

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
November 2016

**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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 TCores aken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	09/13/2015
INVOICE NUMBER			
91912938			

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Susank 1-29
 O LOCATION
 B COUNTY Barton
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40873609	19905		Net - 30 days	10/13/2015

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/08/2015 to 09/08/2015</i>				
0040873609				
171812767A Cement-New Well Casing/Pi 09/08/2015 Cement 8 5/8 Surface				
60/40 POZ	280.00	EA	4.80	1,344.08 T
Celloflake	70.00	EA	1.48	103.61 T
Calcium Chloride	723.00	EA	0.42	303.68 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	64.00	64.00
"Unit Mileage Chg (PU, cars one way)"	65.00	MI	1.80	117.01
Heavy Equipment Mileage	130.00	MI	3.00	390.03
"Proppant & Bulk Del. Chgs., per ton mil	783.00	EA	1.00	783.05
Depth Charge; 0-500'	1.00	EA	400.03	400.03
Blending & Mixing Service Charge	280.00	BAG	0.56	156.81
Plug Container Util. Chg.	1.00	EA	100.01	100.01
"Service Supervisor, first 8 hrs on loc.	1.00	EA	70.00	70.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,832.31
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	131.35
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,963.66
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 12767 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>09-08-15</u> DISTRICT <u>Pratt KS</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:								
CUSTOMER <u>CIX INC</u>		LEASE <u>SUSANK 1-29</u> WELL NO.:								
ADDRESS		COUNTY <u>BARTON</u> STATE <u>KS</u>								
CITY STATE		SERVICE CREW <u>Sullivan, Frank, Ed</u>								
AUTHORIZED BY		JOB TYPE: <u>CNW 8 5/8 Sump</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
							<u>09-08-15</u>			<u>5:00</u>
<u>19905</u>	<u>20</u>					ARRIVED AT JOB				<u>7:50</u>
<u>19862</u>	<u>15</u>					START OPERATION				<u>10:30</u>
						FINISH OPERATION				<u>11:00</u>
						RELEASED				<u>11:30</u>
						MILES FROM STATION TO WELL				<u>65</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: Wilton Vasquez
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 102	Coupler per cut	SK	250		3360.00
CC 102	Collar pipe	lb	70		259.00
CC 109	Cut pipe collar pipe	lb	77.3		759.15
CF 153	Wooden Plug 8 5/8	SA	1		160.00
E 100	Quadrant	m	65		293.50
E 101	Head pipe	m	130		975.00
E 113	Bulk tubing	TML	783		1959.13
CF 200	Port block	SA	1		1000.00
CF 240	Expansion joint	SK	290		395.00
CF 304	Head pipe	SA	1		250.00
S1002	Sullivan License	g	1		175.00

SUB TOTAL 9550.79

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	

TOTAL 3932.51

SERVICE REPRESENTATIVE <u>Robert</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Wilton Vasquez</u>
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FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>CIX INC</i>	Lease No.	Date	
Lease <i>SUSANK</i>	Well # <i>1-29</i>	<i>08-08-75</i>	
Field Order # <i>12167</i>	Station	Casing <i>8 7/8</i>	Depth <i>473'</i>
Type Job <i>CNW 8 7/8</i>	Formation	County <i>BAKTON</i>	State <i>KY</i>
		Legal Description <i>29-16-13</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 7/8</i>								
Depth <i>473'</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>28</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>300</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>455'</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
Service Units <i>37900</i>	<i>17686</i>	<i>19905</i>
Driver Names <i>Sullivan</i>	<i>Franklin</i>	<i>Edamudo</i>
<i>19960</i>	<i>19862</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>7:50 AM</i>					<i>on loc.</i>
					<i>Ran 11 hrs 8 7/8 24" log.</i>
					<i>CASIN-ON BOTTOM</i>
					<i>Hook Di circ.</i>
<i>10:30</i>	<i>300</i>		<i>3</i>	<i>37</i>	<i>St 2 PACE</i>
				<i>45</i>	<i>mix cont 280 sk 60/40 per 3" line 1/2</i>
			<i>60</i>		<i>cont mix-d</i>
					<i>St down Return Plug</i>
					<i>St Pump</i>
<i>11:00</i>			<i>28</i>		<i>Plug down</i>
					<i>1 circ 12 BBL cont Pit</i>
					<i>JOB complete</i>
					<i>Thank you</i>



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	09/16/2015
INVOICE NUMBER			
91916933			

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Susank 1-29
 O LOCATION
 B COUNTY Barton
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40874990	19905		Net - 30 days	10/16/2015

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 09/14/2015 to 09/14/2015				
0040874990				
171812710A Cement-New Well Casing/Pi 09/14/2015 Cement 5 1/2" Longstring				
AA2 Cement	175.00	EA	7.65	1,338.71 T
60/40 POZ	30.00	EA	5.40	161.99 T
C-41P	33.00	EA	1.80	59.40 T
Salt	810.00	EA	0.22	182.24 T
Cement Friction Reducer	50.00	EA	2.70	134.99 T
FLA-322	83.00	EA	3.37	280.11 T
Mud Flush	500.00	EA	0.67	337.49 T
Gilsonite	875.00	EA	0.30	263.80 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	179.99	179.99
"Cmt. Shoe Packer Type, 5 1/2" (Blue) "	1.00	EA	1,259.95	1,259.95
"Turbolizer, 5 1/2" (Blue)"	10.00	EA	49.50	494.98
"5 1/2" Basket (Blue)"	1.00	EA	130.50	130.50
"Unit Mileage Chg (PU, cars one way)"	65.00	MI	2.02	131.62
Heavy Equipment Mileage	130.00	MI	3.37	438.73
"Proppant & Bulk Del. Chgs., per ton mil	621.00	EA	1.12	698.60
Depth Charge; 3001-4000'	1.00	EA	971.96	971.96
Blending & Mixing Service Charge	205.00	BAG	0.63	129.15
Plug Container Util. Chg.	1.00	EA	112.50	112.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	78.75	78.75

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,385.46
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	206.90
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,592.36
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET

1718 12710 A

29-16-13

DATE TICKET NO.

DATE OF JOB 9-14-13 DISTRICT Pratt		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER CMIX INC.		LEASE 5450 AK WELL NO. 101							
ADDRESS		COUNTY Barton STATE MO							
CITY STATE		SERVICE CREW MATTHEW MCGOWN ERIC							
AUTHORIZED BY		JOB TYPE: CFW 5 1/2 1075 ST-105							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19905	.5						9-14-13	PM	6:45
						ARRIVED AT JOB		PM	9:30
						START OPERATION		AM	1:2
19862	.25					FINISH OPERATION		AM	2:
						RELEASED		AM	2:4
						MILES FROM STATION TO WELL		PM	65

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 CMI	SK	175		2,975.00
CP 103	60/40 P02	SK	30		360.00
CC 105	C-41 P	lb	33		132.00
CC 111	SALT	lb	810		405.00
CC 112	CMT Fertilizer 1-2-0-0	lb	50		300.00
CC 129	F14-322	lb	83		622.50
CC 201	Gilson	lb	875		586.25
CF 607	LATCH DOWN plug + barrier	5 1/2" PA	1		400.00
CF 1051	CMT SHO. rack, TYP.	5 1/2" PA	1		2,800.00
CF 1651	Twistoff	5 1/2" PA	10		1,100.00
CF 1901	BASKET	5 1/2" PC	1		290.00
CC 151	rhud #1454	gal	500		750.00
E 100	P.V. Milk	ml	65		292.50
E 101	Heavy eq. mil.	ml	130		975.00
E 113	prob 1 bulb d-1.	TM	624		1,551.84
CE 204	depth charge 3001-4000	4hr	1		2,160.00
C-240	blind 1 mix charge	SK	20		287.00
CE 504	plug cement	Job	1		250.00
S 003	supervisor	ea	1		175.00
SUB TOTAL					16,412.13

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		7,385.46

SERVICE REPRESENTATIVE Mike Matzka	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer CMX inc.	Lease No.	Date 9-14-15
Lease SUSANK	Well # 1-29	
Field Order # 17710	Station Pratt	Casing 5 1/2
		Depth 3395
Type Job CNW 5 1/2 long string	Formation	County BAITON
		State KS
		Legal Description 29-16-13

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 175 SKI	AA-2 RATE	PRESS	ISIP	
Depth 3395	Depth	From	To	Pre Pad 50 SKI	Max 60/40	102 2%	5 Min.	
Volume 80.5	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Conn. P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 3395	Packer Depth	From	To	Flush 80.5	Gas Volume		Total Load	

Customer Representative Kevin Shaw	Station Manager Kevin Goinny	Treater Mike Mattal
Service Units 37586	77686	19905
Driver Names MATTAL	M. Shaw	Ernst

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:35					ON location / Safety Meeting
10:40					RUN 5 1/2 15.5 casing + 17" pack shoe
					Basket on #1 tubing on 1,3,5,7,9,11,13,15
11:40					Casing on Bottom 17,19
11:51					HOOK TO CASING / BREAK CIRC W. RIG
1:20	1600		2	2	Set PKR shoe
1:20	200		3	5	PUMP 3 bbl WATER
1:21	200		12	5	PUMP 500 gal. MUD FLUSH
1:23	200		3	5	PUMP 3 bbl WATER
1:24	200		42	5	Min 175 SKI AA-2 @ 15.3#
1:32	-		4	3	WASH PUMP + LINE / release plug
1:35	150		-	6.5	START DISPLACEMENT
1:45	300		60	6.0	LIQ PRESSURE
1:47	400		70	3	SLOW RATE
1:49	1300		80.5	-	plug down, release + hold
2:00	-		7	-	circ thru job

2600' of 15.5" 800' of 17" casing
 Thank You!
 Mike Mattal
 Mike + Shawn



DRILL STEM TEST REPORT

Prepared For: **CMX Inc**

1700 N Waterfront Pkwy Bldg 300 B Wichita
KS 67206

ATTN: Ken LeBlanc

Susank 2 #1-29

29-16s-13w Barton,KS

Start Date: 2015.09.13 @ 09:47:00

End Date: 2015.09.13 @ 17:30:51

Job Ticket #: 62943 DST #: 1

Trilobite Testing, Inc
1515 Commerce Parkway Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2015.09.14 @ 08:37:34



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

CMX Inc

29-16s-13w Barton,KS

1700 N Waterfront Pkwy Bldg 300 B Wichita KS 67206

Susank 2 #1-29

ATTN: Ken LeBlanc

Job Ticket: 62943

DST#: 1

Test Start: 2015.09.13 @ 09:47:00

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:09:21

Time Test Ended: 17:30:51

Test Type: Conventional Bottom Hole (Initial)

Tester: Jared Scheck

Unit No: 55

Interval: 3376.00 ft (KB) To 3395.00 ft (KB) (TVD)

Reference Elevations: 1952.00 ft (KB)

Total Depth: 3395.00 ft (KB) (TVD)

1944.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 6999 Outside

Press@RunDepth: 163.29 psig @ 3427.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.09.13

End Date:

2015.09.13

Last Calib.: 2015.09.13

Start Time: 09:47:01

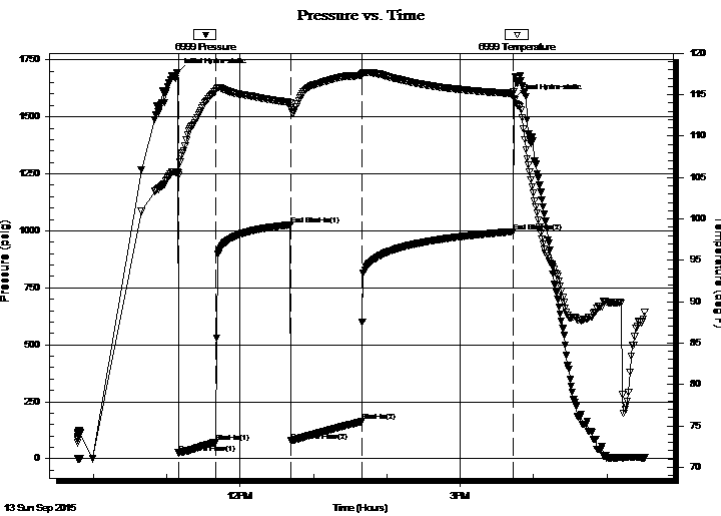
End Time:

17:30:51

Time On Btm: 2015.09.13 @ 11:08:51

Time Off Btm: 2015.09.13 @ 15:43:51

TEST COMMENT: IFP-30 Minutes- BOB in 15 1/2 min
 ISIP-60 Minutes-Very weak surface surge
 FFP-60 Minutes- BOB in 22 min
 FSIP-120 Minutes-No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1695.38	105.63	Initial Hydro-static
1	25.59	105.29	Open To Flow (1)
31	72.52	115.46	Shut-In(1)
93	1026.41	114.04	End Shut-In(1)
93	77.95	113.42	Open To Flow (2)
151	163.29	117.35	Shut-In(2)
275	996.55	115.13	End Shut-In(2)
275	1580.48	115.40	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	HOCM 40%oil 60%mud	0.84
60.00	MCO 80%oil 20%mud	0.84
300.00	CGO 5%gas 95%oil	4.21
0.00	60' GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

CMX Inc

29-16s-13w Barton,KS

1700 N Waterfront Pkwy Bldg 300 B Wichita KS
67206

Susank 2 #1-29

Job Ticket: 62943

DST#: 1

ATTN: Ken LeBlanc

Test Start: 2015.09.13 @ 09:47:00

Tool Information

Drill Pipe:	Length: 3397.00 ft	Diameter: 3.80 inches	Volume: 47.65 bbl	Tool Weight: 1000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 55000.00 lb
			<u>Total Volume: 47.65 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	ft			String Weight: Initial 48000.00 lb
Depth to Top Packer:	ft			Final 49000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	1000046. ft			
Tool Length:	47.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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shut In Tool	5.00			3402.00	
hydraulic tool	5.00			3407.00	
jars	6.00			3413.00	
safety Joint	2.00			3415.00	
packer	5.00			3420.00	
packer	5.00			3425.00	
Recorder	1.00	6666	Inside	3426.00	
Recorder	1.00	6999	Outside	3427.00	
anchor	13.00			3440.00	
Bullnose	4.00			3444.00	47.00
					Anchor Tool
Total Tool Length:	47.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX Inc

29-16s-13w Barton,KS

1700 N Waterfront Pkw y Bldg 300 B Wichita KS
67206

Susank 2 #1-29

Job Ticket: 62943

DST#: 1

ATTN: Ken LeBlanc

Test Start: 2015.09.13 @ 09:47:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

44 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 62.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.98 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 7500.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
60.00	HOCM 40%oil 60%mud	0.842
60.00	MCO 80%oil 20%mud	0.842
300.00	CGO 5%gas 95%oil	4.208
0.00	60' GIP	0.000

Total Length: 420.00 ft Total Volume: 5.892 bbl

Num Fluid Samples: 0

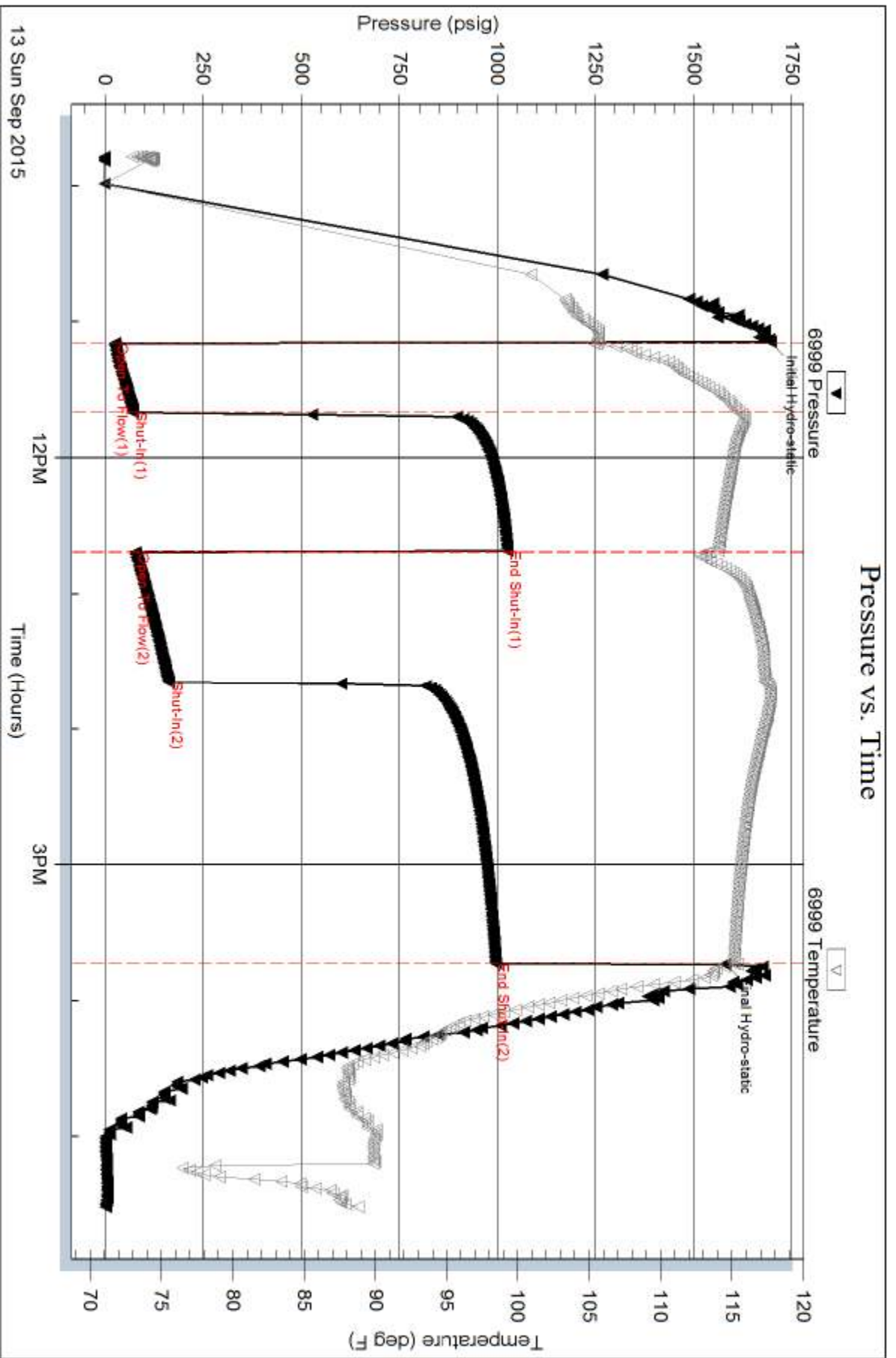
Num Gas Bombs: 0

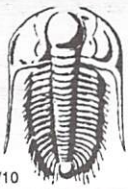
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: gravity oil 44





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 62943

4/10

Well Name & No. Susanka # 1-29 Test No. 1 Date 9-13-2015
 Company CMX Inc Elevation 1952 KB 1944 GL
 Address 1700 N Waterfront Pkwy Bldg 300B Wichita KS 67206
 Co. Rep / Geo. Ken LeBlanc Rig Duke Drilling Rig #2
 Location: Sec. 29 Twp. 16s Rge. 13w Co. Barton State KS

Interval Tested 3376-3395 Zone Tested Airbuckle
 Anchor Length 19 Drill Pipe Run _____ Mud Wt. 92
 Top Packer Depth 3371 Drill Collars Run _____ Vis 62
 Bottom Packer Depth 3376 Wt. Pipe Run _____ WL 8.0
 Total Depth 3395 Chlorides 2500 ppm System LCM _____

Blow Description IFP- Fair Blow Built Bottom of Bucket in 15 1/2 minutes
ISIP- Very Weak Surface Blow
FFP- Fair Blow Built Bottom of Bucket in 22 minutes
FSIP-

Rec	Feet of	%gas	%oil	%water	%mud
<u>60</u>	<u>oil mud</u>	<u>40</u>	<u>60</u>	<u>60</u>	<u>60</u>
<u>60</u>	<u>Med oil</u>	<u>80</u>	<u>80</u>	<u>20</u>	<u>20</u>
<u>300</u>	<u>Clean Gassy oil</u>	<u>5</u>	<u>95</u>		
<u>60</u>	<u>Gas in pipe</u>				

Rec Total 420 fluid 60625 BHT 117 Gravity 44 API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 1695 Test 1050 T-On Location 9:15A
 (B) First Initial Flow 25 Jars 250 T-Started 9:47A
 (C) First Final Flow 72 Safety Joint 75 T-Open 11:09A
 (D) Initial Shut-In 1026 Circ Sub _____ T-Pulled 3:39P
 (E) Second Initial Flow 77 Hourly Standby _____ T-Out 5:30pm
 (F) Second Final Flow 163 Mileage 23 miles RT Great Bend Comments NO Blow at first on
 (G) Final Shut-In 996 Sampler _____ Initial Open Flooding Test Blow
 (H) Final Hydrostatic 1580 Straddle _____ Built
 Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____
 Initial Open 30 Shale Packer _____
 Initial Shut-In 60 Extra Packer _____
 Final Flow 60 Extra Recorder _____ Sub Total 0
 Final Shut-In 120 Day Standby _____ Total 1398
 Accessibility _____ MP/DST Disc't _____
 Sub Total 1398

Approved By _____ Our Representative [Signature]
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