

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1250847
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: _____

1250847

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Venture Resources, Inc.
Well Name	Moore 6
Doc ID	1250847

All Electric Logs Run

Computer Processed Interpretation
Sonic Cement Bond Log
Gamma Ray/ Caliper Log
Microresistivity Log
Dual Compensated Porosity Log
Dual Induction Log

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. 1221

Date	3-11-15	Sec.	14	Twp.	10	Range	20	County	Rooks	State	KS	On Location		Finish	12:30 p.m.
------	---------	------	----	------	----	-------	----	--------	-------	-------	----	-------------	--	--------	------------

Location *2 1/2 ch 3 W 7 1/2 3 S 14 R 2 W 1/2 S W into*

Lease *Moore* Well No *6* Owner

Contractor *American Eagle #12* To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish
Type Job *Surface* cementer and helper to assist owner or contractor to do work as listed.

Hole Size *12 1/4* T.D. *251* Charge To *Venture Resources*

Csg. *8 5/8 32#* Depth *250* Street

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. *15'* Shoe Joint Cement Amount Ordered *70/30 3/4 2 1/2 GEL*

Meas Line Displace *14 1/4 BCL* *100*

EQUIPMENT			Common
Pumptrk	<i>20</i> No.	Cementing <i>raig</i>	<i>112</i>
		Helper	
Bulktrk	No.	Driver <i>T.C.</i>	Poz. Mix <i>48</i>
		Driver	
Bulktrk	<i>15</i> No.	Driver <i>Chad</i>	Gel. <i>3</i>
		Driver	
			Calcium <i>6</i>

JOB SERVICES & REMARKS

Remarks:

Rat Hole

Mouse Hole

Centralizers

Baskets

D/V or Port Collar

8 5/8 on bottom - Est Circulation.

Cement Circulated.

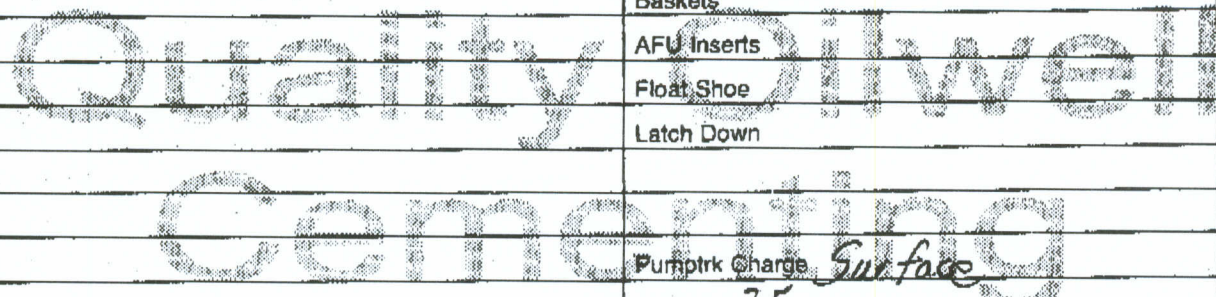
FLOAT EQUIPMENT	
Guide Shoe	
Centralizer	<i>8 5/8 Swage</i>
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge	<i>Surface</i>
Mileage	<i>35</i>

Signature *Bruce...*

Tax

Discount

Total Charge





CHARGE TO: Venture Resources
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 27149

PAGE 1 OF 2

SERVICE LOCATIONS: 1. Hays Ks WELLPROJECT NO. # 6 LEASE MOORE COUNTY/PARISH Rocks STATE Ks CITY _____ DATE 3-19-15 OWNER _____
 2. Ness City Ks TICKET TYPE CONTRACTOR American Eagle RIG NAME/NO. Rig # 2 SHIPPED VIA _____ DELIVERED TO Location ORDER NO. _____
 3. _____ WELL TYPE SALES WELL CATEGORY Development JOB PURPOSE Long String WELL PERMIT NO. _____ WELL LOCATION _____
 4. _____ INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE 111	20	Mi			5.00	100.00
579					Pump Charge- Top to Bottom	1	EA			1700.00	1700.00
290					D-Air	6	SM			42.00	252.00
281					Mud Flush	500	Gal			1.25	625.00
402					Liquid Hcl	2	Gal			25.00	50.00
403					Centralizer	10	EA		5 1/2	60.00	600.00
406					Cement Basket	3	EA			250.00	750.00
407					Latch down plug & Battle	1	EA			225.00	225.00
					Insert float shoe w/ Auto Fill	1	EA		↓	300.00	300.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	P.1	4602	00
Total	15221	25	
Rocks TAX	724	16	
TOTAL	15,945	41	

SWIFT OPERATOR: David Edgerton
 APPROVAL: _____
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 Thank You!



PO Box 466
Ness City KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 27149

CUSTOMER *Venture Resources*

DATE 3-19-15 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				UNIT PRICE	AMOUNT		
		LOC	ACCT	DF			QTY	U/M	QTY	U/M				
330		2				Swift Multi-Density Shovel	550	sks			15	75	862.50	
276		2				Flasche	138	lbs			2	25	310.50	
581		2										1	50	82.50
583		2											75	82.125

SERVICE CHARGE
MILEAGE TOTAL MILEAGE CHARGE
Cement
54732

LOADED MILES
CUBIC FEET
TON MILES
40
550 sks
1095

CONTINUATION TOTAL 10619.25

JOB LOG

SWIFT Services, Inc.

DATE 3-19-15 PAGE NO. 1

CUSTOMER Venture Resources WELL NO. #6 LEASE Moore JOB TYPE Long String TICKET NO. 27149

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1145							On location w/ float equip. 5 1/2" @ 14# RTD - 3900 LTD - 3898 Shoe - 42.42 / 3859' Tot - 3901' Centralizers - 1, 4-90, 14, 53, 81 Baskets - 15, 54, 82
	1230							START Csg
	220							Break Circ on Bottom
	235	2.5						Plug RAT Hole - 30 SKS
	245	5.5	0				200	Start CMT Flushes
	250	5.5	32/0				200	Start CMT & SMD @ 11.2 lbs
		5.5	189					Raise weight to 12.2 lbs
		5.5	230					Raise weight to 14.5 lbs
	325	5.5	256				400	End Cmt wash P&L
	330	5	0				0	Start Disp
		5	80				400	Circulate cmt - 25 SKS TO pit
	400		94				1000/1600	End Disp -
								Thanks David, Austin, Rob, Tyler



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Venture Resources, Inc
2255 S Wadsworth STE 205
Lakewood, CO 80227
ATTN: Brad Rine/Myc Smith

Sec 14-10s-20w Rooks, KS

Moore #6

Job Ticket: 62459

DST#: 1

Test Start: 2015.03.16 @ 10:39:00

GENERAL INFORMATION:

Formation: **LKC "H-L"**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 13:44:50
Time Test Ended: 18:11:30

Test Type: Conventional Bottom Hole (Initial)
Tester: Phillip Gage
Unit No: 77

Interval: **3606.00 ft (KB) To 3700.00 ft (KB) (TVD)**
Total Depth: 3700.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2223.00 ft (KB)
2216.00 ft (CF)
KB to GR/CF: 7.00 ft

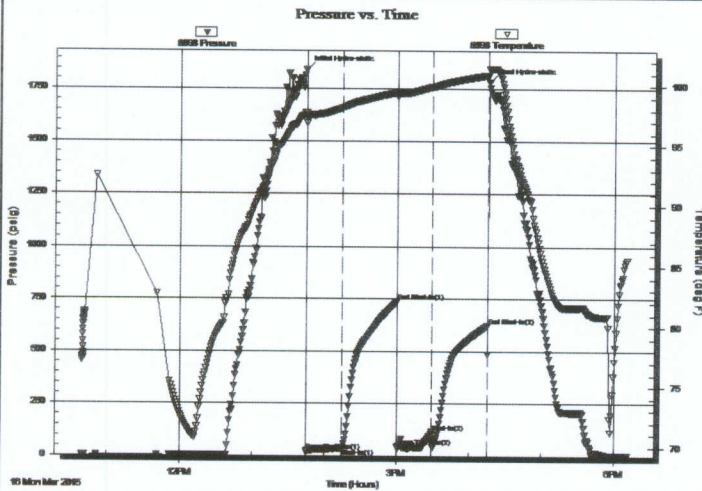
Serial #: 8898

Outside

Press@RunDepth: 114.79 psig @ 3607.00 ft (KB)
Start Date: 2015.03.16 End Date: 2015.03.16
Start Time: 10:39:01 End Time: 18:11:30

Capacity: 8000.00 psig
Last Calib.: 2015.03.16
Time On Btm: 2015.03.16 @ 13:44:40
Time Off Btm: 2015.03.16 @ 16:16:00

TEST COMMENT: 30-IF-Built to 2 1/4"
45-ISI-No Return
30-FF-Built to 1 1/2"
45-FSI-No Return



PRESSURE SUMMARY

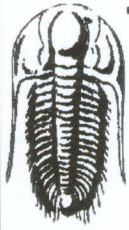
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1843.71	97.82	Initial Hydro-static
1	22.04	96.89	Open To Flow (1)
30	36.87	98.23	Shut-In(1)
75	737.41	99.49	End Shut-In(1)
76	42.69	99.11	Open To Flow (2)
104	114.79	99.94	Shut-In(2)
150	625.54	100.93	End Shut-In(2)
152	1784.33	101.47	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
50.00	SOCM, 10%o, 90%m	0.44

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Venture Resources, Inc
2255 S Wadsworth STE 205
Lakewood, CO 80227
ATTN: Brad Rine/Myc Smith

Sec 14-10s-20w Rooks, KS
Moore #6
Job Ticket: 62459 **DST#: 1**
Test Start: 2015.03.16 @ 10:39:00

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: 57.00 sec/qt	Cushion Volume: bbl		
Water Loss: 6.80 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 800.00 ppm			
Filter Cake: 6.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
50.00	SOCM, 10%o, 90%m	0.437

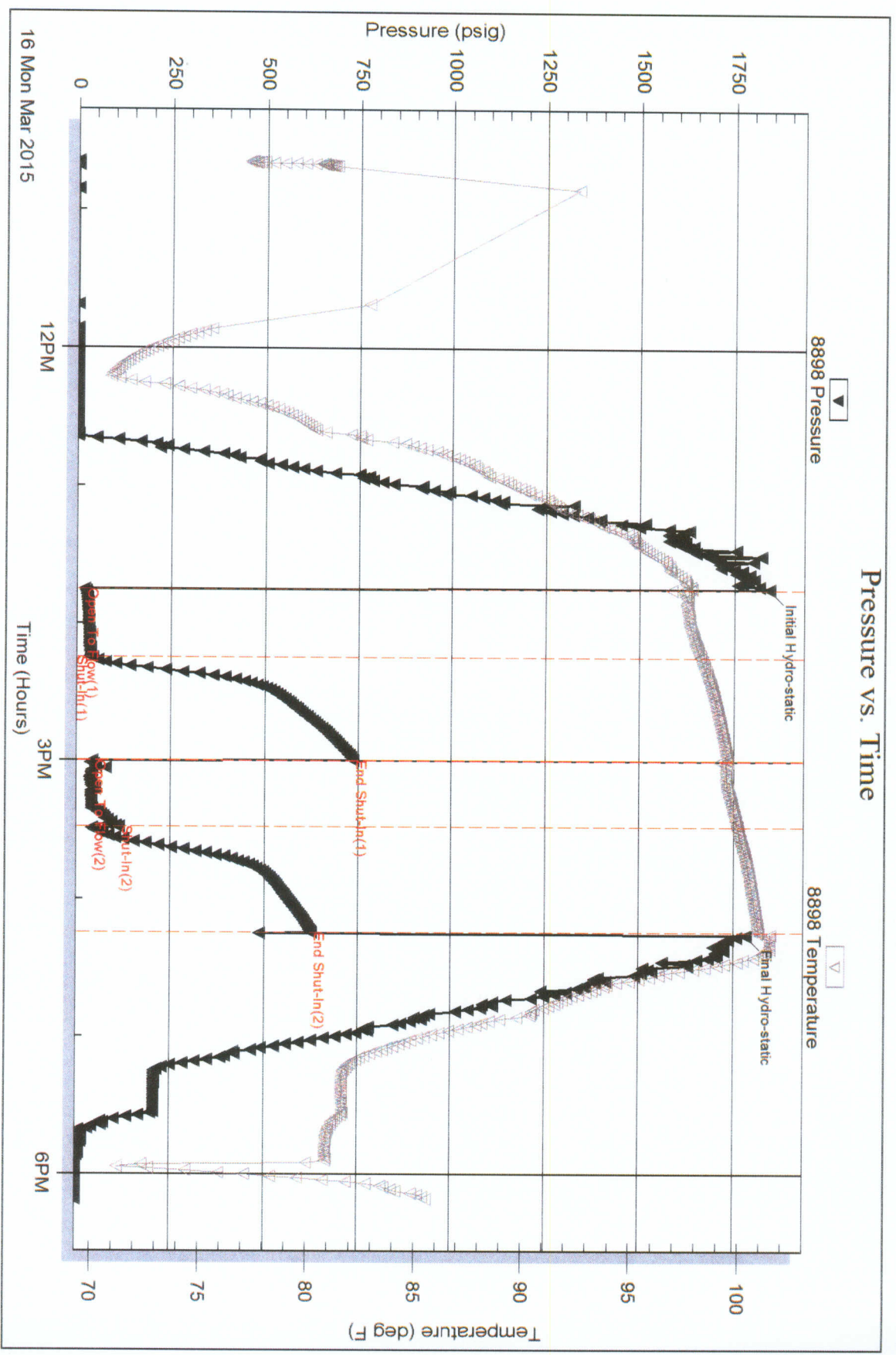
Total Length: 50.00 ft Total Volume: 0.437 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

Serial #: 8898

Outside Venture Resources, Inc

Mbore #6

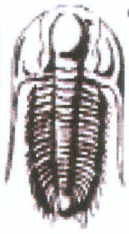
DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 62459

Printed: 2015.03.17 @ 00:18:55



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Venture Resources, Inc
 2255 S Wadsworth STE 205
 Lakewood, CO 80227
 ATTN: Brad Rine/Myc Smith

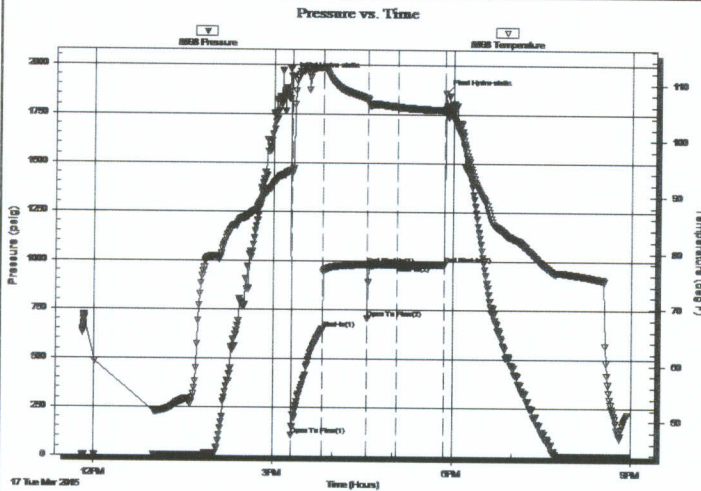
Sec 14-10s-20w Rooks, KS
Moore #6
 Job Ticket: 62460 DST#: 2
 Test Start: 2015.03.17 @ 11:49:00

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 15:18:40
 Time Test Ended: 20:56:19
 Interval: **3687.00 ft (KB) To 3775.00 ft (KB) (TVD)**
 Total Depth: 3775.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Phillip Gage
 Unit No: 77
 Reference Elevations: 2223.00 ft (KB)
 2216.00 ft (CF)
 KB to GR/CF: 7.00 ft

Serial #: 8898 Outside
 Press@RunDepth: 980.14 psig @ 3688.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.03.17 End Date: 2015.03.17 Last Calib.: 2015.03.17
 Start Time: 11:49:01 End Time: 20:56:19 Time On Btm: 2015.03.17 @ 15:18:20
 Time Off Btm: 2015.03.17 @ 17:52:00

TEST COMMENT: 30-IF-BOB in 1 1/2 mins
 45-ISI-Surface Return at 6 mins, died in 20 mins
 30-FF-Built to 4", died back to 2 1/2"
 45-FSI-No Return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1941.43	94.51	Initial Hydro-static
1	107.36	93.87	Open To Flow (1)
31	651.68	112.83	Shut-In(1)
76	979.07	107.41	End Shut-In(1)
77	703.33	107.23	Open To Flow (2)
106	980.14	105.97	Shut-In(2)
153	982.27	105.41	End Shut-In(2)
154	1857.92	105.58	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
252.00	VSGOMCW, 5%g, 10%o, 10%m, 75%w	3.27
567.00	SGOMCW, 10%g, 10%o, 40%m, 40%w	7.95
315.00	SOGMCW, 10%o, 15%g, 20%m, 55%w	4.42
277.00	OMCW, 20%o, 40%m, 40%w	3.89

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Venture Resources, Inc

Sec 14-10s-20w Rooks, KS

2255 S Wadsworth STE 205
Lakewood, CO 80227

Moore #6

Job Ticket: 62460

DST#: 2

ATTN: Brad Rine/Myc Smith

Test Start: 2015.03.17 @ 11:49:00

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:

33000 ppm

Viscosity: 65.00 sec/qt

Cushion Volume:

bbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1900.00 ppm

Filter Cake: 5.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
252.00	VSGOMCW, 5%g, 10%o, 10%m, 75%w	3.271
567.00	SGOMCW, 10%g, 10%o, 40%m, 40%w	7.954
315.00	SOGMCW, 10%o, 15%g, 20%m, 55%w	4.419
277.00	OMCW, 20%o, 40%m, 40%w	3.886

Total Length: 1411.00 ft Total Volume: 19.530 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

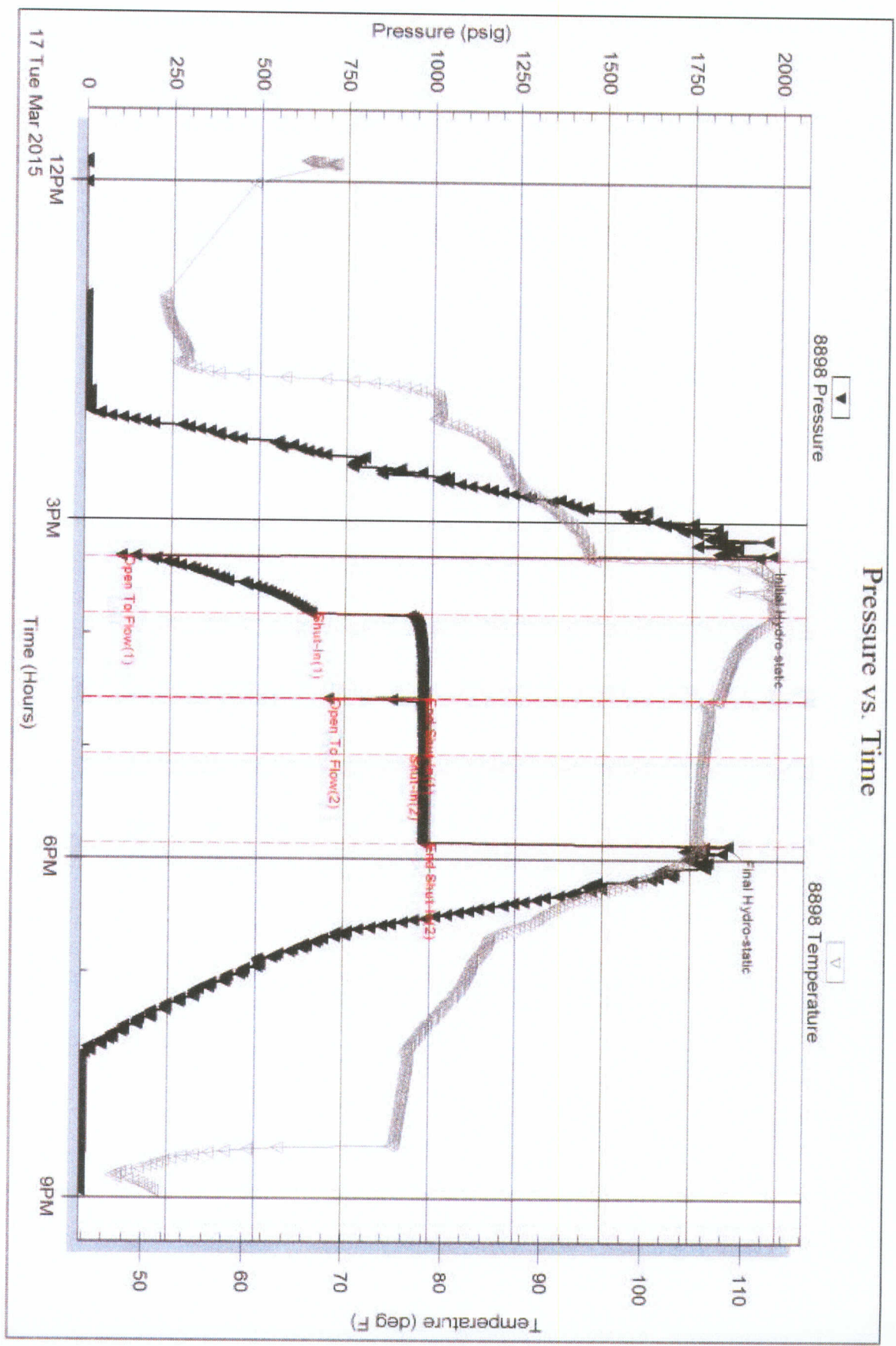
Recovery Comments: .4 @ 40 degree = 33,000

Serial # 8898

Outside Venture Resources, Inc

Moore #85

DST Test Number: 2



Triobite Testing, Inc

Ref. No. 62460

Printed: 2015 03 18 @ 08:03:33



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Venture Resources, Inc

2255 S Wadsworth STE 205
Lakewood, CO 80227

ATTN: Brad Rine/Myc Smith

Sec 14-10s-20w Rooks, KS

Moore #6

Job Ticket: 62461

DST#: 3

Test Start: 2015.03.18 @ 05:08:00

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 08:09:20

Time Test Ended: 13:32:39

Interval: **3792.00 ft (KB) To 3806.00 ft (KB) (TVD)**

Total Depth: 3806.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Reset)

Tester: Phillip Gage

Unit No: 77

Reference Elevations: 2223.00 ft (KB)

2216.00 ft (CF)

KB to GR/CF: 7.00 ft

Serial #: 8898

Outside

Press@RunDepth: 822.59 psig @ 3793.00 ft (KB)

Start Date: 2015.03.18 End Date: 2015.03.18

Start Time: 05:08:01 End Time: 13:32:40

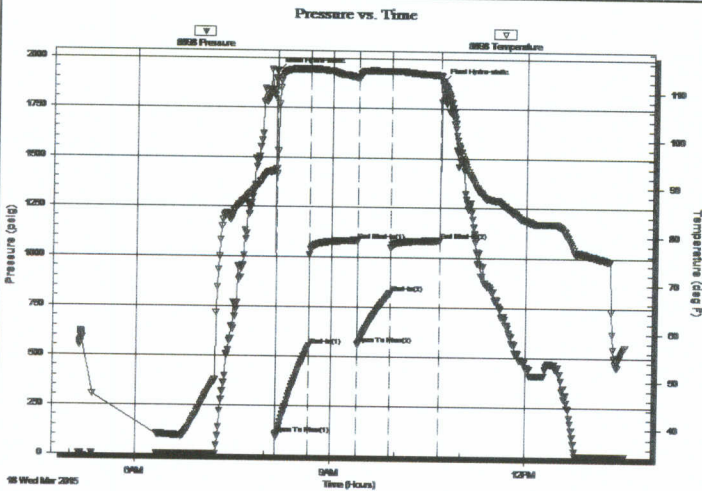
Capacity: 8000.00 psig

Last Calib.: 2015.03.18

Time On Btm: 2015.03.18 @ 08:09:10

Time Off Btm: 2015.03.18 @ 10:41:39

TEST COMMENT: 30-IF-BOB in 2 mins.
45-ISI-Surface Return at 35 mins
30-FF-BOB in 2 mins.
45-FSI-Weak Surface Return at 10 mins, died at 15 mins.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1932.99	93.87	Initial Hydro-static
1	103.97	92.76	Open To Flow (1)
31	550.78	114.56	Shut-In(1)
76	1082.84	112.96	End Shut-In(1)
76	562.69	112.72	Open To Flow (2)
106	822.59	114.25	Shut-In(2)
151	1083.90	113.48	End Shut-In(2)
153	1885.05	112.33	Final Hydro-static

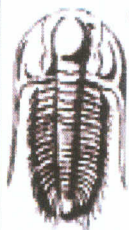
Recovery

Length (ft)	Description	Volume (bbl)
1197.00	VSOMCW, 5%o, 10%m, 85%w	16.53
441.00	VSGOMCW, 5%g, 5%o, 80%w, 10%m	6.19
169.00	SGOMCW, 10%g, 20%o, 40%w, 30%m	2.37
30.00	O, 100% o	0.42

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Venture Resources, Inc

Sec 14-10s-20w Rooks, KS

2255 S Wadsworth STE 205
Lakewood, CO 80227

Moore #6

Job Ticket: 62461

DST#: 3

ATTN: Brad Rine/Myc Smith

Test Start: 2015.03.18 @ 05:08:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 65.00 sec/qt
Water Loss: 7.20 in³
Resistivity: ohm.m
Salinity: 1900.00 ppm
Filter Cake: 5.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 30 deg API
Water Salinity: 26000 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1197.00	VSOMCW, 5%o, 10%m, 85%w	16.527
441.00	VSGOMCW, 5%g, 5%o, 80%w, 10%m	6.186
169.00	SGOMCW, 10%g, 20%o, 40%w, 30%m	2.371
30.00	O, 100% o	0.421

Total Length: 1837.00 ft Total Volume: 25.505 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

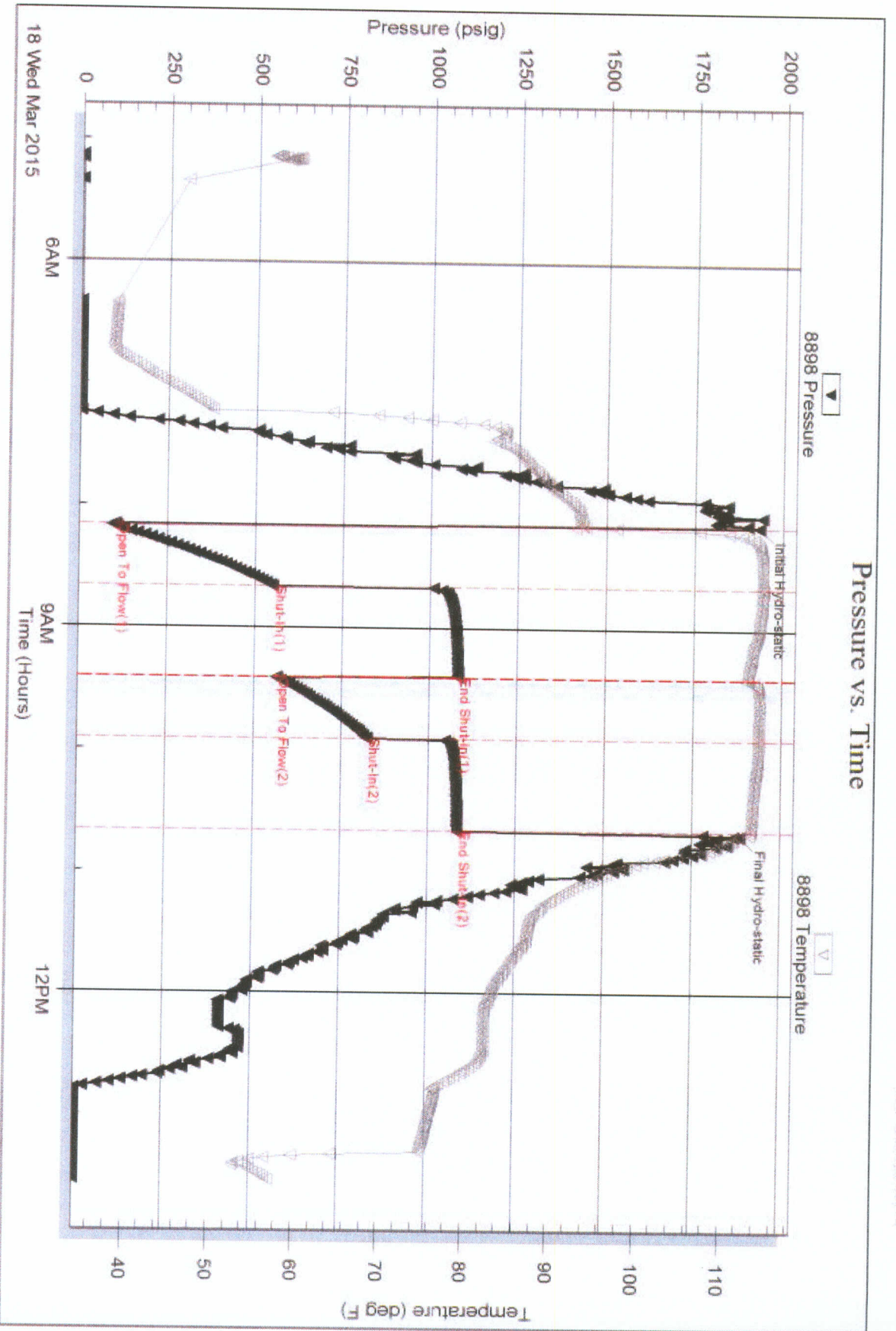
Recovery Comments: .4 @ 52 degrees = 26,000 Salinity

Serial #: 8898

Outside Venture Resources, Inc

Moore #6

DST Test Number: 3



Tripple Testing, Inc

Ref. No: 62461

Printed: 2015.03.18 @ 14:35:41