



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248223
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
-----------------------------------	-----------------	---

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: _____



1248223

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
--	---

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	LB Exploration, Inc.
Well Name	Chadd 1
Doc ID	1248223

All Electric Logs Run

Dual Compensated Porosity
Dual Induction
Microresistivity
Borehole Compensated Sonic

Form	ACO1 - Well Completion
Operator	LB Exploration, Inc.
Well Name	Chadd 1
Doc ID	1248223

Tops

Name	Top	Datum
Anhydrite	614	1183
Base Anhydrite	644	1153
Heebner	2931	-1134
Toronto	2948	-1151
Douglas	2965	-1168
Brown Lime	3042	-1245
Lansing	3057	-1260
Base Kansas City	3292	-1495
Conglomerate	3314	-1517
Conglomerate Sand	3335	-1538
Arbuckle	3342	-1545

ALLIED OIL & GAS SERVICES, LLC

063977

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend KS.

DATE <u>08-05-14</u>	SEC. <u>16</u>	TWP. <u>18</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION <u>11:45 PM</u>	JOB START <u>100 AM</u>	JOB FINISH <u>130 AM</u>
LEASE <u>CAAD</u>	WELL # <u>1</u>	LOCATION <u>156/AND CLAFIN ROAD 1/2 S</u>			COUNTY <u>BAYTON</u>	STATE <u>KS</u>	
OED OR <u>NEW</u> (Circle one)			<u>WEST INTO</u>				

CONTRACTOR MINNESOTA
TYPE OF JOB SURFACE
HOLE SIZE 12 1/4 T.D. 297
CASING SIZE 8 5/8 28 CBS DEPTH 297
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG. 15'
PERFS.
DISPLACEMENT 17 BBL H2O
EQUIPMENT

PUMP TRUCK CEMENTER Kevin Eddy
366 HELPER Ron Newell
BULK TRUCK
54/158 DRIVER Zeb Schwaller
BULK TRUCK
DRIVER

REMARKS:

Arrived on location had safety meeting
Rig up. Rig ran casing 8 5/8, 297 ft.
Broke circ. in rig mud Pump 5 BBL H2O
Mixed 200 SKS CLASS A 3% CC 2% Gel
Displaced 17 BBL Fresh H2O Shut in
Cement did circ

OWNER
CEMENT
AMOUNT ORDERED 200 SKS CLASS A 3% CC
2% Gel
COMMON 200 @ 17.90 3,580.00
POZMIX @
GEL 400 @ .50 200.00
CHLORIDE 550 @ 1.10 605.00
ASC @
Materials Total 4,385.00
Disc 25% 1,096.25
@
@
@
@
Service
@
HANDLING 216.42 @ 2.48 536.72
MILEAGE 9.88 x 25 x 2.25 679.25

DEPTH OF JOB 297
PUMP TRUCK CHARGE 1512.25
EXTRA FOOTAGE @
MILEAGE Hvm 25 @ 7.70 192.50
MANIFOLD @
Wvm 25 @ 4.40 110.00
@

CHARGE TO: LB Exploration
STREET
CITY STATE ZIP

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

SIGNATURE Richard A. Ramsey

TOTAL 3,030.72
Disc 25% 757.68

PLUG & FLOAT EQUIPMENT

@
@
@
@
@

0% TOTAL 0

SALES TAX (If Any)
TOTAL CHARGES 7,415.72
25% 1,853.93 (25/25/0)
DISCOUNT IF PAID IN 30 DAYS
5,561.79

ALLIED OIL & GAS SERVICES, LLC 063523

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Great Bend

DATE <u>9-11-14</u>	SEC. <u>16</u>	TWP. <u>19</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION <u>2 PM</u>	JOB START <u>6 PM</u>	JOB FINISH <u>7 AM</u>
LEASE <u>Chadd</u>	WELL # <u>1</u>	LOCATION <u>ZBI / Union 1/2 S, Winto</u>			COUNTY <u>Barren</u>	STATE <u>KY</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)							

CONTRACTOR Nigro scbh
 TYPE OF JOB Production

HOLE SIZE	T.D.
CASING SIZE <u>5 1/2</u>	DEPTH <u>3445</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>21.10'</u>
CEMENT LEFT IN CSG. <u>21.10'</u>	
PERFS.	
DISPLACEMENT <u>83.54 bbl H2O</u>	

EQUIPMENT

PUMP TRUCK # <u>398</u>	CEMENTER <u>Josh Isaac</u>
	HELPER <u>Kenn Edok</u>
BULK TRUCK # <u>544-198</u>	DRIVER <u>Brian Long</u>
BULK TRUCK #	DRIVER

OWNER _____

CEMENT

AMOUNT ORDERED 125 SK ASC 2 1/2 gal
6% gyp 10% salt 5% KCL DF
50 SK 60/40 4 1/2 gal 1/4 FT

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC <u>125</u>	@ <u>23.50</u>	<u>2,937.50</u>
<u>DV 1100</u>	<u>500</u>	@ <u>1.27</u> <u>635.00</u>
<u>KCL - 9 gal</u>		@ <u>34.40</u> <u>309.60</u>
<u>50 SK 60/40 + 4</u>		@ <u>18.92</u> <u>946.00</u>
<u>DF</u>	<u>16</u>	@ <u>9.80</u> <u>156.80</u>
<u>Kalocal</u>	<u>600</u>	@ <u>98</u> <u>588.00</u>
		<u>Material Total</u> <u>5,572.90</u>
		<u>Disc 25%</u> <u>1,393.23</u>
	@	
HANDLING <u>210.59</u>	@ <u>2.48</u>	<u>522.26</u>
MILEAGE <u>9.13 x 25 X</u>	<u>2.75</u>	<u>627.63</u>

REMARKS:

On location - Rig up - had safety meeting
from 5 1/2 casing - Break circulation
Pump 10 inl DDI 1100
plug RHFMTI
Mix 125 SK ASC 2 1/2 gal 6% gyp 10% salt 5% KCL DF
Drop plug
Displace 83.54 bbl H2O w/ KCL
Blind plug psi
Rig down

DEPTH OF JOB _____

PUMP TRUCK CHARGE 2558.25

EXTRA FOOTAGE	@	
MILEAGE <u>Hum 25</u>	@ <u>7.70</u>	<u>192.50</u>
MANIFOLD	@ <u>275.00</u>	<u>375.00</u>
<u>Hum 25</u>	@ <u>4.40</u>	<u>110.00</u>
	@	

CHARGE TO: LB Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 4,286.20
 Disc 25% 1,071.55

PLUG & FLOAT EQUIPMENT

<u>10 Turbulizers</u>	@ <u>95</u>	<u>950.00</u>
<u>AFV float shoe float</u>	@ <u>545.00</u>	<u>545.00</u>
<u>Latch Down plug</u>	@ <u>600.00</u>	<u>600.00</u>
	@	
	@	

TOTAL 2,155.00
 Disc 25% 538.75

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 Michael Petermann

SIGNATURE X Michael Petermann

SALES TAX (If Any) _____

TOTAL CHARGES 12,014.10

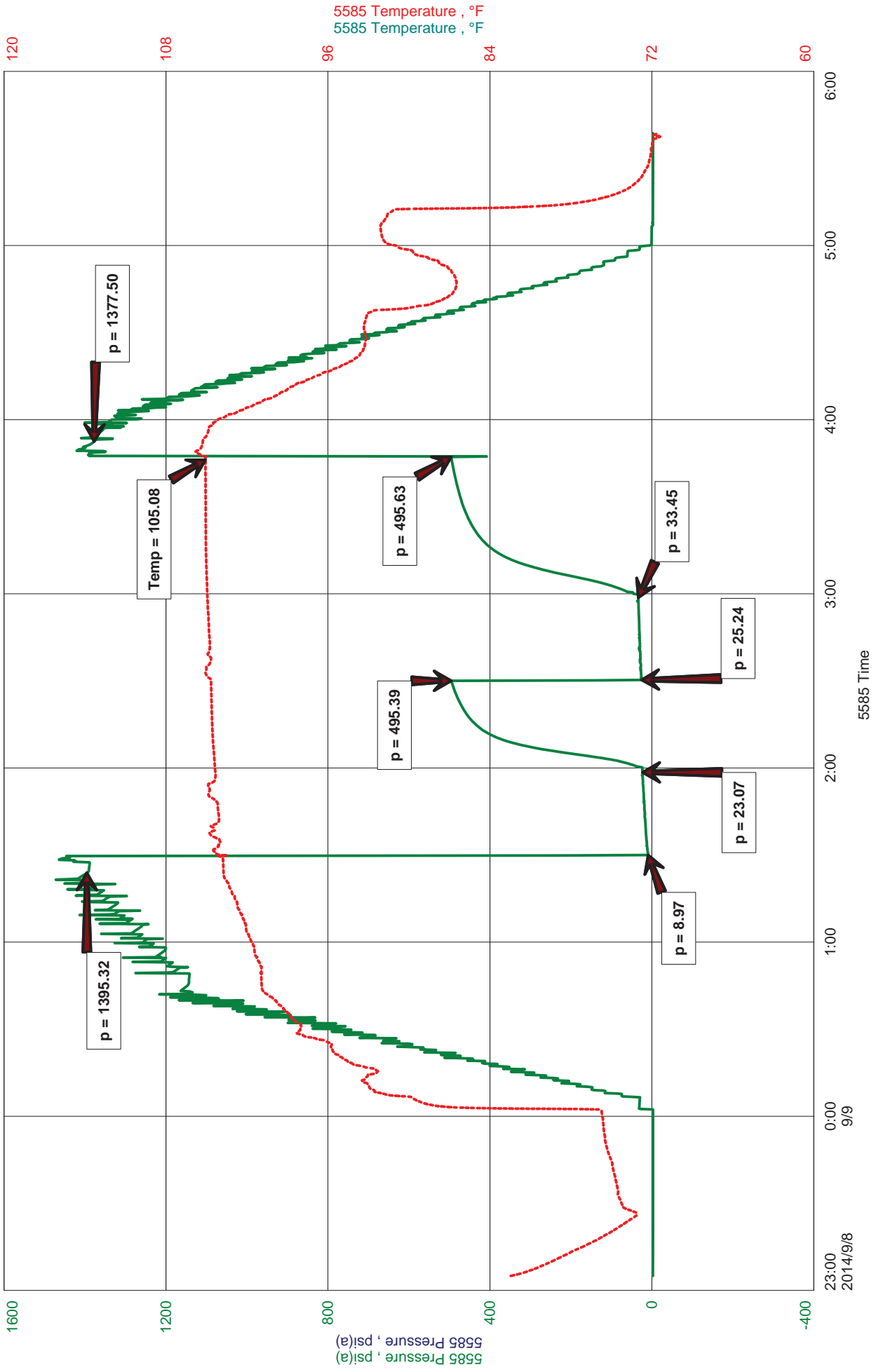
DISCOUNT 3,003.53 IF PAID IN 30 DAYS

9,010.57

LB EXPLORATION INC
DST 1 LKC"A-F"3045-3125
Start Test Date: 2014/09/08
Final Test Date: 2014/09/09

CHAD 1
Formation: DST 1 LKC"A-F"3045-3125
Pool: WILDCAT
Job Number: A092

CHAD 1



DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	LB EXPLORATION INC	Job Number	A092
Contact	MICHAEL PETERMANN	Representative	ANDY CARREIRA
Well Name	CHAD 1	Well Operator	LB EXPLORATION INC
Unique Well ID	DST 1 LKC"A-F"3045-3125	Report Date	2014/09/08
Surface Location	SEC 16-18S-11W BARTON CNTY,KS	Prepared By	ANDY CARREIRA
Well License Number			
Field	WILDCAT		
Well Type	Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST 1 LKC"A-F"3045-3125
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/09/08	Start Test Time	23:05:00
Final Test Date	2014/09/09	Final Test Time	05:40:00

Gauge Name	5585
------------	------

Test Results

RECOVERY: 10' DM 100%MUD

TOOL SAMPLE: 100% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: CHAD 1 DST1

TIME ON: 23:05
TIME OFF: 05:40

Company LB EXPLORATION INC Lease & Well No. CHAD 1
Contractor NINNESCAH DRLG Charge to LB EXPLORATION INC
Elevation 1782 GL Formation LKC"A-F" Effective Pay _____ Ft. Ticket No. A092
Date 9-8-14 Sec. 16 Twp. 18 S Range 11 W County BARTON State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative ANDY CARREIRA

Formation Test No. 1 Interval Tested from 3045 ft. to 3125 ft. Total Depth 3125 ft.
Packer Depth 3040 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3045 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 3033 ft. Recorder Number 5585 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3047 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 8.8 Water Loss N/A cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides N/A P.P.M. Drill Pipe Length 3020 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 80 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: SLOW BUILD TO 2.5" (NObb)
2nd Open: SLOW BUILD TO 3/4" (NObb)

Recovered <u>10</u> ft. of <u>DM 100%MUD</u>	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	
TOOL SAMPLE: <u>100% MUD</u>	

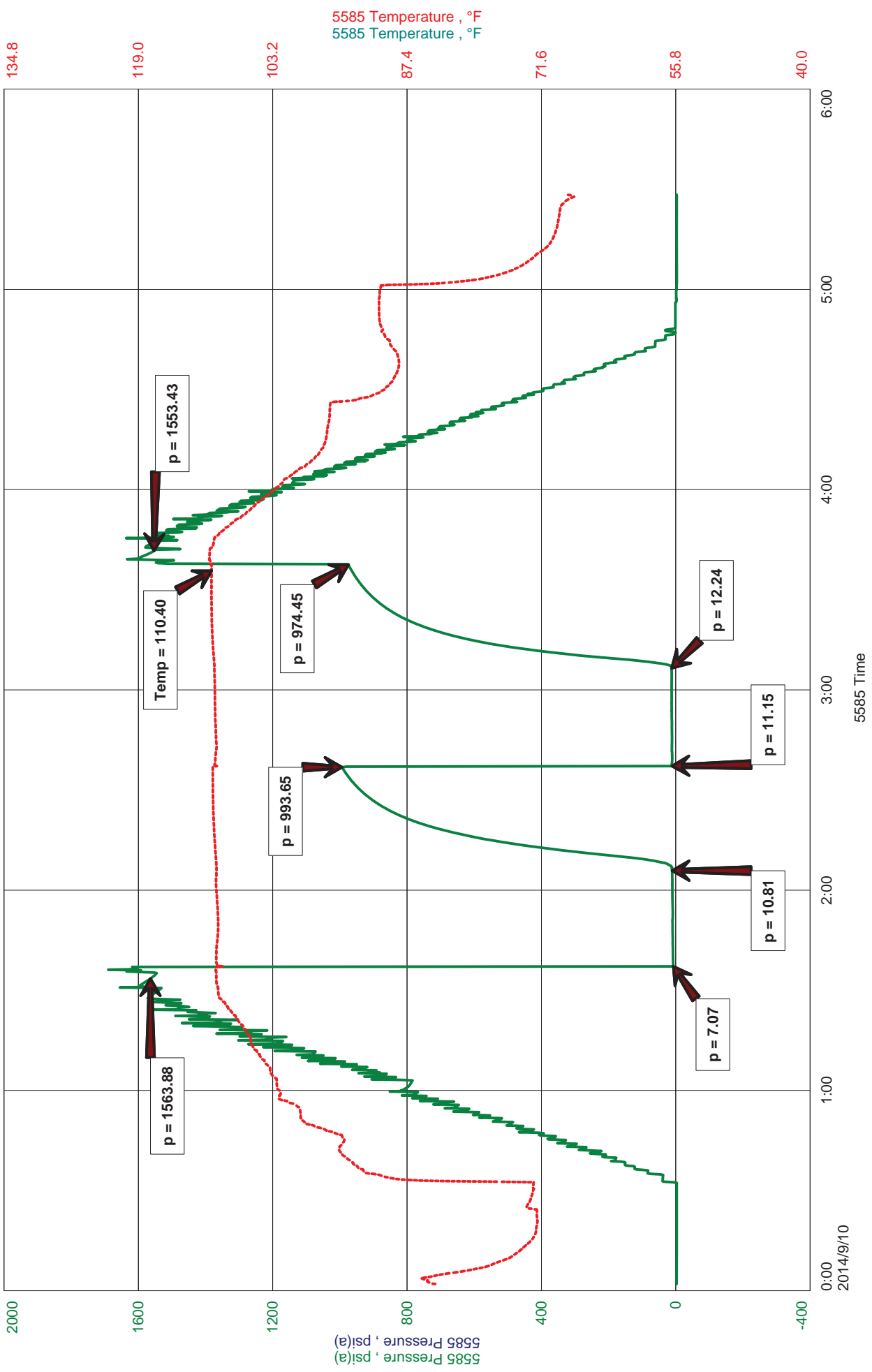
Time Set Packer(s) 1:31 AM A.M. P.M. Time Started Off Bottom 3:46 AM A.M. P.M. Maximum Temperature 105S
Initial Hydrostatic Pressure..... (A) 1395 P.S.I.
Initial Flow Period..... Minutes 30 (B) 9 P.S.I. to (C) 23 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 495 P.S.I.
Final Flow Period..... Minutes 30 (E) 25 P.S.I. to (F) 33 P.S.I.
Final Closed In Period..... Minutes 45 (G) 496 P.S.I.
Final Hydrostatic Pressure..... (H) 1378 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.

LB EXPLORATION INC
DST2"CONG. SANDS"3291-3342
Start Test Date: 2014/09/10
Final Test Date: 2014/09/10

CHAD 1
Formation: DST2"CONG. SANDS"3291-3342
Pool: WILDCAT
Job Number: A093

CHAD 1



DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	LB EXPLORATION INC	Job Number	A093
Contact	MICHAEL PETERMANN	Representative	ANDY CARREIRA
Well Name	CHAD 1	Well Operator	LB EXPLORATION INC
Unique Well ID	DST2"CONG. SANDS"3291-3342	Report Date	2014/09/10
Surface Location	SEC 16-18S-11W BARTON CNTY,KS	Prepared By	ANDY CARREIRA
Well License Number			
Field	WILDCAT		
Well Type	Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST2"CONG. SANDS"3291-3342
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/09/10	Start Test Time	00:02:00
Final Test Date	2014/09/10	Final Test Time	05:28:00

Gauge Name	5585
------------	------

Test Results

RECOVERY: 5' OIL
25' MUD
30' TOTAL FLUID

TOOL SAMPLE: 25%OIL, 75%MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: CHAD 1 DST2

TIME ON: 00:02
TIME OFF: 05:28

Company LB EXPLORATION INC Lease & Well No. CHAD 1
Contractor NINNESCAH DRLG Charge to LB EXPLORATION INC
Elevation 1782 GL Formation CONG. SANDS Effective Pay _____ Ft. Ticket No. A093
Date 9-10-14 Sec. 16 Twp. _____ 18 S Range _____ 11 W County BARTON State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative ANDY CARREIRA

Formation Test No. 2 Interval Tested from 3291 ft. to 3342 ft. Total Depth 3342 ft.
Packer Depth 3286 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3291 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3279 ft. Recorder Number 5585 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3293 ft. Recorder Number 8471 Cap. 10000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 48 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 8.9 Water Loss 8.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 5000 P.P.M. Drill Pipe Length 3266 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 51 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 6 MIN. (NObb)
2nd Open: NO BLOW. (NObb)

Recovered 5 ft. of OIL
Recovered 25 ft. of MUD
Recovered 30 ft. of TOTAL FLUID

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Recovered _____ ft. of _____	Insurance
Remarks: _____	
TOOL SAMPLE: 25%OIL, 75%MUD	Total

Time Set Packer(s) 1:37 AM A.M. P.M. Time Started Off Bottom 3:37 AM A.M. P.M. Maximum Temperature 110

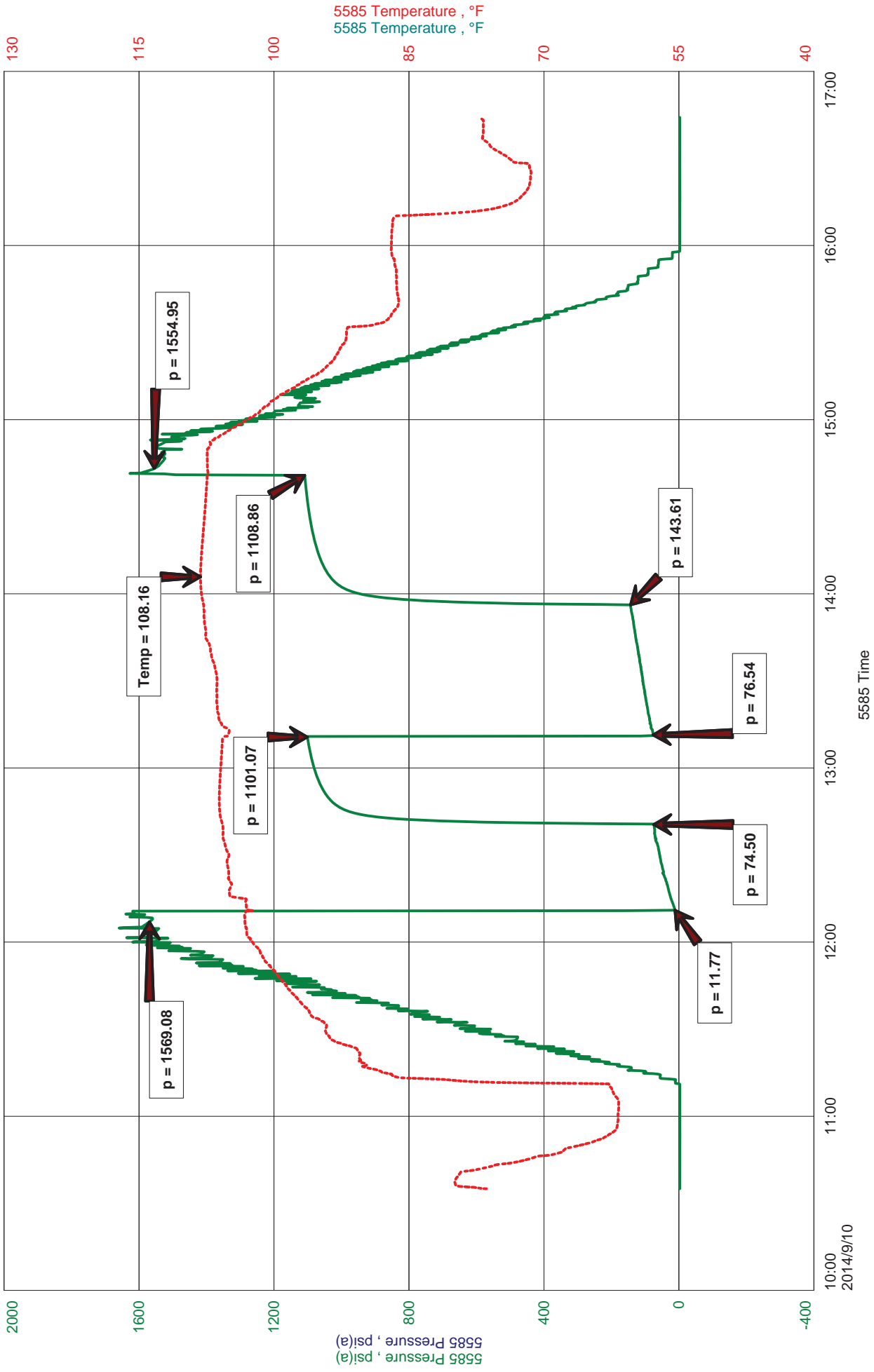
Initial Hydrostatic Pressure..... (A) 1564 P.S.I.
Initial Flow Period..... Minutes 30 (B) 7 P.S.I. to (C) 11 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 994 P.S.I.
Final Flow Period..... Minutes 30 (E) 11 P.S.I. to (F) 12 P.S.I.
Final Closed In Period..... Minutes 30 (G) 974 P.S.I.
Final Hydrostatic Pressure..... (H) 1553 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.

LB EXPLORATION INC
DST 3"CONG,ARB"3291-3345
Start Test Date: 2014/09/10
Final Test Date: 2014/09/10

CHAD 1
Formation: DST 3"CONG,ARB"3291-3345
Pool: WILDCAT
Job Number: A094

CHAD 1



DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	LB EXPLORATION INC	Job Number	A094
Contact	MICHAEL PETERMANN	Representative	ANDY CARREIRA
Well Name	CHAD 1	Well Operator	LB EXPLORATION INC
Unique Well ID	DST 3"CONG,ARB"3291-3345	Report Date	2014/09/10
Surface Location	SEC 16-18S-11W BARTON CNTY,KS	Prepared By	ANDY CARREIRA
Well License Number			
Field	WILDCAT		
Well Type	Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST 3"CONG,ARB"3291-3345
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/09/10	Start Test Time	10:35:00
Final Test Date	2014/09/10	Final Test Time	16:44:00

Gauge Name	5585
------------	------

Test Results

RECOVERY:	136' CGO 10%G,90%O	GRAVITY: 37 @ 60deg CHLORIDES: 1100 Ph: 10
	126' HOCGM 10%G,40%O,50%M	
	63' MCWGO 10%G,50%O,10%W,30%M	
	325' TOTAL FLUID	

TOOL SAMPLE: 60%OIL, 40%MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: CHAD 1 DST3

TIME ON: 10:35
TIME OFF: 16:44

Company LB EXPLORATION INC Lease & Well No. CHAD 1
Contractor NINNESCAH DRLG Charge to LB EXPLORATION INC
Elevation 1782 GL Formation CONG.,ARB Effective Pay _____ Ft. Ticket No. A094
Date 9-10-14 Sec. 16 Twp. 18 S Range 11 W County BARTON State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative ANDY CARREIRA

Formation Test No. 3 Interval Tested from 3291 ft. to 3345 ft. Total Depth 3345 ft.
Packer Depth 3286 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3291 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3279 ft. Recorder Number 5585 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3293 ft. Recorder Number 8471 Cap. 10000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 48 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 8.9 Water Loss 8.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 5000 P.P.M. Drill Pipe Length 3266 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 54 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 20 MIN. (NObb)
2nd Open: BOB IN 25 MIN. (NObb)

Recovered 136 ft. of CGO 10%GAS,90%OIL
Recovered 126 ft. of HOCGM 10%GAS,40%OIL,50%MUD
Recovered 63 ft. of MCWGO 10%GAS,50%OIL,10%WATER,30%MUD
Recovered 325 ft. of TOTAL FLUID GRAVITY: 37 @ 60deg

Recovered _____ ft. of _____	CHLORIDES: 1200	Price Job
Recovered _____ ft. of _____	Ph: 10	Other Charges
Remarks: _____		Insurance
TOOL SAMPLE: <u>60%OIL,40%MUD</u>		Total

Time Set Packer(s) 12:11 PM A.M. P.M. Time Started Off Bottom 2:41 PM A.M. P.M. Maximum Temperature 108

Initial Hydrostatic Pressure..... (A) 1569 P.S.I.
Initial Flow Period..... Minutes 30 (B) 12 P.S.I. to (C) 75 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 1101 P.S.I.
Final Flow Period..... Minutes 45 (E) 77 P.S.I. to (F) 144 P.S.I.
Final Closed In Period..... Minutes 45 (G) 1109 P.S.I.
Final Hydrostatic Pressure..... (H) 1555 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.