

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1260861
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: _____

1260861

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. _____	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	Lawrence 1-14
Doc ID	1260861

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Microresistivity
Computer Processed Interpretation

Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	Lawrence 1-14
Doc ID	1260861

Tops

Name	Top	Datum
Anhydrite	2138	593
Heebner Shale	3924	-1193
Lansing	3961	-1230
Stark Shale	4217	-1486
Base/KC	4282	-1551
Marmaton	4300	-1569
Pawnee	4420	-1689
Ft Scott	4464	-1733
Cherokee	4490	-1759
Miss Dolomite	4567	-1836



P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300

Invoice

DATE	INVOICE #
7/30/2015	28656

BILL TO
Carmen Schmitt, Inc. P. O. Box 47 915 Harrison Great Bend, KS 67530-0047

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-14	Lawrence	Lane	Discovery Drilling...	Oil	Development	Cement Surface ...	Blaine
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				45	Miles	5.00	225.00
576D-S	Pump Charge - Shallow Surface (< 500 Ft.)				1	Job	800.00	800.00
325	Standard Cement				150	Sacks	12.25	1,837.50T
279	Bentonite Gel				3	Sack(s)	25.00	75.00T
278	Calcium Chloride				7	Sack(s)	40.00	280.00T
290	D-Air				2	Gallon(s)	42.00	84.00T
581D	Service Charge Cement				150	Sacks	1.50	225.00
582D	Minimum Drayage Charge				1	Each	250.00	250.00
	Subtotal							3,776.50
	Sales Tax Lane County						7.50%	170.74

7/10/13
 18910.0114
 Well file
 Surface Cement

We Appreciate Your Business!	Total	\$3,947.24
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TICKET 28656

CHARGE TO: Carmen Schmitt
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF 1

SERVICE LOCATIONS
 1. New City, KS WELL PROJECT NO. 1-14 LEASE Lawrence COUNTY/PARISH KS CITY Pendennis DATE 30/1/15 OWNER _____
 2. TICKET TYPE SERVICE SALES CONTRACTOR _____ ORDER NO. _____
 3. WELL TYPE oil WELL CATEGORY Discovery JOB PURPOSE 3 RIG NAME/NO. _____ DELIVERED TO location
 4. REFERRAL LOCATION _____ WELL PERMIT NO. _____ WELL LOCATION 14-16-28

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			MILEAGE		45	mi	560	25200
576 S		1			Pump Charge		1	ea	800.00	800.00
325		1			Standard Cement		150	sk	1225	183750
279		1			Bentonite gel		300	lb	25.00	7500
278		1			Calcium chloride		7	pk	40.00	280.00
290		1			D-air		294		42.00	8400
581		1			service charge		1	sk	150	225.00
582 582		1			Drayage - Minimum Charge		1470	lb	0.75	2487
							1	ea	250.00	250.00

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

X DATE SIGNED _____ TIME SIGNED _____ A.M. P.M. 2050

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

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO

AGREE UNDECIDED DISAGREE

PAGE TOTAL 3775 # 50

Late TAX 7.5% 170 74

TOTAL 3947 24

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR [Signature] APPROVAL

Thank You!

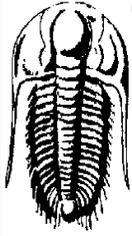
JOB LOG

SWIFT Services, Inc.

DATE 30 Jul 15 PAGE NO.

CUSTOMER Armen Schwitt WELL NO. 1-14 LEASE Lawrence JOB TYPE Cement surface pipe TICKET NO. 28656

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								150 sk STANDARD 2% 3% cc
								8 5/8" x 23" casing 221' 5 jts
								TD = 221
	18:30							on loc TRK 114
	19:10							start pipe in well 8 5/8" x 23"
	19:45							circulate well
	20:00	3 1/2						MIX STD cement 2% 3% @ 4.7 ppg 150 sk
		3 1/2	36					switch to flush
	20:15	3 1/2	134					Pump H ₂ O
	20:20							Kickout - shot in casing
								- jet collar -
								Cement to surface
								{ 150 sk mixed } 10 top + }
	20:25							Wash truck
								Rack up
	20:50							job complete
								Tools Blade, Flat, & Miller



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Carmen Schmitt
 PO Box 47
 Great Bend KS, 67530-0047
 ATTN: Brad Rine

14-16s-28w Lane Co, KS
Lawrence #1
 Job Ticket: 61596 **DST#: 1**
 Test Start: 2015.08.04 @ 09:25:00

GENERAL INFORMATION:

Formation: **Kansas City 'G&H'**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 12:43:45
 Time Test Ended: 17:03:30
 Interval: **4115.00 ft (KB) To 4150.00 ft (KB) (TVD)**
 Total Depth: 4150.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Poor
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jace McKinney
 Unit No: 75
 Reference Elevations: 2731.00 ft (KB)
 2723.00 ft (CF)
 KB to GR/CF: 8.00 ft

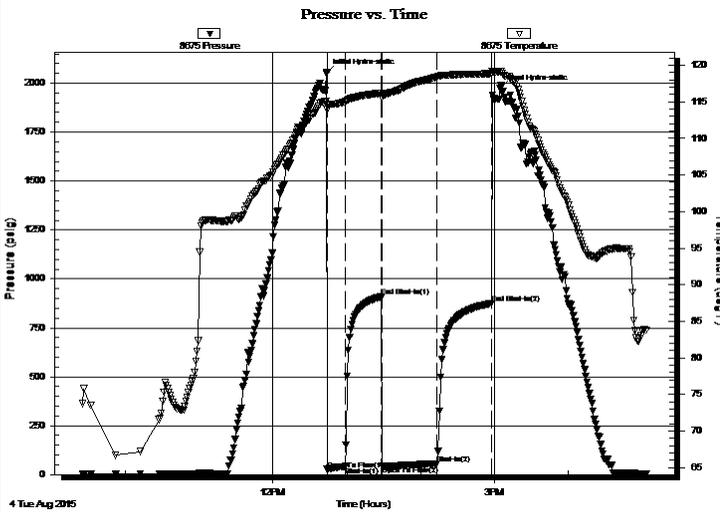
Serial #: 8675

Inside

Press @ Run Depth: 56.27 psig @ 4147.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.08.04 End Date: 2015.08.04 Last Calib.: 2015.08.04
 Start Time: 09:25:15 End Time: 17:03:30 Time On Btm: 2015.08.04 @ 12:43:30
 Time Off Btm: 2015.08.04 @ 15:04:30

TEST COMMENT: Built to 1 1/4" blow
 No return blow
 Built to 1 3/4" blow
 No return blow

PRESSURE SUMMARY



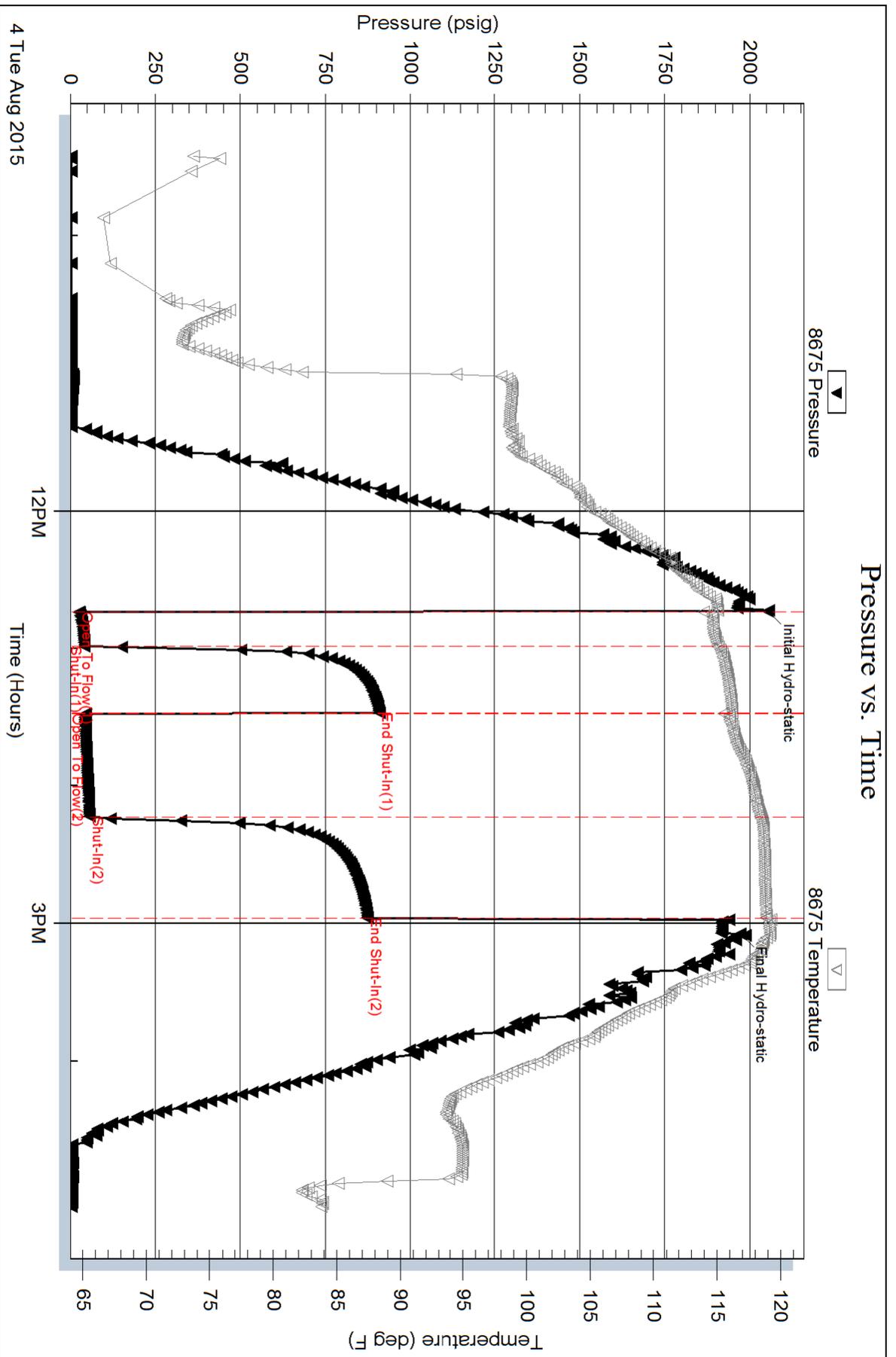
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2052.64	115.08	Initial Hydro-static
1	26.08	113.95	Open To Flow (1)
16	41.76	115.03	Shut-In(1)
45	908.96	116.21	End Shut-In(1)
45	45.43	115.53	Open To Flow (2)
90	56.27	118.43	Shut-In(2)
135	874.80	118.88	End Shut-In(2)
141	1972.01	119.21	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
75.00	w cm 10%W 90%M w ith oil spots	1.05

Gas Rates

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

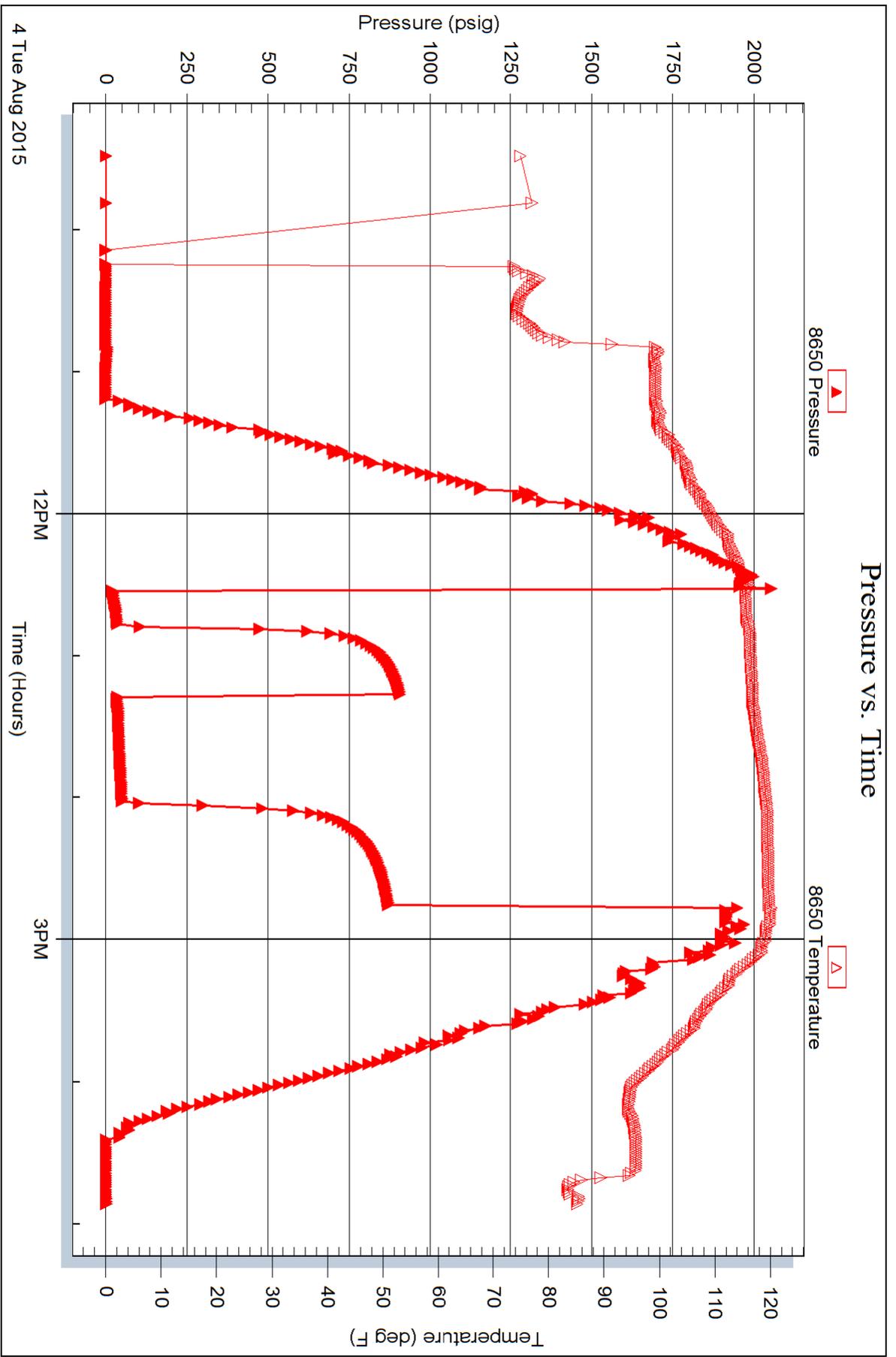


Serial #: 8650

Outside Carmen Schnitt

Law rence #1

DST Test Number: 1





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Carmen Schmitt
 PO Box 47
 Great Bend KS, 67530-0047
 ATTN: Brad Rine

14-16s-28w Lane Co, KS
Lawrence #1
 Job Ticket: 61597 **DST#: 2**
 Test Start: 2015.08.05 @ 00:45:00

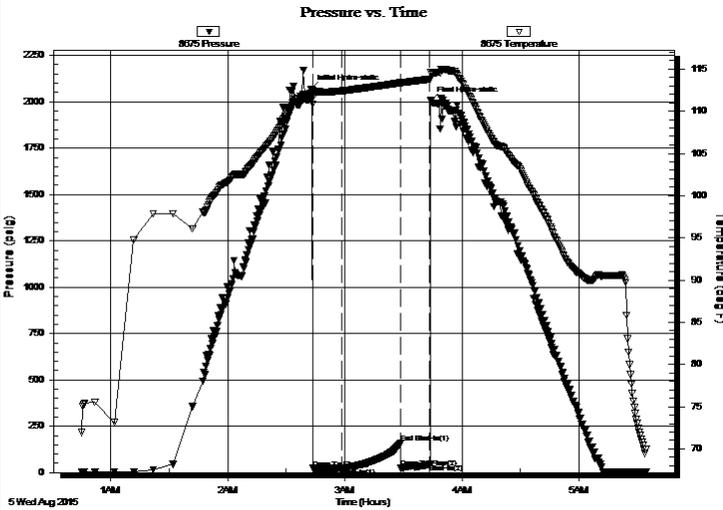
GENERAL INFORMATION:

Formation: **Kansas City 'I'**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 02:43:30
 Time Test Ended: 05:34:15
 Interval: **4148.00 ft (KB) To 4180.00 ft (KB) (TVD)**
 Total Depth: 4180.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Poor
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Jace McKinney
 Unit No: 75
 Reference Elevations: 2731.00 ft (KB)
 2723.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8675 Inside
 Press@RunDepth: 23.98 psig @ 4177.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.08.05 End Date: 2015.08.05 Last Calib.: 2015.08.05
 Start Time: 00:45:15 End Time: 05:34:15 Time On Btm: 2015.08.05 @ 02:42:45
 Time Off Btm: 2015.08.05 @ 03:44:00

TEST COMMENT: Built to 1/2" blow
 No return blow
 No blow
 Pulled

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2066.74	112.14	Initial Hydro-static
1	22.08	110.87	Open To Flow (1)
16	23.98	112.40	Shut-In(1)
46	158.09	113.37	End Shut-In(1)
46	24.25	113.31	Open To Flow (2)
61	45.08	113.81	Shut-In(2)
62	2006.12	114.57	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	100% Mud	0.07

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt
PO Box 47
Great Bend KS, 67530-0047
ATTN: Brad Rine

14-16s-28w Lane Co, KS
Lawrence #1
Job Ticket: 61597 **DST#: 2**
Test Start: 2015.08.05 @ 00:45:00

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: 47.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.59 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3500.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	100% Mud	0.070

Total Length: 5.00 ft Total Volume: 0.070 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

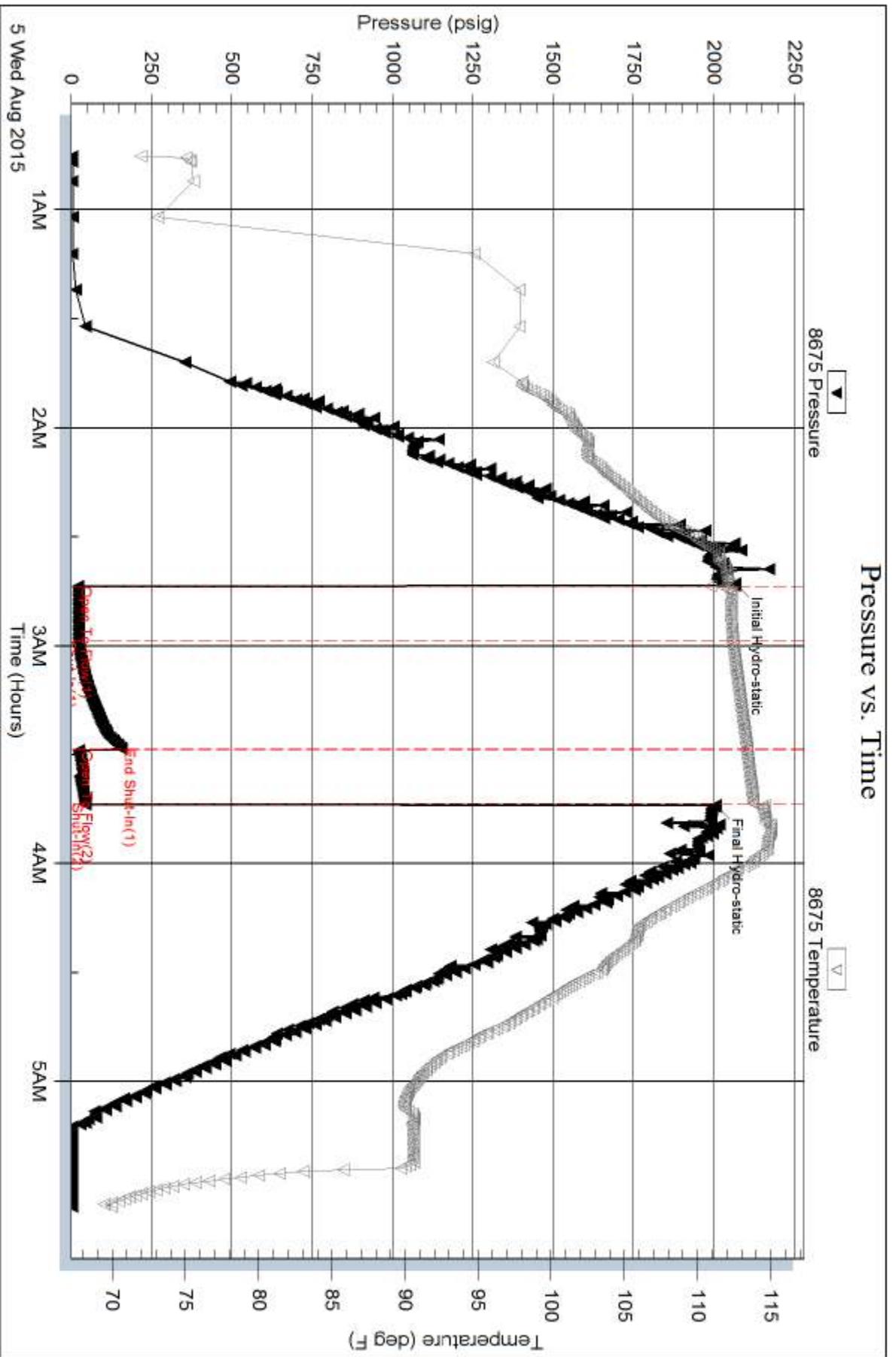
Serial #: 8675

Inside

Carren Schnitt

Law rence #1

DST Test Number: 2



Trilobite Testing, Inc

Ref. No: 61597

Printed: 2015.08.05 @ 08:35:45



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Carmen Schmitt
PO Box 47
Great Bend KS, 67530-0047
ATTN: Brad Rine

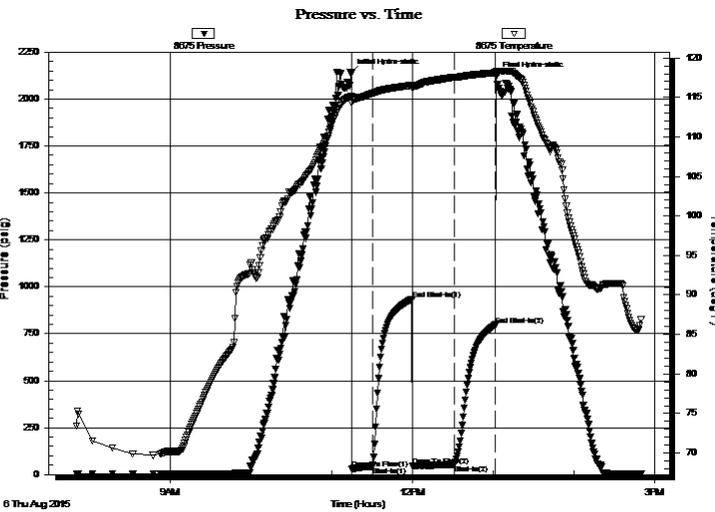
14-16s-28w Lane Co, KS
Lawrence #1-14
Job Ticket: 61598 **DST#: 3**
Test Start: 2015.08.06 @ 07:50:00

GENERAL INFORMATION:

Formation: **Marmaton**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 11:14:30
Time Test Ended: 14:50:00
Interval: **4282.00 ft (KB) To 4400.00 ft (KB) (TVD)**
Total Depth: 4400.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Poor
Test Type: Conventional Bottom Hole (Reset)
Tester: Jace McKinney
Unit No: 75
Reference Elevations: 2731.00 ft (KB)
2723.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8675 Inside
Press@RunDepth: 53.96 psig @ 4297.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2015.08.06 End Date: 2015.08.06 Last Calib.: 2015.08.06
Start Time: 07:50:15 End Time: 14:50:00 Time On Btm: 2015.08.06 @ 11:13:45
Time Off Btm: 2015.08.06 @ 13:02:15

TEST COMMENT: Built to 1 1/4" blow
No return blow
Built to 1" blow
No return blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2136.50	115.08	Initial Hydro-static
1	28.53	114.28	Open To Flow (1)
16	43.73	115.48	Shut-In(1)
46	933.54	116.54	End Shut-In(1)
47	44.90	116.20	Open To Flow (2)
77	53.96	117.55	Shut-In(2)
108	797.12	118.12	End Shut-In(2)
109	2122.47	118.33	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
55.00	100%Mud	0.77

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt
PO Box 47
Great Bend KS, 67530-0047
ATTN: Brad Rine

14-16s-28w Lane Co, KS
Lawrence #1-14
Job Ticket: 61598 **DST#: 3**
Test Start: 2015.08.06 @ 07:50:00

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: 46.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.59 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3400.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
55.00	100%Mud	0.772

Total Length: 55.00 ft Total Volume: 0.772 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

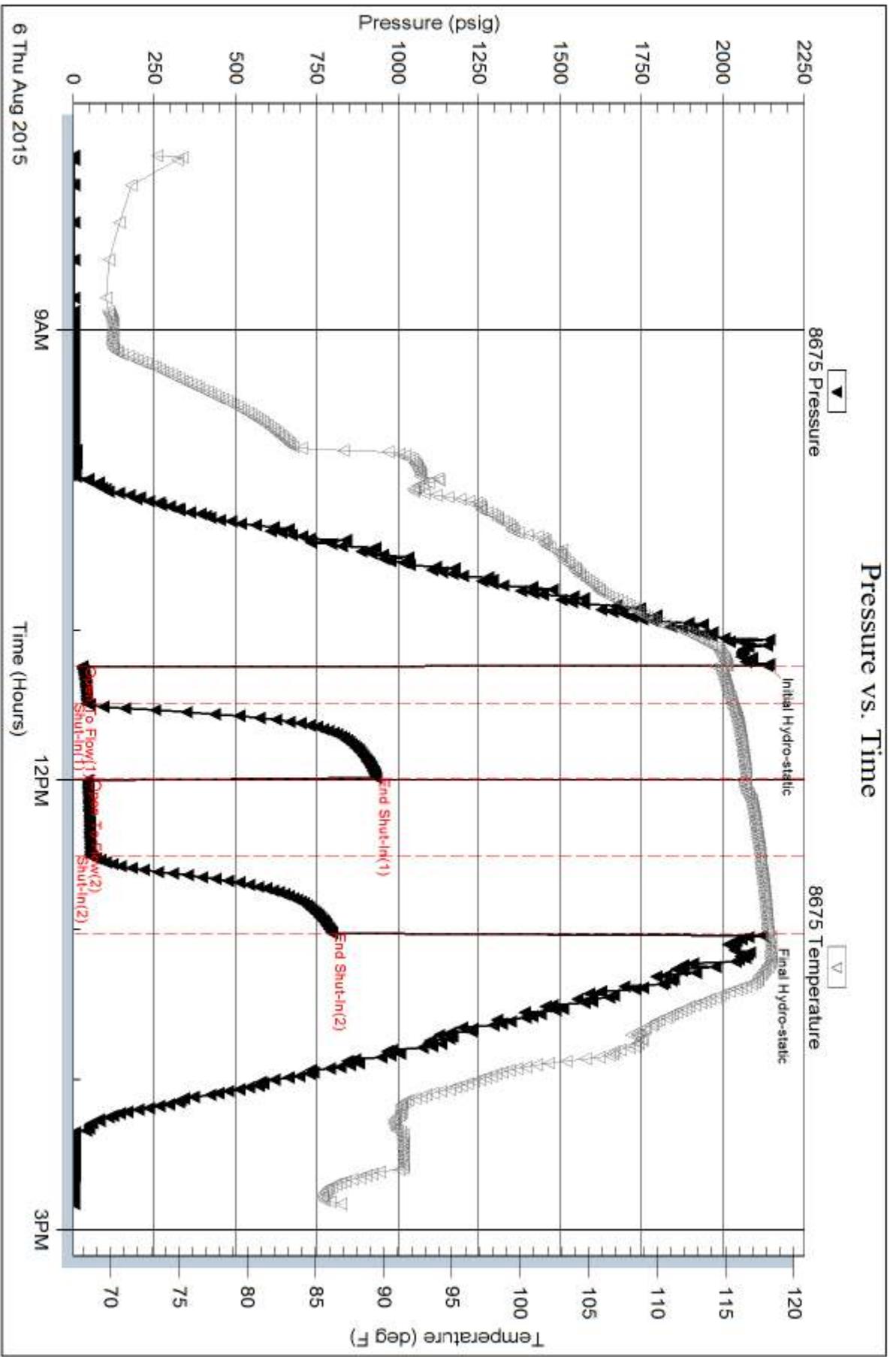
Serial #: 8675

Inside

Carmen Schmitt

Lawrence #1-14

DST Test Number: 3





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt
PO Box 47
Great Bend KS, 67530-0047
ATTN: Brad Rine

14-16s-28w Lane Co, KS
Lawrence #1-14
Job Ticket: 61599 **DST#: 4**
Test Start: 2015.08.07 @ 04:00:00

Mud and Cushion Information

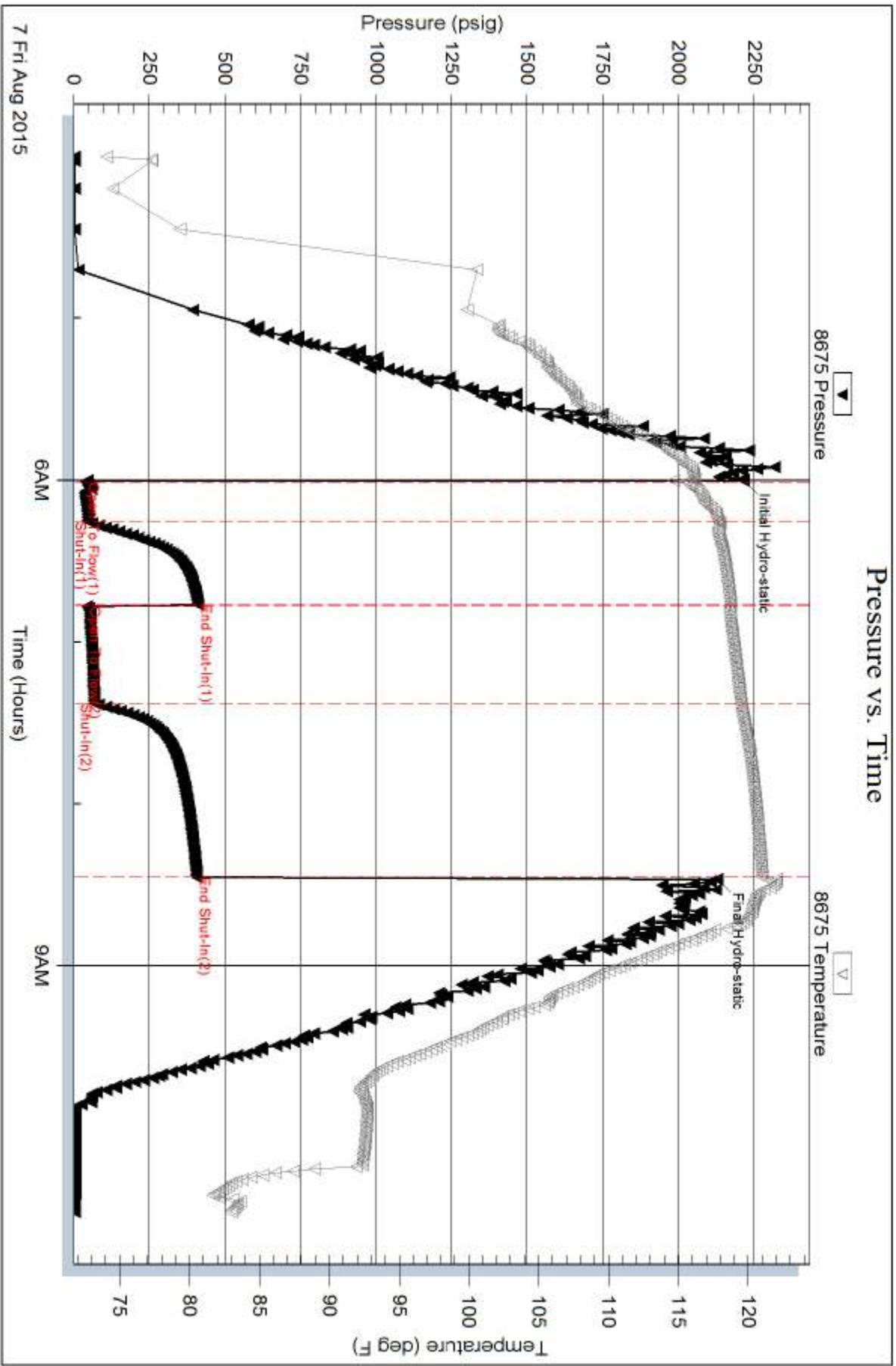
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 55.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.99 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3300.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	2457 Feet Gas In Pipe	0.000
60.00	100% Mud w ith oil scum	0.842
63.00	w cmgo 10%W 20%M 20%G 50%O	0.884

Total Length: 123.00 ft Total Volume: 1.726 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Carmen Schmitt
 PO Box 47
 Great Bend KS, 67530-0047
 ATTN: Brad Rine

14-16s-28w Lane Co, KS
Lawrence #1-14
 Job Ticket: 61600 **DST#: 5**
 Test Start: 2015.08.07 @ 22:25:00

GENERAL INFORMATION:

Formation: **Cherokee**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:26:00
 Time Test Ended: 03:33:15
 Interval: **4513.00 ft (KB) To 4571.00 ft (KB) (TVD)**
 Total Depth: 4571.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Poor
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Jace McKinney
 Unit No: 75
 Reference Elevations: 2731.00 ft (KB)
 2723.00 ft (CF)
 KB to GR/CF: 8.00 ft

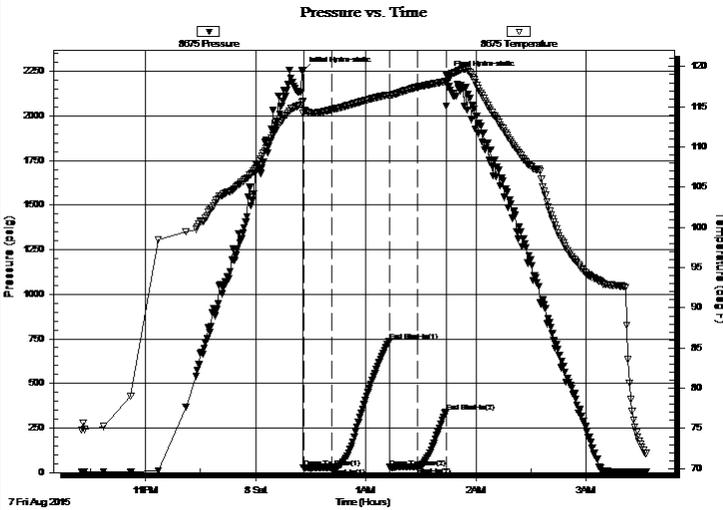
Serial #: 8675

Inside

Press@RunDepth: 31.01 psig @ 4530.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.08.07 End Date: 2015.08.08 Last Calib.: 2015.08.08
 Start Time: 22:25:15 End Time: 03:33:15 Time On Btm: 2015.08.08 @ 00:25:45
 Time Off Btm: 2015.08.08 @ 01:44:15

TEST COMMENT: Built to 1/2" blow
 No return blow
 No blow
 No return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2252.75	115.63	Initial Hydro-static
1	27.65	114.17	Open To Flow (1)
16	29.00	114.66	Shut-In(1)
47	738.10	116.52	End Shut-In(1)
48	29.44	116.30	Open To Flow (2)
63	31.01	117.44	Shut-In(2)
78	340.64	118.14	End Shut-In(2)
79	2227.62	118.84	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	100%Mud	0.07

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt
 PO Box 47
 Great Bend KS, 67530-0047
 ATTN: Brad Rine

14-16s-28w Lane Co, KS
Lawrence #1-14
 Job Ticket: 61600 **DST#: 5**
 Test Start: 2015.08.07 @ 22:25:00

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: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.39 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3500.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	100%Mud	0.070

Total Length: 5.00 ft Total Volume: 0.070 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

Serial #: 8675

Inside

Carmen Schmitt

Lawrence #1-14

DST Test Number: 5

