



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Outlaw Well Service
1408 West 42nd
Hays KS 67601
ATTN: Steve Reed

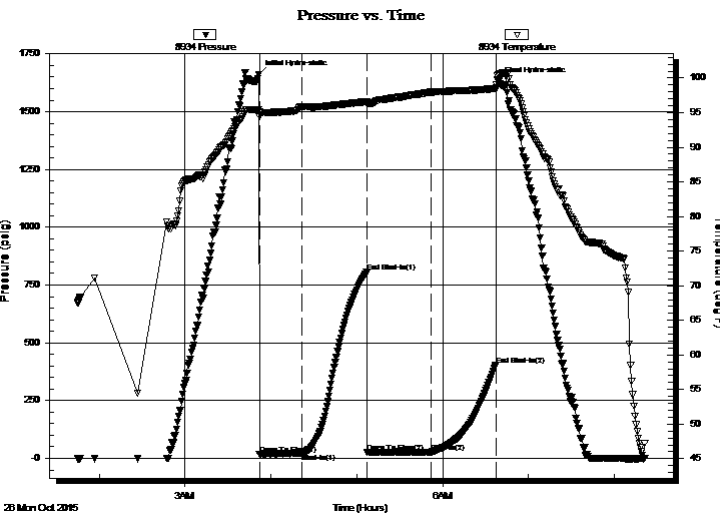
20-8-19, Rooks, KS
Lowry #5-13
Job Ticket: 64864 **DST#: 3**
Test Start: 2015.10.26 @ 01:45:00

GENERAL INFORMATION:

Formation: **Arb**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 03:52:00
Time Test Ended: 08:21:30
Interval: **3407.00 ft (KB) To 3464.00 ft (KB) (TVD)**
Total Depth: 3464.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Reference Elevations: 2009.00 ft (KB)
2001.00 ft (CF)
KB to GR/CF: 8.00 ft
Test Type: Conventional Bottom Hole (Reset)
Tester: Brett Dickinson
Unit No: 59

Serial #: 8934 Outside
Press@RunDepth: 27.23 psig @ 3408.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2015.10.26 End Date: 2015.10.26 Last Calib.: 2015.10.26
Start Time: 01:45:05 End Time: 08:21:29 Time On Btm: 2015.10.26 @ 03:51:30
Time Off Btm: 2015.10.26 @ 06:38:45

TEST COMMENT: IF-1in blow
IS-No bloe
FF-1/4in blow
FS-No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1661.42	95.42	Initial Hydro-static
1	16.28	94.46	Open To Flow (1)
31	21.70	95.88	Shut-In(1)
76	804.74	96.59	End Shut-In(1)
76	25.97	96.34	Open To Flow (2)
120	27.23	97.95	Shut-In(2)
166	403.26	98.49	End Shut-In(2)
168	1632.21	100.48	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	Oil	0.00
14.00	VSOCM 5%O 95%M	0.07

* Recovery from multiple tests

Gas Rates

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



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FLUID SUMMARY

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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: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 900.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1.00	Oil	0.005
14.00	VSOCM 5%O 95%M	0.069

Total Length: 15.00 ft Total Volume: 0.074 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

