



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1261592
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: _____



1261592

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	Otte 1
Doc ID	1261592

All Electric Logs Run

Dual Induction
Dual Compensated Porosity
Micro
Borehole Compensated Sonic

ALLIED OIL & GAS SERVICES, LLC 065217

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Ceres Band FS

DATE <u>3-18-15</u>	SEC. <u>15</u>	TWP. <u>19S</u>	RANGE <u>14W</u>	CALLED OUT	ON LOCATION <u>7:30 AM</u>	JOB START <u>12:30</u>	JOB FINISH <u>11:30</u>
LEASE <u>OTTE</u>	WELL # <u>1</u>	LOCATION <u>Ceres Band 96 to 40ft</u>			COUNTY <u>Horton</u>	STATE <u>FS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>Nitro</u>			

CONTRACTOR Minnescah Drilling
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D.
 CASING SIZE 5 5/8 DEPTH 566.15
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 40.36
 PERFS.
 DISPLACEMENT wh's Freshwater

EQUIPMENT
 PUMP TRUCK CEMENTER Justin Chambers
 # 597 HELPER Kedra Eddy
 BULK TRUCK
 # 544-198 DRIVER Ben Newell
 BULK TRUCK
 # DRIVER

REMARKS:
Pump 566.15 Fresh Water Mix 200 gals
Lead mix 150 sks tail plug down
+ Pulverize plug Displace 51.25665
Lead plug @ 500 ft station
Cement did circulate
Plug Down 11:00 AM
Big Down

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

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
 SIGNATURE [Signature]
Thank You!!

OWNER
 CEMENT
 AMOUNT ORDERED 200 gals 65/135 Class A 35ft
POZ 6x6 3-1/2 in 4 in P10
150 sks Class H 3x100 ~~217~~
 COMMON 150 @ 17.90 2,685.00
 POZMIX @ _____
 GEL @ _____
 CHLORIDE 522 @ 1.10 574.20
 ASE cc 423 @ 1.10 465.30
200 sks 65/35+6% @ 19.88 3,976.00
+ 1/2 10 @ _____
floucal 50 @ 2.97 148.50
 @ _____
 @ _____ 7,849.00
 @ 45% 3,532.45
 @ _____
 @ _____
 HANDLING 389.45 @ 2.48 965.83
 MILEAGE 83.85 @ 2.75 230.59
 TOTAL _____

SERVICE
 DEPTH OF JOB
 PUMP TRUCK CHARGE 2058.50
 EXTRA FOOTAGE @ _____
 MILEAGE Hum 5 @ 7.70 38.50
 MANIFOLD @ _____
Hum 5 @ 4.40 22.00
 @ _____
 TOTAL 3,315.41
1,491.93

PLUG & FLOAT EQUIPMENT
1-6 5/8 Rubber Plug @ 131.00 131.00
1-6 5/8 Profile Plug @ _____ 146.00
2-6 5/8 Centralizers @ 75.00 150.00
 @ _____
 @ _____
 TOTAL 427.00
45% 192.15

SALES TAX (If Any) _____
 TOTAL CHARGES 11,591.41
45 5,216.13
 DISCOUNT _____ IE PAID IN 30 DAYS
6,375.28

ALLIED OIL & GAS SERVICES, LLC 065222

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend KS

DATE <u>3-24-15</u>	SEC. <u>15</u>	TWP. <u>19S</u>	RANGE <u>14W</u>	CALLED OUT	ON LOCATION <u>4:30pm</u>	JOB START <u>11:00am</u>	JOB FINISH <u>12:00AM</u>
LEASE <u>OTTE</u>	WELL # <u>1</u>	LOCATION <u>Great Bend KS NW DN</u>		COUNTY <u>Barton</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)			<u>96 to 30 Rd Ninto</u>				

CONTRACTOR Minnesco
 TYPE OF JOB 5 1/2 production
 HOLE SIZE 7 1/4 T.D.
 CASING SIZE 6 1/2 DEPTH 3621
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT Freshwater

OWNER
 CEMENT
 AMOUNT ORDERED 125 SKS ASC 2T gel + 10T gel + 6T gyp + 5# seal per SK + 14TDF + 50 SKS 40# bbls A 40TDF 2 4T gel 84.60
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC 125 @ 23.50 2,937.50
DF 16 @ 9.80 156.80
Gilsonite 650 @ .98 637.00
Du 1100 500 @ 1.35 675.00
50 SK 60/40 + 4% @ 18.92 946.00
 @ 45% 5,352.30
 @ 2.48 525.09
 HANDLING 211.73 @ 2.48
 MILEAGE 9.26 x 5 x 2.75 127.33

EQUIPMENT

PUMP TRUCK CEMENTER Dustin Chambers
 # 597 HELPER Kevin Eddy / Ben Newell
 BULK TRUCK
 # 599 DRIVER Marlyn Spangenberg
 BULK TRUCK
 # DRIVER

REMARKS:

Deep Bull pump truck @ IF
hire large for loc. pump DV-1100
plug R/W & MH Hook up Down Hole.
mix 125 SKS cement shut Down & release
plug & wash pump lines
Displace 57.65 bbls Freshwater
back plug @ 1100 IF plug down 11:30
Bring Down 700# bbl pressure

SERVICE

DEPTH OF JOB 3621
 PUMP TRUCK CHARGE 2258.75
 EXTRA FOOTAGE @
 MILEAGE Hum 5 @ 7.70 38.50
 MANIFOLD @ 275.00 275.00
Hum 5 @ 4.40 22.00
 @

TOTAL 3,246.67
 45% 1,461.00

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

PLUG & FLOAT EQUIPMENT

1-5 1/2 Abu Blast shoe @ 545.00 545.00
1-5 1/2 Latch & Baffle @ 660.00 660.00
6-Turbulizers @ 95.00 760.00
 @
 @

TOTAL 1,965.00
 45% 884.25

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 Peterman

SIGNATURE x [Signature]

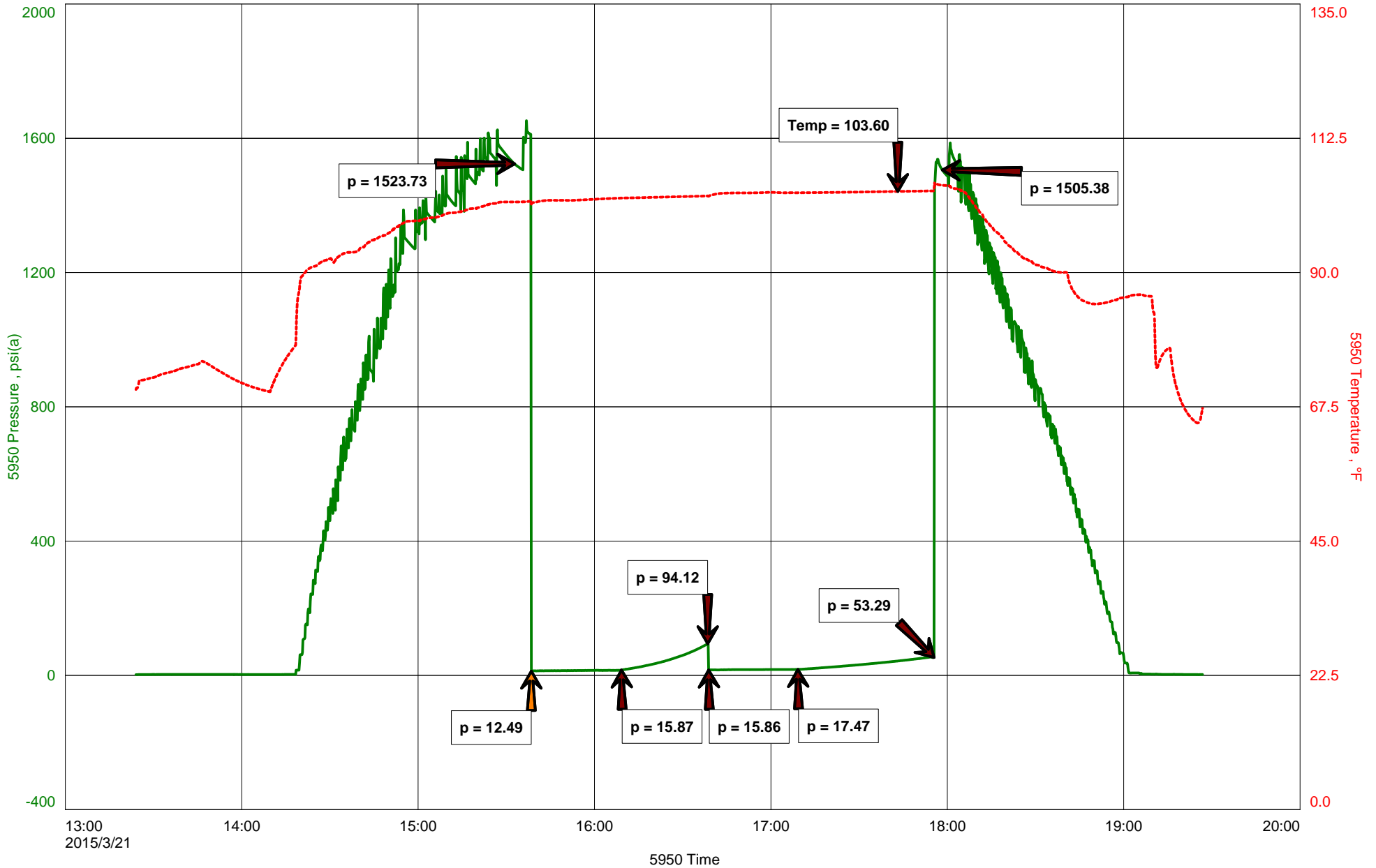
Thank you!

SALES TAX (If Any) _____
 TOTAL CHARGES 10,563.97
 DISCOUNT 45% 4,759.75 IF PAID IN 30 DAYS
5,810.18

L.B. Exploration
Dst #1 Lans A-F 3234-3310'
Start Test Date: 2015/03/21
Final Test Date: 2015/03/21

Otte #1
Formation: Dst #1 Lans A-F 3234-3310'
Pool: Wildcat
Job Number: P0061

Otte #1





Hoisington, Kansas

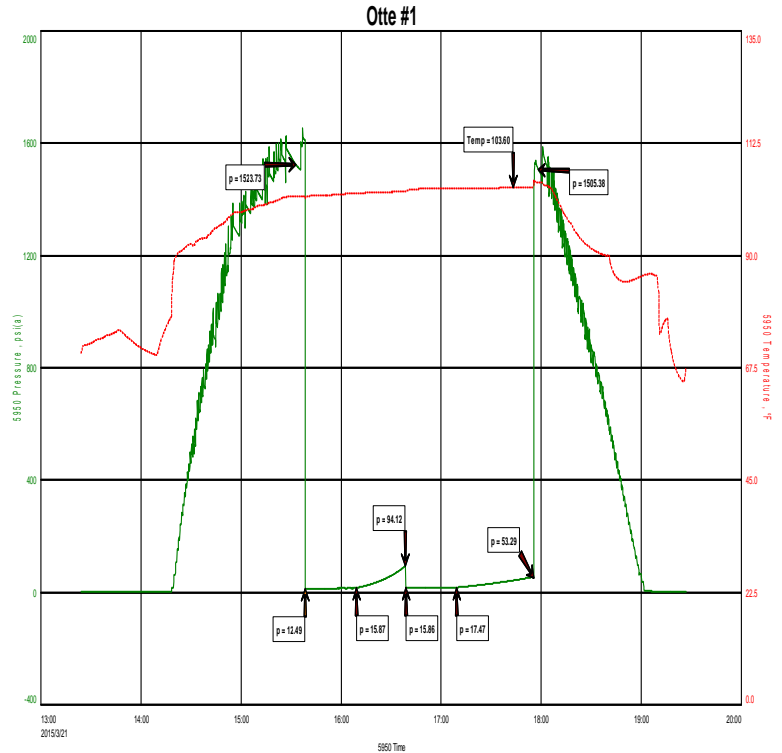
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name L.B. Exploration

Contact Michael Peterman
Well Name Otte #1
Unique Well ID Dst #1 Lans A-F 3234-3310'
Surface Location Sec15-19s-14w Barton County
Field Wildcat
Well Type Vertical
Test Type Drill Stem Test
Well Operator L.B. Exploration

Formation Dst #1 Lans A-F 3234-3310'
Well Fluid Type 01 Oil
Test Purpose Initial Test
Start Test Date 2015/03/21
Start Test Time 13:24:00
Final Test Time 19:26:00
Job Number P0061
Report Date 2015/03/21
Prepared By Michael Carroll



TEST RECOVERY

Remarks Recovery: 8' MUD 100%M

Total Fluid: 8'

Tool Sample: 100%M



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

TIME ON: 1324
TIME OFF: 1926

Company L.B. Exploration Lease & Well No. Otte #1
Contractor Ninnescah Drilling Charge to L.B. Exploration
Elevation 1876GL Formation Lans A-F Effective Pay _____ Ft. Ticket No. P0061
Date 3-21-15 Sec. 15 Twp. _____ 19 S Range _____ 14 W County _____ Barton State KANSAS
Test Approved By Jim Musgrove Diamond Representative _____ Michael Carroll

Formation Test No. 1 Interval Tested from 3234 ft. to 3310 ft. Total Depth 3310 ft.
Packer Depth 3229 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3234 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3222 ft. Recorder Number 5950 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3302 ft. Recorder Number 0230 Cap. 6000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 52 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 3000 P.P.M. Drill Pipe Length 3207 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number na Test Tool Length 27 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 76(12a) 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: WSB-BUILT TO 1/4" IN 30 MINUTES NOBB
2nd Open: NO BLOW-NO BUILD NOBB

Recovered 8 ft. of MUD 100%M
Recovered 8 ft. of TOTAL FLUID
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks:	Price Job
	Other Charges
	Insurance
	Total

TOOL SAMPLE: 100%M

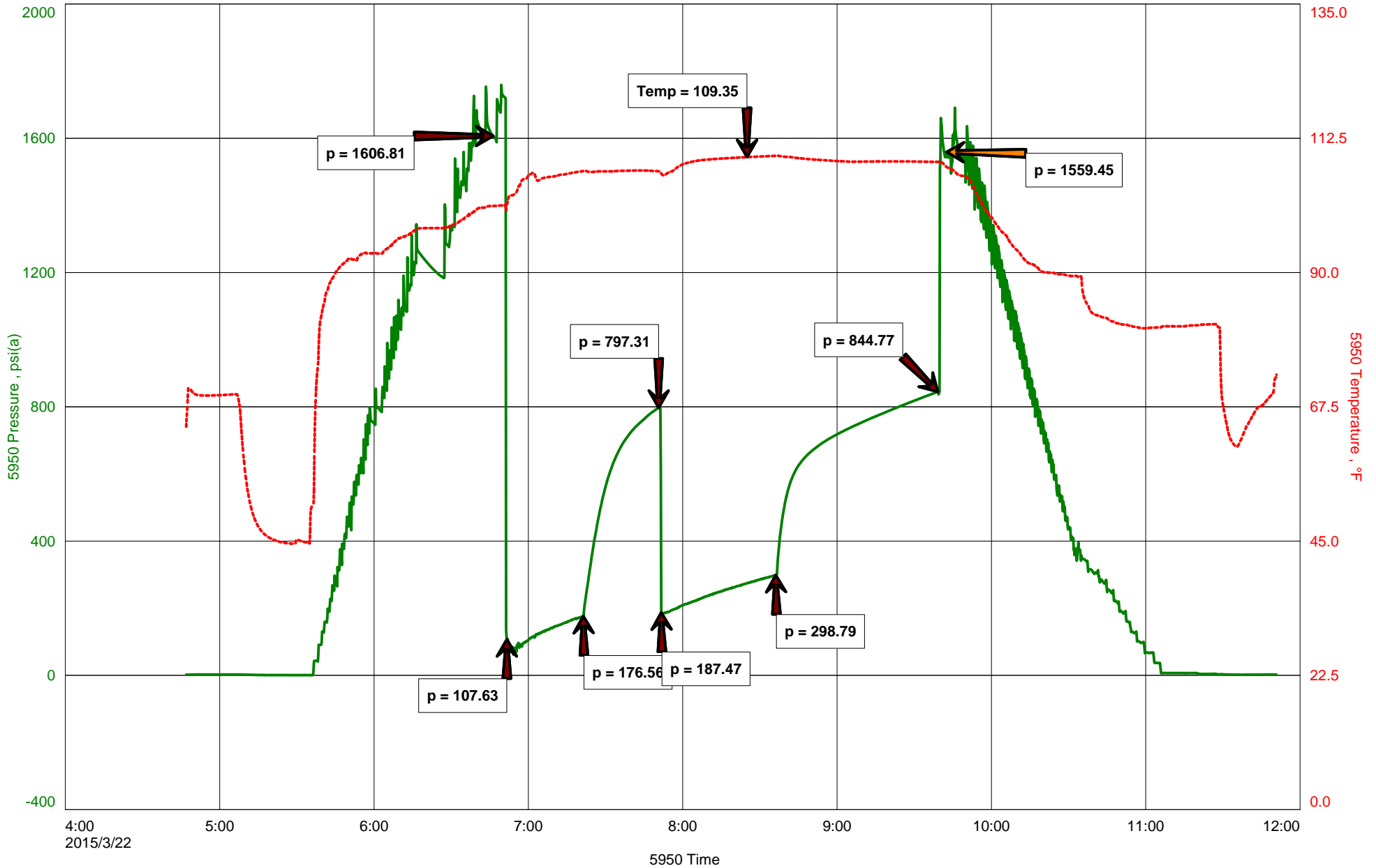
Time Set Packer(s) 3:36P.M. A.M. P.M. Time Started Off Bottom 5:51P.M. A.M. P.M. Maximum Temperature 104
Initial Hydrostatic Pressure..... (A) 1524 P.S.I.
Initial Flow Period..... Minutes 30 (B) 12 P.S.I. to (C) 16 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 94 P.S.I.
Final Flow Period..... Minutes 30 (E) 16 P.S.I. to (F) 17 P.S.I.
Final Closed In Period..... Minutes 45 (G) 53 P.S.I.
Final Hydrostatic Pressure..... (H) 1505 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.

L.B. Exploration
Dst #2 Lans H-J 3361-3420'
Start Test Date: 2015/03/22
Final Test Date: 2015/03/22

Otte #1
Formation: Dst #2 Lans H-J 3361-3420'
Pool: Wildcat
Job Number: P0062

Otte #1





Hoisington, Kansas

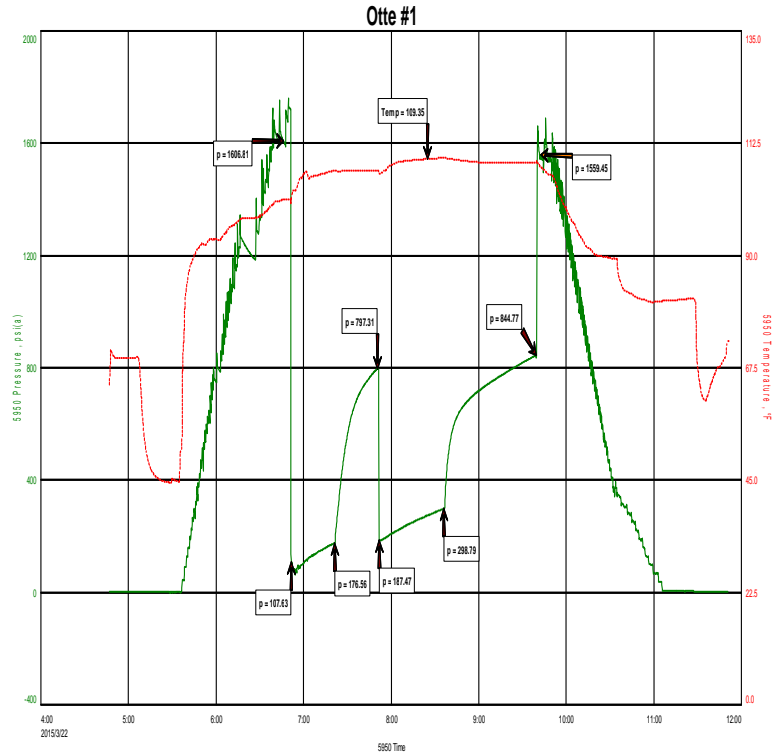
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name L.B. Exploration

Contact Michael Peterman
Well Name Otte #1
Unique Well ID Dst #2 Lans H-J 3361-3420'
Surface Location Sec15-19s-14w Barton County
Field Wildcat
Well Type Vertical
Test Type Drill Stem Test
Well Operator L.B. Exploration

Formation Dst #2 Lans H-J 3361-3420'
Well Fluid Type 01 Oil
Test Purpose Initial Test
Start Test Date 2015/03/22
Start Test Time 04:47:00
Final Test Time 11:51:00
Job Number P0062
Report Date 2015/03/22
Prepared By Michael Carroll



TEST RECOVERY

Remarks	Recovery:	GTS				
		10'	M	100%		
		63'	VSLOCM	1%O	99%M	
		315'	WMCGO	25%G	35%O	22%W 18%M
		139'	MCWO	68%O	28%W	4%M
		176'	OCMW	3%O	94%W	3%M
Total Fluid:		703'				
Tool Sample:		68%O	28%W	4%M		
RW	.1 @ 60 Degrees					
PH	7					
Chlorides	94000 PPM					



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: Otte#1Dst#2

TIME ON: 0447
 TIME OFF: 1151

Company L.B. Exploration Lease & Well No. Otte #1
 Contractor Ninnescah Drilling Charge to L.B. Exploration
 Elevation 1876GL Formation Lans H-J Effective Pay _____ Ft. Ticket No. P0062
 Date 3-22-15 Sec. 15 Twp. 19 S Range 14 W County Barton State KANSAS
 Test Approved By Jim Musgrove Diamond Representative Michael Carroll

Formation Test No. 2 Interval Tested from 3361 ft. to 3420 ft. Total Depth 3420 ft.
 Packer Depth 3356 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3361 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 3349 ft. Recorder Number 5950 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 3397 ft. Recorder Number 0230 Cap. 6000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 52 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9.1 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 3000 P.P.M. Drill Pipe Length 3334 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number na Test Tool Length 27 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 59(27.5a) 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: 2"BLOW-BUILT TO BOB IN 45 SECONDS 5"BB
 2nd Open: 2"BLOW-BUILT TO BOB IN 2 MINUTES 50 SECONDS 8"BB

Recovered <u>GTS</u> ft. of <u>IN 17 MINUTES INTO FINAL FLOW</u>	<u>RW .1 @ 60 DEGRESS</u>
Recovered <u>10</u> ft. of <u>M 100%M</u>	<u>PH 7</u>
Recovered <u>63</u> ft. of <u>VSLOCM 1%O 99%M</u>	<u>CHLORIDES 94000 PPM</u>
Recovered <u>315</u> ft. of <u>WMCGO 25%G 35%O 22%W 18%M</u>	
Recovered <u>139</u> ft. of <u>MCWO 68%O 28%W 4%M</u>	Price Job
Recovered <u>176</u> ft. of <u>OCMW 3%O 94%W 3%M</u>	Other Charges
Remarks: <u>TOTAL FLUID: 703</u>	Insurance
<u>TOOL SAMPLE: 68%O 28%W 4%M</u>	Total

Time Set Packer(s) 6:50A.M. A.M. Time Started Off Bottom 9:35A.M. P.M. Maximum Temperature 109

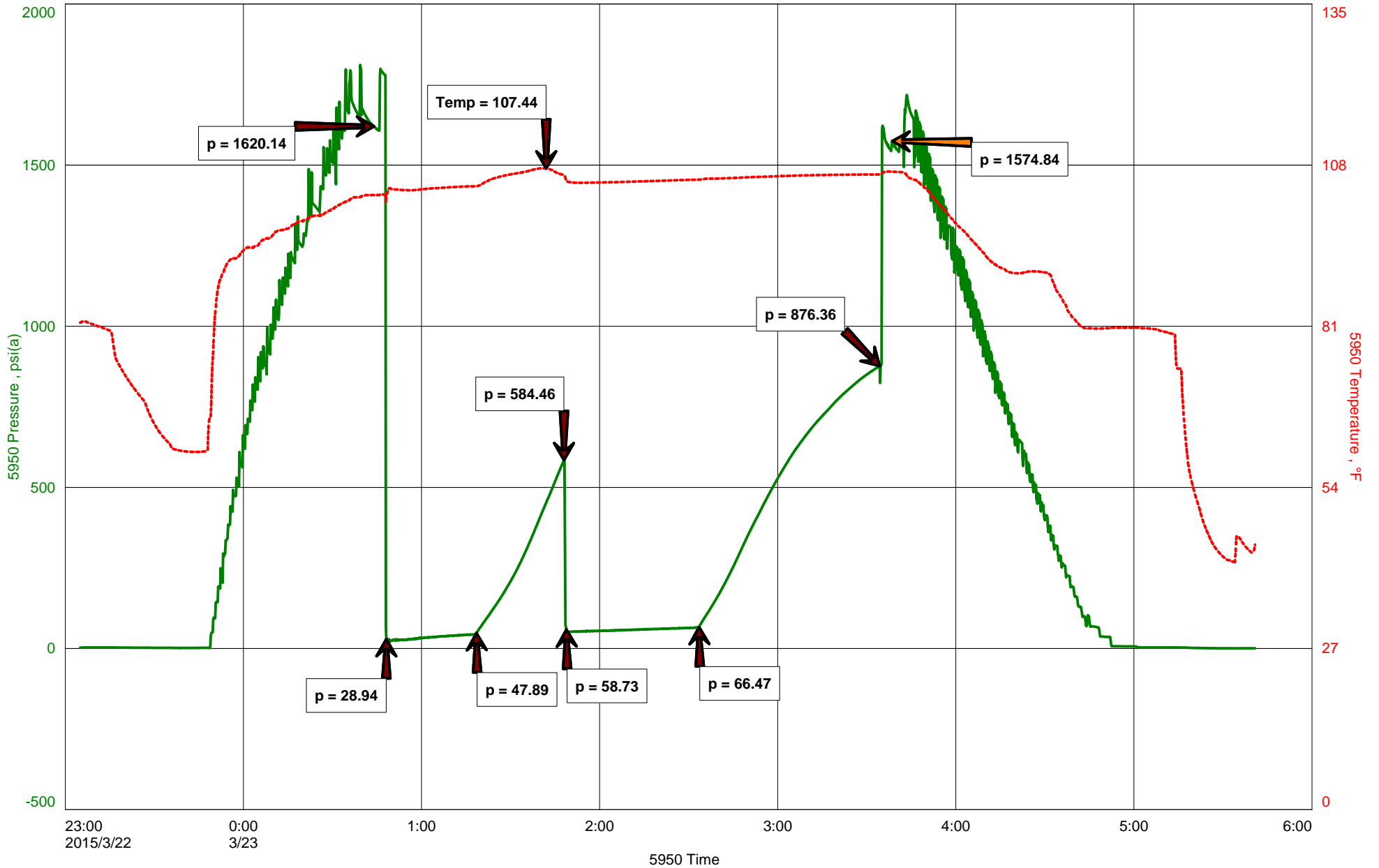
Initial Hydrostatic Pressure..... (A) 1607 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 108 P.S.I. to (C) 177 P.S.I.
 Initial Closed In Period..... Minutes 30 (D) 797 P.S.I.
 Final Flow Period..... Minutes 45 (E) 187 P.S.I. to (F) 299 P.S.I.
 Final Closed In Period..... Minutes 60 (G) 845 P.S.I.
 Final Hydrostatic Pressure..... (H) 1559 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.

L.B. Exploration
Dst #3 Lower Lans/Conglomerate Sand 3420-3511'
Start Test Date: 2015/03/23
Final Test Date: 2015/03/23

Otte #1
Formation: Dst #3 Lower Lans/Conglomerate Sand 3420-3511'
Pool: Wildcat
Job Number: P0063

Otte #1





Michael Carroll
 620-617-0368
 carroll.dtlc@gmail.com

Hoisington, Kansas

General Information

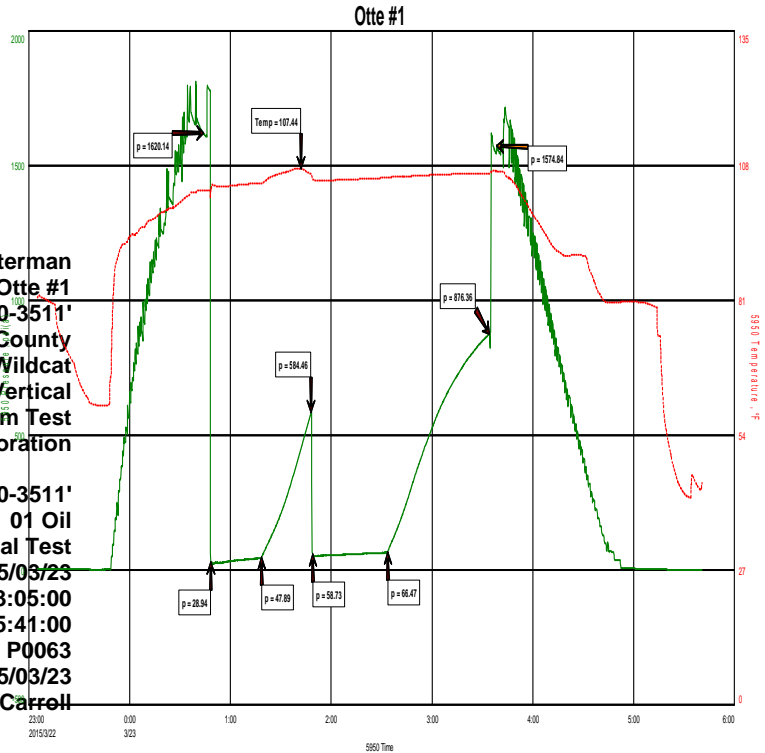
Company Name L.B. Exploration

Contact
 Well Name
 Unique Well ID
 Surface Location
 Field
 Well Type
 Test Type
 Well Operator

Michael Peterman
 Otte #1
 Dst #3 Lower Lans/Conglomerate Sand 3420-3511'
 Sec15-19s-14w Barton County
 Wildcat
 Vertical
 Drill Stem Test
 L.B. Exploration

Formation
 Well Fluid Type
 Test Purpose
 Start Test Date
 Start Test Time
 Final Test Time
 Job Number
 Report Date
 Prepared By

Dst #3 Lower Lans/Conglomerate Sand 3420-3511'
 01 Oil
 Initial Test
 2015/03/23
 23:05:00
 05:41:00
 P0063
 2015/03/23
 Michael Carroll



TEST RECOVERY

Remarks	Recovery:	1380'	Gas In Pipe			
		16'	OCSLWCM	5%O	2%W	93%M
		53'	GMWCO	20%G	40%O	20%W 20%M
		63'	GMWCO	15%G	55%O	17%W 13%M
	Total Fluid:	132'				
	Tool Sample:	60%O	22%W	18%M		
	RW .32 @ 45 Degrees					
	PH 7					
	Chlorides 33000 PPM					



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Otte#1Dst#3

TIME ON: 2305 3-22
TIME OFF: 0541 3-23

Company L.B. Exploration Lease & Well No. Otte #1
Contractor Ninnescah Drilling Charge to L.B. Exploration
Elevation 1876GL Formation Lower Lans/Conglomerate Sand Effective Pay _____ Ft. Ticket No. P0063
Date 3-23-15 Sec. 15 Twp. _____ 19 S Range _____ 14 W County _____ Barton State KANSAS
Test Approved By Jim Musgrove Diamond Representative _____ Michael Carroll

Formation Test No. 3 Interval Tested from 3420 ft. to 3511 ft. Total Depth 3511 ft.
Packer Depth 3415 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3420 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 3408 ft. Recorder Number _____ 5950 Cap. _____ 5000 P.S.I.
Bottom Recorder Depth (Outside) 3488 ft. Recorder Number _____ 0230 Cap. _____ 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Mud Type Chem Viscosity 60 Drill Collar Length _____ 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length _____ 0 ft. I.D. 2 7/8 in.
Chlorides 5000 P.P.M. Drill Pipe Length 3393 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number na Test Tool Length 27 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 91(27a) 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: 1" BLOW-BUILT TO BOB IN 2 MINUTES 45 SECONDS NOBB
2nd Open: 3" BLOW-BUILT TO BOB IN 30 SECONDS NOBB

Recovered 1380 ft. of GAS IN PIPE RW .32 @ 45 DEGREES
Recovered 16 ft. of OCSLWCM 5%O 2%W 93%M PH 7
Recovered 53 ft. of GMWCO 20%G 40%O 20%W 20%M CHLORIDES 33000 PPM
Recovered 63 ft. of GMWCO 15%G 55%O 17%W 13%M

Recovered <u>132</u> ft. of <u>TOTAL FLUID</u>	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: 60%O 22%W 18%M	Total

Time Set Packer(s) 12:45A.M. A.M. Time Started Off Bottom 3:30A.M. P.M. Maximum Temperature 107

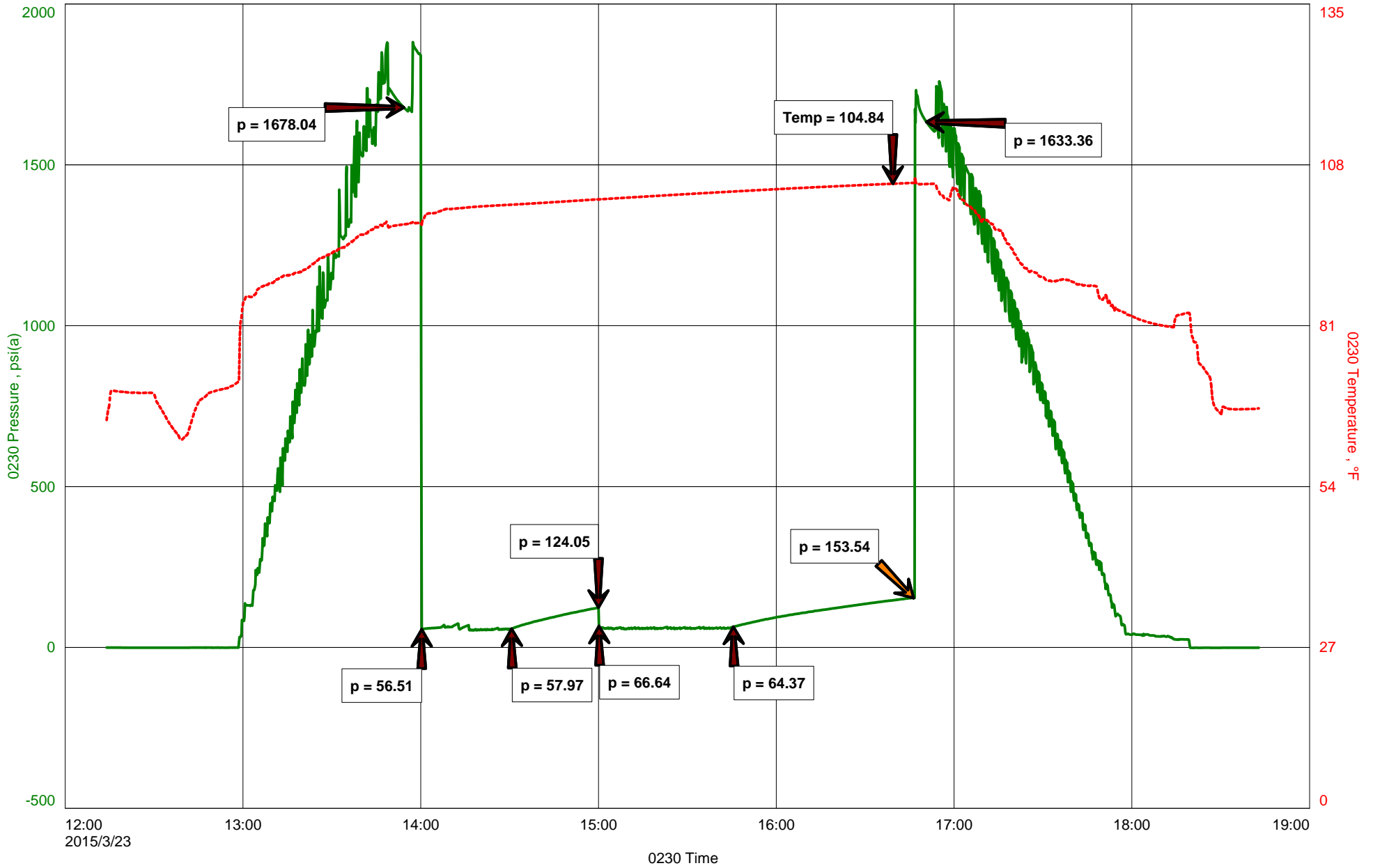
Initial Hydrostatic Pressure..... (A) 1620 P.S.I.
Initial Flow Period..... Minutes 30 (B) 29 P.S.I. to (C) 48 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 584 P.S.I.
Final Flow Period..... Minutes 45 (E) 59 P.S.I. to (F) 66 P.S.I.
Final Closed In Period..... Minutes 60 (G) 876 P.S.I.
Final Hydrostatic Pressure..... (H) 1575 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.

L.B. Exploration
Dst #4 Arbuckle 3452-3541'
Start Test Date: 2015/03/23
Final Test Date: 2015/03/23

Otte #1
Formation: Dst #4 Arbuckle 3452-3541'
Pool: Wildcat
Job Number: P0064

Otte #1





Hoisington, Kansas

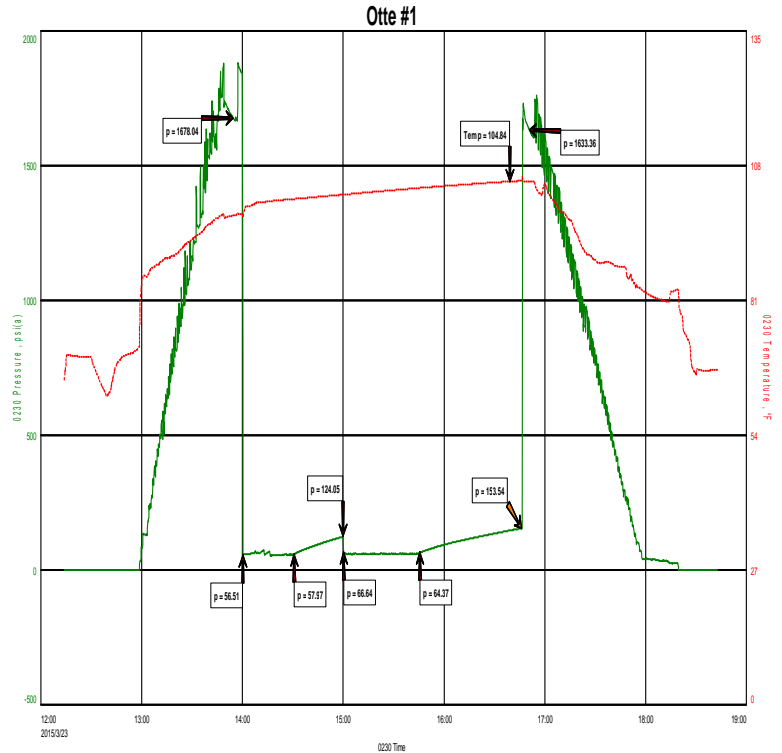
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name L.B. Exploration

Contact	Michael Peterman
Well Name	Otte #1
Unique Well ID	Dst #4 Arbuckle 3452-3541'
Surface Location	Sec15-19s-14w Barton County
Field	Wildcat
Well Type	Vertical
Test Type	Drill Stem Test
Well Operator	L.B. Exploration

Formation	Dst #4 Arbuckle 3452-3541'
Well Fluid Type	01 Oil
Test Purpose	Initial Test
Start Test Date	2015/03/23
Start Test Time	12:14:00
Final Test Time	18:32:00
Job Number	P0064
Report Date	2015/03/23
Prepared By	Michael Carroll



TEST RECOVERY

Remarks	Recovery:	189'	Gas In Pipe
		33'	Mud 100%M With A Few Oil Specks
	Total Fluid:	33'	
	Tool Sample:	100%M	Small Scum Of Oil, Less Than 1%



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Otte#1Dst#4

TIME ON: 1214
TIME OFF: 1832

Company L.B. Exploration Lease & Well No. Otte #1
Contractor Ninnescah Drilling Charge to L.B. Exploration
Elevation 1876GL Formation _____ Arbuckle Effective Pay _____ Ft. Ticket No. P0064
Date 3-23-15 Sec. 15 Twp. _____ 19 S Range _____ 14 W County _____ Barton State KANSAS
Test Approved By Jim Musgrove Diamond Representative _____ Michael Carroll

Formation Test No. 4 Interval Tested from 3452 ft. to 3541 ft. Total Depth 3541 ft.
Packer Depth 3447 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3452 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 3440 ft. Recorder Number 5950 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3520 ft. Recorder Number 0230 Cap. 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 68 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 10.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 7000 P.P.M. Drill Pipe Length 3425 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number na Test Tool Length 27 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 89(25a) 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: 1/4" BLOW-BUILT TO 8 1/2" IN 30 MINUTES NOBB
2nd Open: 3" BLOW-BUILT TO 10" IN 45 MINUTES NOBB

Recovered 189 ft. of GAS IN PIPE
Recovered 33 ft. of MUD 100%M WITH A FEW OIL SPECKS
Recovered 33 ft. of TOTAL FLUID

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: 100%M WITH A SMALL SCUM OF OIL, LESS THAN 1%	Total

Time Set Packer(s) 2:00 P.M. ^{A.M.}/_{P.M.} Time Started Off Bottom 4:45 P.M. ^{A.M.}/_{P.M.} Maximum Temperature 105

Initial Hydrostatic Pressure..... (A) 1678 P.S.I.
Initial Flow Period..... Minutes 30 (B) 57 P.S.I. to (C) 58 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 124 P.S.I.
Final Flow Period..... Minutes 45 (E) 67 P.S.I. to (F) 64 P.S.I.
Final Closed In Period..... Minutes 60 (G) 154 P.S.I.
Final Hydrostatic Pressure..... (H) 1633 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.