



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Shakespeare Oil Co. Inc.

S28-14s-32w Logan/KS

202 W Main
Salem, IL 62881

Ottley 3-28

Job Ticket: 61705

DST#: 5

ATTN: Tim Priest

Test Start: 2015.08.13 @ 21:24:00

GENERAL INFORMATION:

Formation: **Morrow**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:53:00

Time Test Ended: 02:59:30

Test Type: Conventional Bottom Hole (Reset)

Tester: Chuck Smith

Unit No: 61

Interval: 4260.00 ft (KB) To 4301.00 ft (KB) (TVD)

Reference Elevations: 2662.00 ft (KB)

Total Depth: 4301.00 ft (KB) (TVD)

2653.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 9.00 ft

Serial #: 8357

Inside

Press @ Run Depth: 36.14 psig @ 4261.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.08.13

End Date:

2015.08.14

Last Calib.: 2015.08.14

Start Time: 21:24:02

End Time:

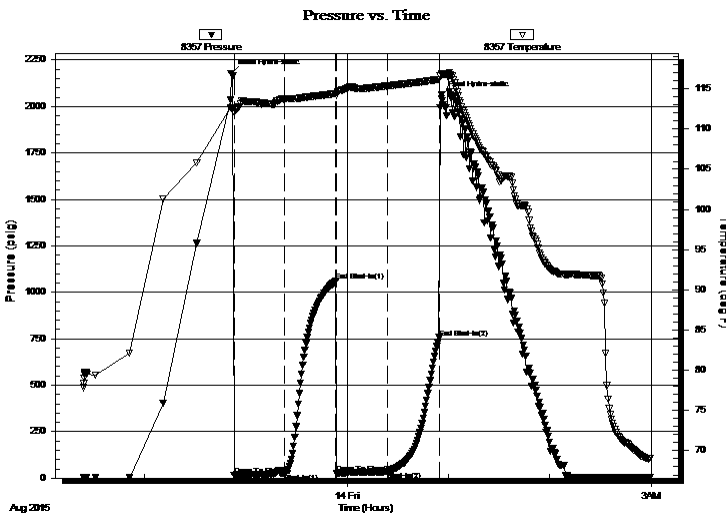
02:59:30

Time On Btm: 2015.08.13 @ 22:51:20

Time Off Btm: 2015.08.14 @ 00:55:50

TEST COMMENT: 30- Surface blow .
30- No return.
30- No blow .
30- No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2178.34	112.57	Initial Hydro-static
2	16.76	112.13	Open To Flow (1)
32	24.65	113.72	Shut-In(1)
62	1059.40	114.41	End Shut-In(1)
63	27.05	114.20	Open To Flow (2)
93	36.14	115.37	Shut-In(2)
123	756.15	116.17	End Shut-In(2)
125	2060.52	116.83	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
30.00	SOCM 2o 98m	0.15

* Recovery from multiple tests

Gas Rates

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



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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: 53.00 sec/qt

Cushion Volume: bbl

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure: psig

Salinity: 3400.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
30.00	SOCM 2o 98m	0.148

Total Length: 30.00 ft Total Volume: 0.148 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

