____	

REMARKS: 25% = 1519.46 TOTAL 6077.87

SERVICE	
DEPTH OF JOB <u>5,593</u>	
PUMP TRUCK CHARGE <u>3099.25</u>	
EXTRA FOOTAGE <u>20' 25</u> @ <u>4.40</u> <u>110.00</u>	
MILEAGE <u>25</u> @ <u>7.70</u> <u>192.50</u>	
MANIFOLD _____ @ _____	
<u>Handling 215.12</u> @ <u>2.48</u> <u>533.49</u>	
<u>Mileage 231.05</u> @ <u>2.75</u> <u>635.38</u>	
25% = <u>1211.40</u>	
TOTAL 4845.62	

CHARGE TO: Indian oil

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT	
<u>1 Drucker shoe</u> @ _____	<u>1340.00</u>
<u>1 1/2 DP</u> @ _____	<u>660.00</u>
<u>11 Centralizers</u> @ <u>57.00</u>	<u>627.00</u>
_____ @ _____	
TOTAL 2627.00	

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 X ANTHONY FARRAR

SIGNATURE X [Signature]

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

April 16, 2015

Joscelyn Nittler
Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS 67104-0209

Re: ACO-1
API 15-007-24251-00-00
Brad SWD 1
SE/4 Sec.06-35S-12W
Barber County, Kansas

Dear Joscelyn Nittler:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/28/2014 and the ACO-1 was received on April 16, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



DRILL STEM TEST REPORT

Prepared For: **Indian Oil Co., Inc.**

2507 S.E. U.S. 160 Hwy.
Medicine Lodge, KS 67104

ATTN: Scott Alberg

Brad SWD #1

6-35s-12w Barber,KS

Start Date: 2014.11.02 @ 18:08:13

End Date: 2014.11.03 @ 04:01:13

Job Ticket #: 59920 DST #: 1

Trilobite Testing, Inc
1515 Commerce Parkway Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2014.11.08 @ 12:17:25



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Indian Oil Co., Inc.
 2507 S.E. U.S. 160 Hwy.
 Medicine Lodge, KS 67104
 ATTN: Scott Alberg

6-35s-12w Barber,KS
Brad SWD #1
 Job Ticket: 59920 **DST#: 1**
 Test Start: 2014.11.02 @ 18:08:13

GENERAL INFORMATION:

Formation: **Miss.**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 21:29:43
 Tester: Ryan Reynolds
 Time Test Ended: 04:01:13
 Unit No: 68
 Interval: **4792.00 ft (KB) To 4854.00 ft (KB) (TVD)**
 Reference Elevations: 1420.00 ft (KB)
 Total Depth: 4854.00 ft (KB) (TVD)
 1409.00 ft (CF)
 Hole Diameter: 7.88 inches
 Hole Condition: Fair
 KB to GR/CF: 11.00 ft

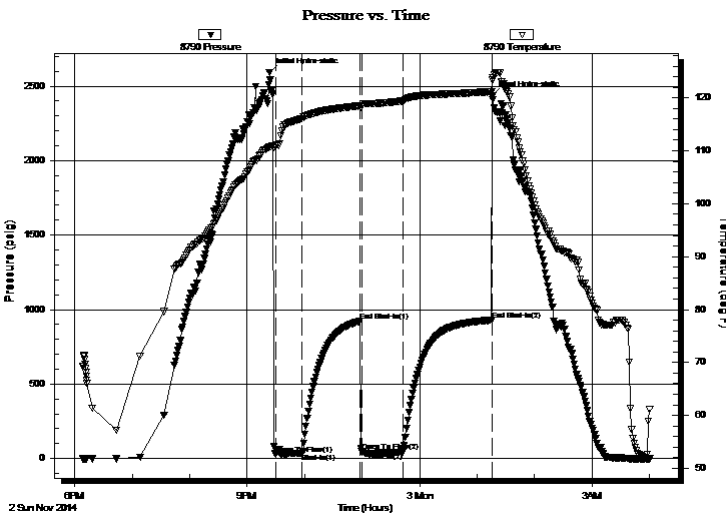
Serial #: 8790

Inside

Press@RunDepth: 41.65 psig @ 4798.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.11.02 End Date: 2014.11.03 Last Calib.: 2014.11.03
 Start Time: 18:08:18 End Time: 04:01:13 Time On Btm: 2014.11.02 @ 21:23:13
 Time Off Btm: 2014.11.03 @ 01:16:13

TEST COMMENT: IF: Strong blow . BOB @ 2 min.
 IS: No blow .
 FF: Strong blow . BOB immed. GTS @ 43 min. TSTM.
 FS: No blow .

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2592.09	110.79	Initial Hydro-static
7	30.13	110.90	Open To Flow (1)
35	35.43	116.14	Shut-In(1)
95	922.02	118.55	End Shut-In(1)
97	47.65	118.32	Open To Flow (2)
140	41.65	119.43	Shut-In(2)
232	929.70	121.18	End Shut-In(2)
233	2435.84	123.35	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
65.00	OGCM 7%o, 9%g, 84%m	0.91

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (m ³ /d)



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Indian Oil Co., Inc.
2507 S.E. U.S. 160 Hwy.
Medicine Lodge, KS 67104
ATTN: Scott Alberg

6-35s-12w Barber,KS
Brad SWD #1
Job Ticket: 59920 **DST#: 1**
Test Start: 2014.11.02 @ 18:08:13

GENERAL INFORMATION:

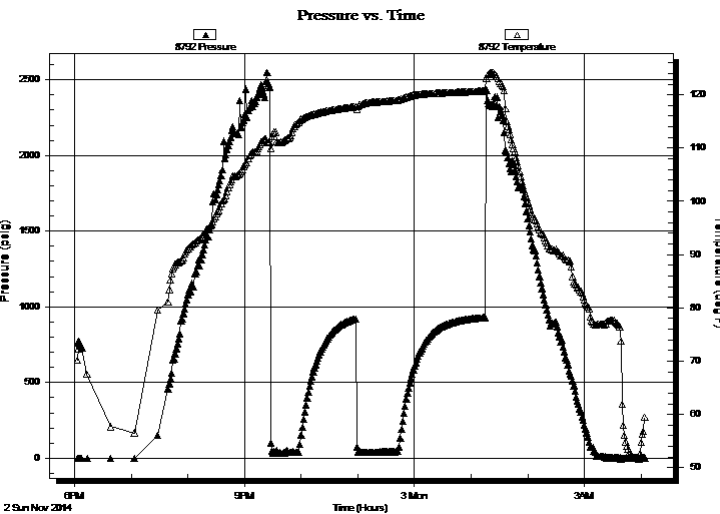
Formation: **Miss.**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 21:29:43
 Time Test Ended: 04:01:13
 Interval: **4792.00 ft (KB) To 4854.00 ft (KB) (TVD)**
 Total Depth: 4854.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Initial)
 Tester: Ryan Reynolds
 Unit No: 68
 Reference Elevations: 1420.00 ft (KB)
 1409.00 ft (CF)
 KB to GR/CF: 11.00 ft

Serial #: 8792 Outside

Press@RunDepth: psig @ 4798.00 ft (KB)
 Start Date: 2014.11.02 End Date: 2014.11.03
 Start Time: 18:03:09 End Time: 04:04:19
 Capacity: 8000.00 psig
 Last Calib.: 2014.11.03
 Time On Btm:
 Time Off Btm:

TEST COMMENT: IF: Strong blow . BOB @ 2 min.
 IS: No blow .
 FF: Strong blow . BOB immed. GTS @ 43 min. TSTM.
 FS: No blow .



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
65.00	OGCM 7%o, 9%g, 84%m	0.91

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (m ³ /d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Indian Oil Co., Inc.
2507 S.E. U.S. 160 Hwy.
Medicine Lodge, KS 67104
ATTN: Scott Alberg

6-35s-12w Barber,KS
Brad SWD #1
Job Ticket: 59920 **DST#: 1**
Test Start: 2014.11.02 @ 18:08:13

Tool Information

Drill Pipe:	Length: 4794.00 ft	Diameter: 3.80 inches	Volume: 67.25 bbl	Tool Weight: 2400.00 lb
Heavy Wt. Pipe:	Length: ft	Diameter: inches	Volume: - bbl	Weight set on Packer: 23000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 72000.00 lb
			<u>Total Volume: - bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	29.00 ft			String Weight: Initial 63000.00 lb
Depth to Top Packer:	4792.00 ft			Final 63500.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	62.00 ft			
Tool Length:	89.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4766.00	
Shut In Tool	5.00			4771.00	
Hydraulic tool	5.00			4776.00	
Jars	5.00			4781.00	
Safety Joint	2.00			4783.00	
Packer	5.00			4788.00	27.00 Bottom Of Top Packer
Packer	4.00			4792.00	
Stubb	1.00			4793.00	
Perforations	4.00			4797.00	
Change Over Sub	1.00			4798.00	
Recorder	0.00	8790	Inside	4798.00	
Recorder	0.00	8792	Outside	4798.00	
Drill Pipe	32.00			4830.00	
Change Over Sub	1.00			4831.00	
Perforations	20.00			4851.00	
Bullnose	3.00			4854.00	62.00 Bottom Packers & Anchor
Total Tool Length:	89.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Indian Oil Co., Inc.

6-35s-12w Barber,KS

2507 S.E. U.S. 160 Hwy.
Medicine Lodge, KS 67104

Brad SWD #1

Job Ticket: 59920

DST#: 1

ATTN: Scott Alberg

Test Start: 2014.11.02 @ 18:08:13

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:

4000 ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 0.04 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
65.00	OGCM 7%o, 9%g, 84%m	0.912

Total Length: 65.00 ft Total Volume: 0.912 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

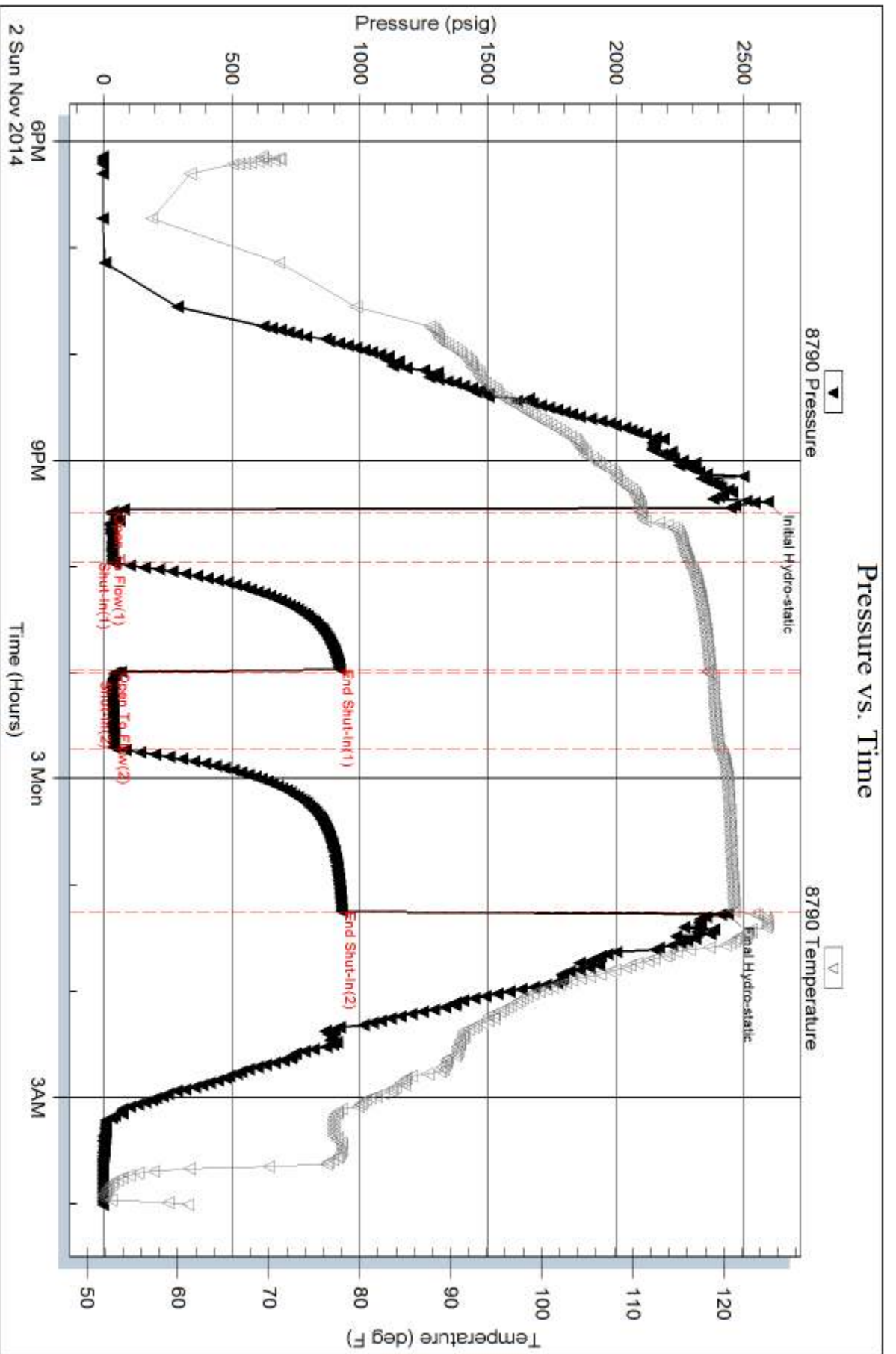
Serial #: 8790

Inside

Indian Oil Co., Inc.

Brad SWD #1

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 59920

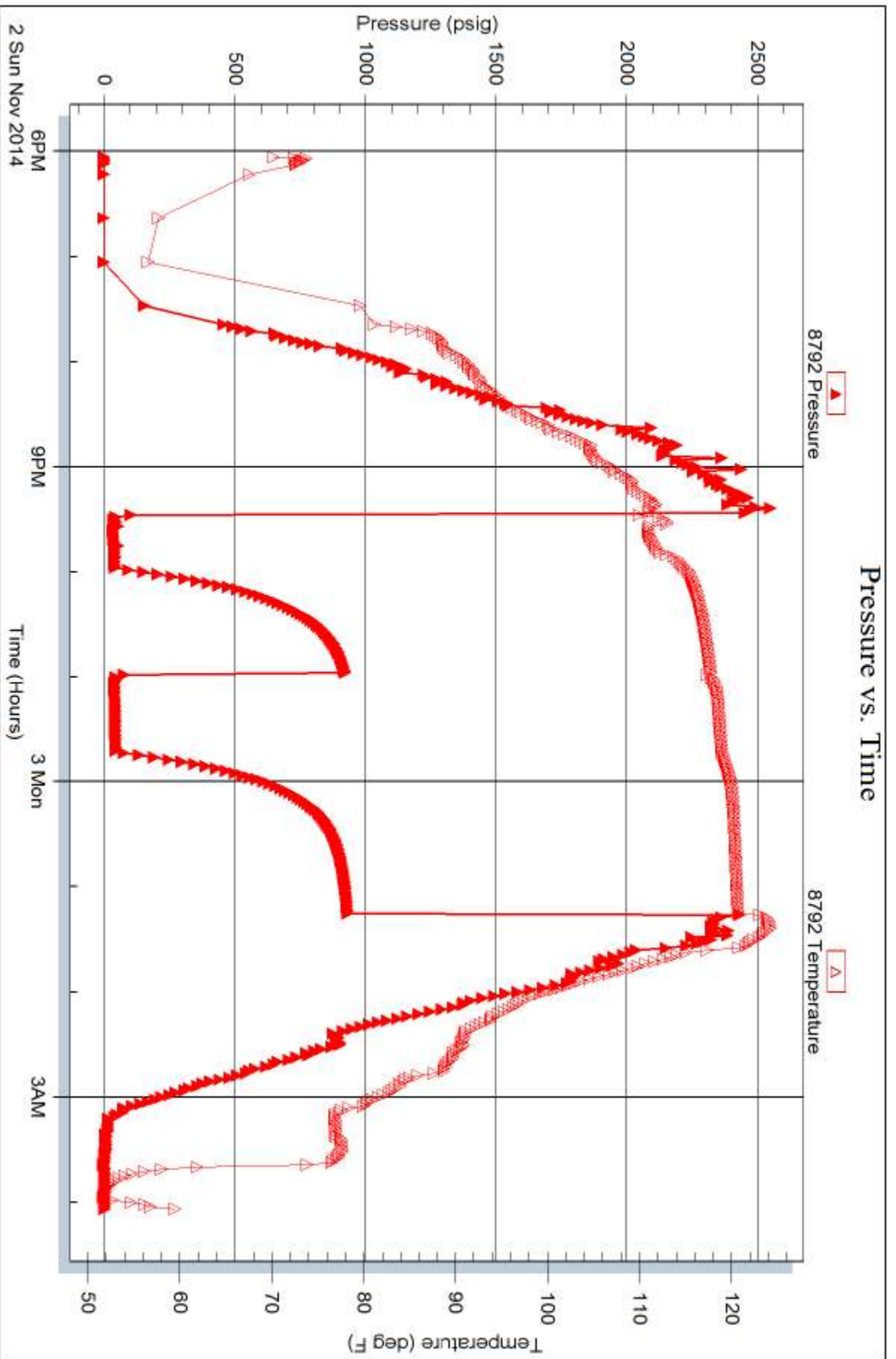
Printed: 2014.11.08 @ 12:17:28

Serial #: 8792

Outside Indian Oil Co., Inc.

Brad SMD #1

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 59920

Printed: 2014.11.08 @ 12:17:28



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 59920

4/10

Well Name & No. Brad SWD #1 Test No. 1 Date 11-2-14
 Company Indian Oil Co., Inc. Elevation 1420 KB 1409 GL
 Address 2507 S.E. U.S. 160 Hwy. Medicine Lodge, KS 67104
 Co. Rep / Geo. Scott Alberg Rig Val #5
 Location: Sec. 6 Twp. 35s Rge. 12w Co. Barber State KS

Interval Tested 4792-4854 Zone Tested Miss.
 Anchor Length 62' Drill Pipe Run 4794 Mud Wt. 9.42
 Top Packer Depth 4787 Drill Collars Run 0 Vis 49
 Bottom Packer Depth 4792 Wt. Pipe Run 0 WL 9.6
 Total Depth 4854 Chlorides 4000 ppm System LCM 6#
 Blow Description IF: Strong blow. BOB @ 2min. ISI: No blow
FF: Strong blow. BOB immed. GTS @ 43min. TSTM
FSI: No blow.

Rec	Feet of	%gas	%oil	%water	%mud
<u>65</u>	<u>DGLM</u>	<u>9</u>	<u>7</u>	<u>-</u>	<u>84</u>
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 65 BHT 121 Gravity N/R API RW N/R @ N/R °F Chlorides 4000 ppm
 Test 1250 T-On Location 1630
 Jars 250 T-Started 1808
 Safety Joint 75 T-Open 2130
 Circ Sub _____ T-Pulled 0118
 Hourly Standby _____ T-Out 0401
 Mileage 124 192.20 Comments _____
 Sampler _____
 Straddle _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Sub Total 1767.20 MP/DST Disc't _____

Initial Open 30
 Initial Shut-In 60
 Final Flow 45
 Final Shut-In 90
 Approved By [Signature] Our Representative Ryan Reynolds
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