



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239311
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: _____



1239311

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: 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

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	LB Exploration, Inc.
Well Name	Robert Finger 1
Doc ID	1239311

Tops

Name	Top	Datum
Anhydrite	808	1109
Base Anhydrite	838	1079
Heebner	3003	-1086
Toronto	3018	-1101
Douglas	3033	-1116
Brown Lime	3090	-1173
Lansing	3108	-1191
BKC	3337	-1420
Arbuckle	3368	-1451

ALLIED OIL & GAS SERVICES, LLC 063571

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend KS

DATE <u>08-18-14</u>	SEC. <u>28</u>	TWP. <u>16</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION <u>5:00 pm</u>	JOB START <u>7:00</u>	JOB FINISH <u>10:00 pm</u>
LEASE <u>Robert Finger</u>	WELL # <u>1</u>	LOCATION <u>Beaver 1 south East into</u>			COUNTY <u>Barton</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>WINNESCAH</u> TYPE OF JOB <u>Production</u> HOLE SIZE _____ T.D. <u>3375.55</u> CASING SIZE <u>5 1/2</u> DEPTH _____ TUBING SIZE _____ DEPTH _____ DRILL PIPE _____ DEPTH _____ TOOL _____ DEPTH _____ PRES. MAX _____ MINIMUM _____ MEAS. LINE _____ SHOE JOINT <u>32.67</u> CEMENT LEFT IN CSG. <u>32.67</u> PERFS. _____ DISPLACEMENT <u>81.56 H2O w/ KCl</u> EQUIPMENT _____	OWNER _____ CEMENT <u>125</u> AMOUNT ORDERED <u>5x ASC + 2% Gel + 6% Gye + 10% SALT + 5 Kalscal + DF</u> <u>50.5x 60/40 + 4% Gel + 1/4 Flo</u> COMMON _____ @ _____ POZMIX _____ @ _____ GEL _____ @ _____ CHLORIDE <u>W-L 96.11</u> @ <u>34.40</u> <u>329.60</u> ASC <u>125</u> @ <u>23.50</u> <u>2937.50</u> <u>Kalscal 625</u> @ <u>.98</u> <u>612.80</u> <u>DF 16</u> @ <u>9.80</u> <u>156.80</u> <u>50.5x 60/40 + 4%</u> @ <u>18.92</u> <u>946.80</u> <u>Flt 13</u> @ <u>2.97</u> <u>38.61</u> <u>Du 1100 500</u> @ <u>1.27</u> <u>635.00</u> <u>Materials total</u> <u>5,326.41</u> <u>Disc. @ 25%</u> <u>1,331.60</u> HANDLING <u>212.07</u> @ <u>2.48</u> <u>525.93</u> MILEAGE <u>9.17 x 20 x</u> <u>2.75</u> <u>504.35</u>
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REMARKS:

Arrived on location had safety meeting
Rigged up - RAN float Equip white casing
(NEW RAN) casing - Brock Gye w/ Rig mud
RAN 5 ahead - Pumped flush, Pumped 5 Behind
Plugged Rat and mouse Hole - mixed 125 class
ASC + 2% Gel + 6% Gye + 10% SALT + Kalscal + DF
Displaced 81.56 Fresh H2O w/ KCl (and
Plug 40 PSI Rig Down)

DEPTH OF JOB <u>3375.55</u>	
PUMP TRUCK CHARGE <u>2558.25</u>	
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>Hum 20</u> @ <u>7.70</u> <u>154.00</u>	
MANIFOLD <u>Head</u> @ <u>275.00</u> <u>275.00</u>	
<u>Hum 20</u> @ <u>4.40</u> <u>88.00</u>	
<u>1 1/2 Deformer</u> @ <u>20.80</u> <u>31.20</u>	

CHARGE TO: CB Exploration
STREET _____
CITY _____ **STATE** _____ **ZIP** _____

TOTAL 4,137.23
Disc 25% 1,034.31

PLUG & FLOAT EQUIPMENT

<u>5 Turbolizer</u>	@ <u>95.00</u>	<u>475.00</u>
<u>1 Shot Shave Packer</u>	@ <u>3765.00</u>	<u>3765.00</u>
<u>1 Catch Down Plug</u>	@ <u>660.00</u>	<u>660.00</u>
<u>1 Baffle</u>	@ _____	_____
<u>Kcl 20 gal</u>	@ _____	_____
<u>1 1/2 gal Defoamer</u>	@ _____	_____

TOTAL 4,900.00
Disc. 25% 1,225.00

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 Michael Peterson
SIGNATURE _____

SALES TAX (If Any) _____
TOTAL CHARGES 14,363.64
DISCOUNT 3,590.91 (25% / 25)
IF PAID IN 30 DAYS
10,772.73

ALLIED OIL & GAS SERVICES, LLC 063679

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend, KS

DATE <u>8-12-14</u>	SEC. <u>28</u>	TWP. <u>16S</u>	RANGE <u>12 W</u>	CALLED OUT	ON LOCATION <u>1:30pm</u>	JOB START <u>2:30 pm</u>	JOB FINISH <u>3:05 pm</u>
LEASE <u>Robert</u>	WELL# <u>1</u>	LOCATION <u>Beaver 1/2 South</u>			COUNTY <u>Barton</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>East 1-TO</u>			

CONTRACTOR <u>Ninnocan</u>	OWNER <u>L-B</u>
TYPE OF JOB <u>Surfbase</u>	
HOLE SIZE <u>12 1/4</u> T.D.	CEMENT
CASING SIZE <u>8 3/4</u> DEPTH <u>375</u>	AMOUNT ORDERED <u>230 SX CLASS A</u>
TUBING SIZE DEPTH	<u>+3% cc + 2% Gel</u>
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON <u>230</u> @ <u>17.90</u> <u>4,117.00</u>
MEAS. LINE SHOE JOINT <u>15</u>	POZMIX @
CEMENT LEFT IN CSG. <u>15</u>	GEL <u>432</u> @ <u>.50</u> <u>216.00</u>
PERFS.	CHLORIDE <u>648</u> @ <u>1.10</u> <u>712.80</u>
DISPLACEMENT <u>23 BBLS</u>	ASC @
EQUIPMENT	<u>Material Total 5,045.80</u>
	<u>Disc 25% 1261.45</u>
PUMP TRUCK CEMENTER <u>Wayne Davis</u>	
# <u>597</u> HELPER <u>Kevin Eddy</u>	
BULK TRUCK	
# <u>599</u> DRIVER <u>Dan Casper</u>	
BULK TRUCK	
# DRIVER	
	<u>Service</u>
	HANDLING <u>248.7</u> @ <u>2.48</u> <u>616.72</u>
	MILEAGE <u>11.35 x 20 x</u> <u>2.75</u> <u>624.25</u>

REMARKS:

Pipe on Bottom Break circulation
with mud Run 5 BBHs water-
Ahead Start mix cement
230 SX CLASS A + 3% cc + 2% Gel
Displace 23 BBHs fresh water
Shut in Cement did
Circulate 20 BBHs TO Pit

DEPTH OF JOB <u>375</u>	
PUMP TRUCK CHARGE <u>1512.25</u>	
EXTRA FOOTAGE @	
MILEAGE <u>Hum 20</u> @ <u>7.70</u> <u>154.00</u>	
MANIFOLD @	
<u>Hum 20</u> @ <u>4.40</u> <u>88.00</u>	

CHARGE TO: L-B Exploration
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 2,995.27
Disc 25% 748.82

PLUG & FLOAT EQUIPMENT

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

0% TOTAL 0

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.

SALES TAX (If Any) _____
TOTAL CHARGES 8,041.07 (25/25/0)
DISCOUNT 25% 2,010.27 IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE Richard A. Barry

\$ 6,030.80



Company _____ Lease & Well No. _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
 Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
 Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
 Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
 Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
 Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
 Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
 Initial Hydrostatic Pressure.....(A) _____ P.S.I.
 Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
 Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	LB EXPLORATION INC.	Job Number	J3270
Contact	MIKE PETERMAN	Representative	JOHN RIEDL
Well Name	ROBERT FINGER #1	Well Operator	LB EXPLORATION INC.
Unique Well ID	DST #1 LANSING A+B	Report Date	2014/08/15
Surface Location	S28/16S/12W	Prepared By	JOHN RIEDL
Field	BEAVER SOUTH	Qualified By	JIM MUSGROVE

Test Information

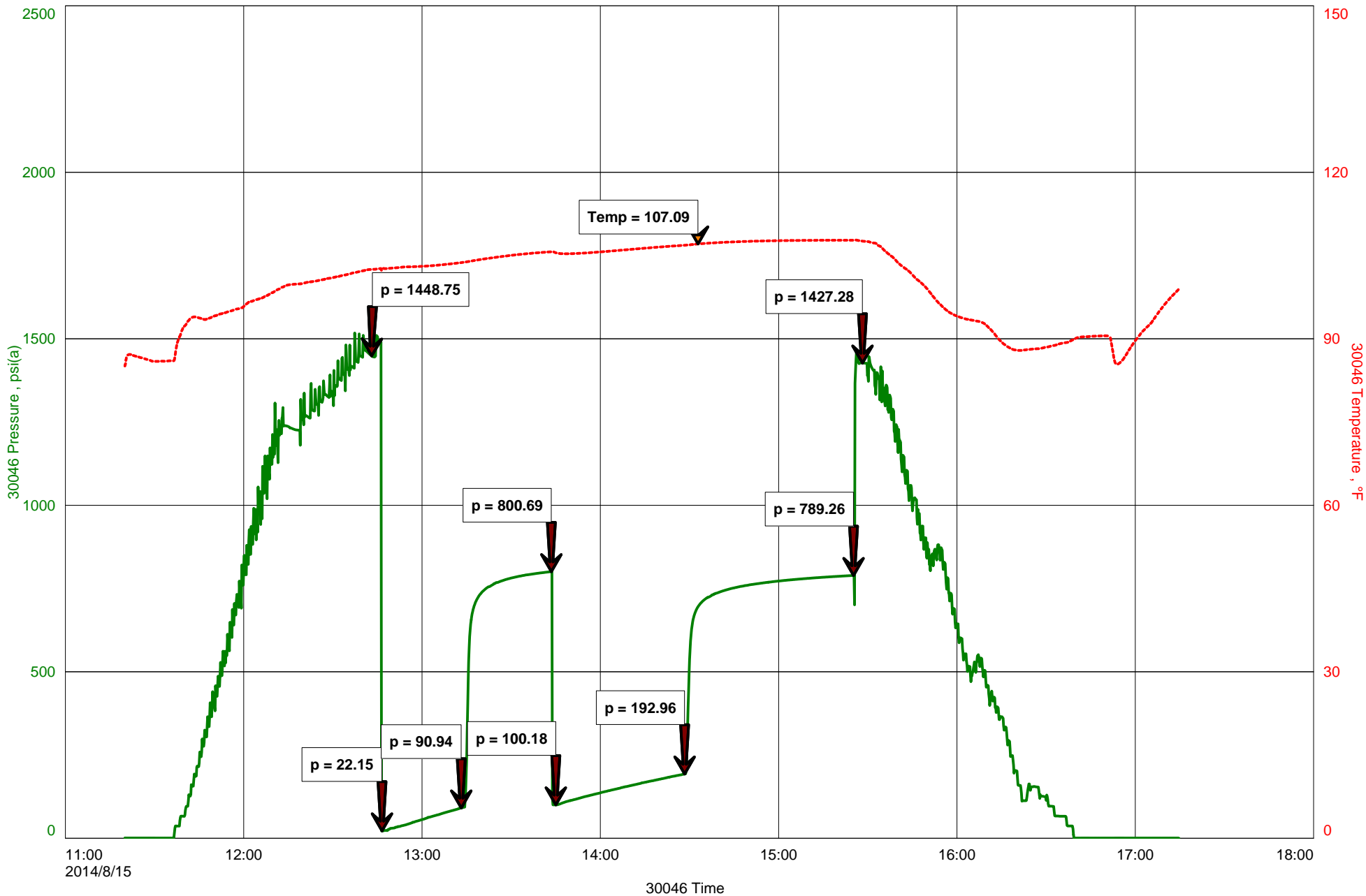
Test Type	CONVENTIONAL
Formation	LANSING A+B
Well Fluid Type	WATER
Test Purpose	INITIAL TEST

Start Test Date	2014/08/15	Start Test Time	11:20:00
Final Test Date	2014/08/15	Final Test Time	17:10:00

Test Recovery

RECOVERY: 800' GAS IN PIPE
50' GASSY OIL (10% G 90% O)
40' GAS+OIL CUT MUD (10% G 15% O 75% M)
310' WATER (CHLORIDES 70,000 PPM)

ROBERT FINGER #1





Company _____ Lease & Well No. _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
 Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
 Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
 Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
 Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
 Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
 Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
 Initial Hydrostatic Pressure.....(A) _____ P.S.I.
 Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
 Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	LB EXPLORATION INC.	Job Number	J3271
Contact	MIKE PETERMAN	Representative	JOHN RIEDL
Well Name	ROBERT FINGER #1	Well Operator	LB EXPLORATION INC.
Unique Well ID	DST #2 LANSING E+F	Report Date	2014/08/16
Surface Location	S28/16S/12W	Prepared By	JOHN RIEDL
Field	BEAVER SOUTH	Qualified By	JIM MUSGROVE

Test Information

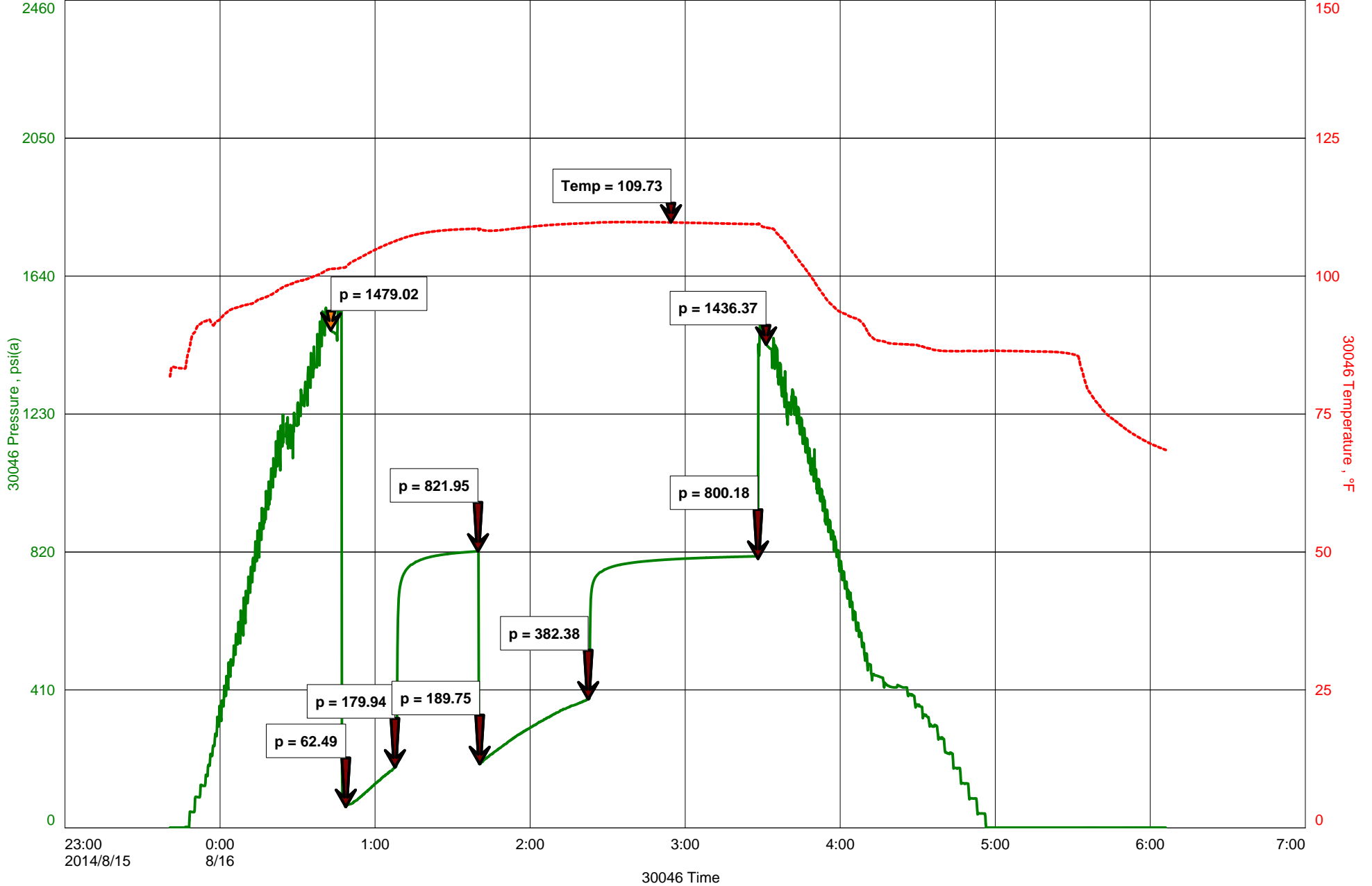
Test Type	CONVENTIONAL
Formation	LANSING E+F
Well Fluid Type	WATER
Test Purpose	INITIAL TEST

Start Test Date	2014/08/15	Start Test Time	23:40:00
Final Test Date	2014/08/16	Final Test Time	06:00:00

Test Recovery

RECOVERY: GAS TO SURFACE
640' GASSY OIL (25% G 75% O) GRAVITY 40
310' WATER (CHLORIDES 55,000 Ppm Res. 0.4)

ROBERT FINGER #1





Company _____ Lease & Well No. _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
 Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
 Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
 Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
 Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
 Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
 Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
 Initial Hydrostatic Pressure.....(A) _____ P.S.I.
 Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
 Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	LB EXPLORATION INC.	Job Number	J3272
Contact	MIKE PETERMAN	Representative	JOHN RIEDL
Well Name	ROBERT FINGER #1	Well Operator	LB EXPLORATION INC.
Unique Well ID	DST #3 LKC H+I+J	Report Date	2014/08/16
Surface Location	S28/16S/12W	Prepared By	JOHN RIEDL
Field	BEAVER SOUTH	Qualified By	JIM MUSGROVE

Test Information

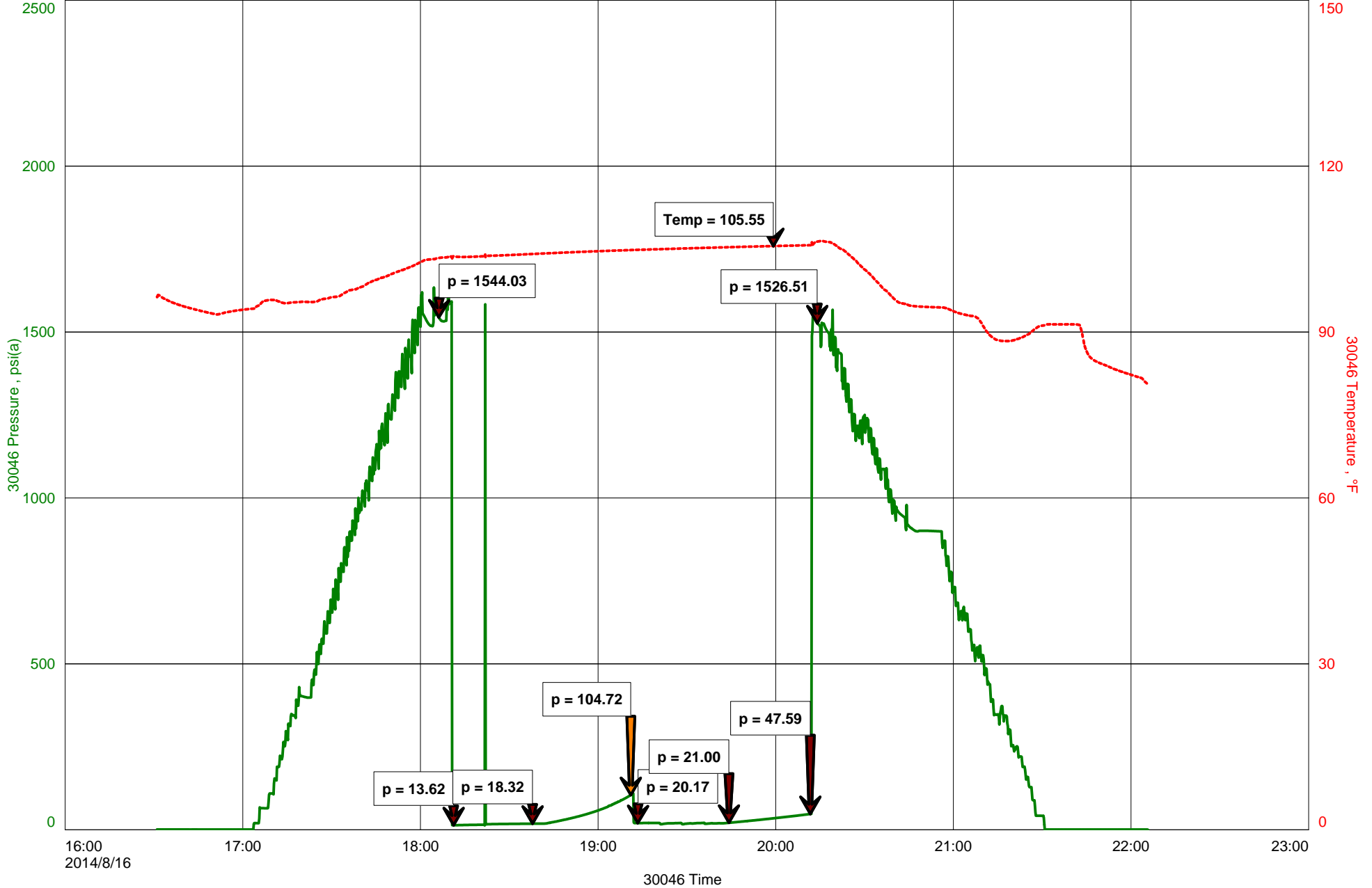
Test Type	CONVENTIONAL
Formation	LKC "H+I+J"
Well Fluid Type	MUD
Test Purpose	INITIAL TEST

Start Test Date	2014/08/16	Start Test Time	16:30:00
Final Test Date	2014/08/16	Final Test Time	22:00:00

Test Recovery

RECOVERY: 15' DRILLING MUD

ROBERT FINGER #1





Company _____ Lease & Well No. _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
 Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
 Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
 Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
 Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
 Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
 Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
 Initial Hydrostatic Pressure.....(A) _____ P.S.I.
 Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
 Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	LB EXPLORATION INC.	Job Number	J3273
Contact	MIKE PETERMAN	Representative	JOHN RIEDL
Well Name	ROBERT FINGER #1	Well Operator	LB EXPLORATION INC.
Unique Well ID	DST #4 ARBUCKLE	Report Date	2014/08/17
Surface Location	S28/16S/12W	Prepared By	JOHN RIEDL
Field	BEAVER SOUTH	Qualified By	JIM MUSGROVE

Test Information

Test Type	CONVENTIONAL
Formation	ARBUCKLE
Well Fluid Type	OIL
Test Purpose	INITIAL TEST

Start Test Date	2014/08/17	Start Test Time	09:30:00
Final Test Date	2014/08/17	Final Test Time	15:10:00

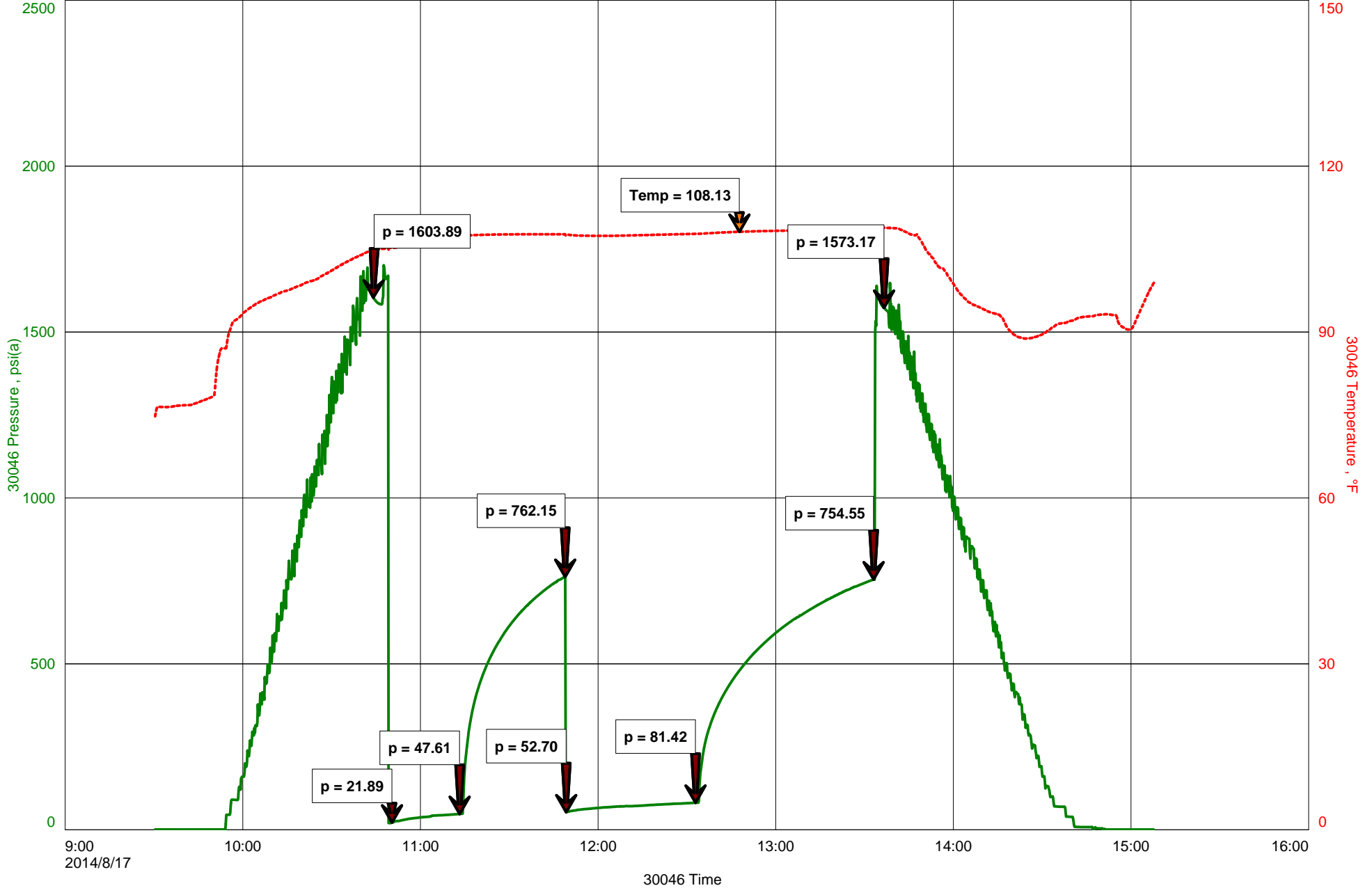
Test Recovery

RECOVERY: 80' CLEAN GASSY OIL(15% G 85% O)
100' MUD + GAS CUT OIL (15% G 75% O 10% M)

LB EXPLORATION INC.
DST #4 ARBUCKLE
Start Test Date: 2014/08/17
Final Test Date: 2014/08/17

ROBERT FINGER #1
Formation: ARBUCKLE
Pool: INFIELD
Job Number: J3273

ROBERT FINGER #1





Company _____ Lease & Well No. _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
 Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
 Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
 Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
 Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
 Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
 Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
 Initial Hydrostatic Pressure.....(A) _____ P.S.I.
 Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
 Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	LB EXPLORATION INC.	Job Number	J3274
Contact	MIKE PETERMAN	Representative	JOHN RIEDL
Well Name	ROBERT FINGER #1	Well Operator	LB EXPLORATION INC.
Unique Well ID	DST #5 ARBUCKLE	Report Date	2014/08/18
Surface Location	S18/16S/12W	Prepared By	JOHN RIEDL
Field	BEAVER SOUTH	Qualified By	JIM MUSGROVE

Test Information

Test Type	CONVENTIONAL
Formation	ARBUCKLE
Well Fluid Type	OIL
Test Purpose	INITIAL TEST

Start Test Date	2014/08/17	Start Test Time	20:00:00
Final Test Date	2014/08/18	Final Test Time	02:40:00

Test Recovery

RECOVERY: 120' GASSY OIL (15% G 85% O)
150' MUD CUT GASSY OIL (15% G 70% O 10% M)

LB EXPLORATION INC.
DST #5 ARBUCKLE
Start Test Date: 2014/08/17
Final Test Date: 2014/08/18

ROBERT FINGER #1
Formation: ARBUCKLE
Pool: INFIELD
Job Number: J3274

ROBERT FINGER #1

