

Confidentiality Requested:

Yes No

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1295063

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name: Original Total Depth: Original Total Depth:	feet depth to: w/ sx cmt.  Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled         Permit #:           Dual Completion         Permit #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
☐ SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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:						

Page Two



Operator Name:			Lease Name: _			Well #:				
Sec Twp	S. R	East West	County:							
open and closed, flow and flow rates if gas t	ving and shut-in presson to surface test, along w	formations penetrated. I ures, whether shut-in pro vith final chart(s). Attach	essure reached stati n extra sheet if more	c level, hydrosta space is neede	itic pressures, bott d.	tom hole tempe	erature, fluid r	recovery,		
		otain Geophysical Data a or newer AND an image		egs must be ema	ailed to kcc-well-lo	gs@kcc.ks.gov	n. Digital elec	tronic log		
Drill Stem Tests Taken (Attach Additional	•	Yes No		_	on (Top), Depth ar		Samp			
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	e		Тор	Datur	m		
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No								
List All E. Logs Run:										
		CASING	RECORD Ne	ew Used						
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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 P Additiv			
		ADDITIONAL	OFMENTING / OOL							
Purpose:	Depth		CEMENTING / SQL	JEEZE RECORD		araant Additiraa				
Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives						
Protect Casing Plug Back TD										
Plug Off Zone										
Did vou perform a hydra	ulic fracturing treatment o	on this well?		Yes	No (If No, ski	p questions 2 ar	nd 3)			
	=	raulic fracturing treatment ex	xceed 350,000 gallons			p question 3)	,			
Was the hydraulic fractu	ring treatment information	n submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)			
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per			cture, Shot, Cement			Depth		
	Сроспу Г	octago of Laon morvar rol	ioratou	(>1	mount and rand or ma	teriar Good)		Борит		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No					
Date of First, Resumed	Production, SWD or EN									
Fotimeted Day 1 2	0" -	Flowing			Other (Explain)	) O" D "				
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	Gas-Oil Ratio	Gr 	ravity		
DISPOSITI	ON OF GAS:	1	METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:			
Vented Sold		Open Hole	Perf. Dually	Comp. Con	mmingled					
	bmit ACO-18.)	Other (Specify)	(Submit )	ACO-5) (Sub	omit ACO-4)					

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	DOWD 1-15
Doc ID	1295063

## Tops

Name	Тор	Datum
ANHYDRITE	2052	+632
BASE ANHYDRITE	2081	+603
STOTLER	3522	-838
HEEBNER	3947	-1263
LANSING	3990	-1306
HUSH PUCKNEY	4286	-1602
MARMATON	4353	-1669
FORT SCOTT	4504	-1820
CHEROKEE	4526	-1842
MISSISSIPPI	4616	-1932

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	DOWD 1-15
Doc ID	1295063

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	305	60/40 POZMIX		2%Gel,3% CC,1/4#cf
Production	7.875	5.5	14	4690	AA-2	150	CF,CC, SALT
Production	7.875	5.5	14	4690	A-CONN	300	CF,CC,SA LT



### FIELD SERVICE TICKET 1718 12927 A

			one 620-672-12			DATE	TICKET NO		
DATE OF /	21-11	DISTRICT PRA-	H les	NEW WELL	OLD □ I	PROD []IN.	J WDW [	CUSTOMER ORDER NO.:	
CUSTOMER	1.0	Doille		LEASE	Dau	26)	1-15	WELL NO.	1114,1,74,5
ADDRESS		0,=,,.	• • • • • • • • • • • • • • • • • • • •	COUNTY /	ANE		STATE 🗚	US .	
CITY		STATE		SERVICE CF	REWS W	//www.	Metal 1	SARBUR	
AUTHORIZED E	ΒΥ			JOB TYPE:	2WW	8-18	Surface		
EQUIPMEN"	r# HRS	EQUIPMENT#	HRS I	EQUIPMENT#	HRS	TRUCK CAL	LED 1-30-	DATE AND THE	ME (30
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1000	30	1 prins				START OPE	RATION 1-31	-16 AP 12	te
19978	20	no			-	FINISH OPE		<b>部7123</b>	
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						MILES FROI	M STATION TO W	/ELL /ST)	
become a part of the	nis contract with	all of and only those terms and out the written consent of an o	fficer of Basic Energ	y Services LP.		SIGNED:		ONTRACTOR OR A	
ITEM/PRICE REF. NO.		MATERIAL, EQUIPMENT	AND SERVICES	USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	۱T -
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FIELD SERVICE ORDER NO.

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



## TREATMENT REPORT

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Lease	Dow	N			M	/ell#	<u>'-/</u>	5				01	ر اف – ا	7 X .	-16		
Field Order	Statio	0/2	q —H	_				Casing	5/8	Depth 3	051	County	LA	NE	-16	State	צ
Type Job	CNW	8=	5/s	Sunt	p ne E	)			Fo	rmation				Legal	escription	ے -	>
	E DATA		PERF	ORAT	ΓING	DATA		FLUID	USEC	)	4		TREAT		RESUME		
Casing Size	Tubing S	ize	Shots/F	t			Ac	id				RATE	PRES	SS	ISIP	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Volume 1/2	Volume		From		То	*	Pa	d			Min	Ì			10 Min.		
Max Press	Max Pres	3S	From		То	zonemors-	Fra	ac			Avg		A		15 Min.		000000 114
Well Connect	on Annulus	Vol.	From	ļ	То						HHP Use	đ			Annulus F	ressur	e ·
Plug Depth	Packer D	epth	From		То	and an also have a second of the second	Flu			**************************************	Gas Volui		All Market Applications (September 1987)	SERVER STATE OF THE SERVER	Total Load	wall to Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	Miller Miller and Market
Customer Re	presentative			p-o-man-		Station	Mar	nager DA	. تيمېر	Scot	_	Trea	ter //o	Lento	he/h-c	2	
Service Units	37900	84	1981	1984	2	1882	4	19918						~			
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# FIELD SERVICE TICKET 1718 13278 A

PRESSURE PUMPING & WIRELINE DATE TICKET NO. CUSTOMER ORDER NO.: DATE OF JOB NEW OLD □ PROD ☐ WDW DISTRICT WELL NO. LEASE CUSTOMER COUNTY **ADDRESS** SERVICE CREW STATE CITY JOB TYPE: **AUTHORIZED BY EQUIPMENT#** HRS **EQUIPMENT#** HRS TRUCK CALLED **EQUIPMENT#** HRS 20920 ARRIVED AT JOB 21010 START OPERATION 19862 FINISH OPERATION RELEASED MILES FROM STATION TO WELL 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. MEVEN SIGNED (1) DINJES

				(WELL OWNER	, OPERATOR, CONTI	RACTORSON 1/2	
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	S USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	T
CP105	AAT Coment		SE	150		2550	00
10101	A-can Blench Comm	13 20	5/E	300		5400	
17103	1.Dlyn Poz		55	30		360	00
11107	Collentle be		16	11.5		418	10
00106	Calcium Chloride		16	546		888	30
1001	S. H		16	816		408	00
CALLE	Ca Account		16	705		528	75
00120	Cypsum		15	11-5		847	50
(C/C7)	Carles		13	900		603	00
0001	CHAPACE COLOR	Max 5/2	50	1		4500	00
05/25/	1 Stage Genter	5/2	500	1		360	00
CF 1601	ACTO FILE FLOOR SCALE	5/12	-a	7		770	00
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SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:	BY: KEVEN
FIELD SERVICE OF DER NO.	(WELL OWNER OPERATOR CONTRACT	TOR OR AGENT)



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

#### FIELD SERVICE TICKET

1718 <del>13279</del> A

Con	timeation	
DATE	TICKET NO	

DATE OF JOB > / G	111	/_ D	ISTRICT		NEW OI WELL W	ELL I	PROD □INJ	□ WDW	□8	USTOMER RDER NO.:	, e (i e e e e e e e e e e e e e e e e e e	
CUSTOMER /	D	1	Delling .	line		LEASE ()	2410	-l		1-15	WELL NO.	
ADDRESS	S. J. M.			COUNTY / STATE / S								
CITY		STATE		SERVICE CRE	wS.,	H Des	Per I	an	1. Aa	Lee		
AUTHORIZED B	Y /	<i>5</i> )	Deces			JOB TYPE:			7 /			
EQUIPMENT		HRS	EQUIPMENT#	HRS	EQl	JIPMENT#	HRS	TRUCK CALL	_ED	DAT	E AM TIM	iE
20920		2						ARRIVED AT	JOB 7/9	1,6	R //· C	/5
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14862		125						FINISH OPER	RATION 2/	9/1	6855	O
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ITEM/PRICE REF. NO.		M	ATERIAL, EQUIPMENT			4	UNIT	GIGNED: (WELL OWNE	ER, OPERATOR	, CONT	RACTOR OF VA	DUE
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SERVICE REPRESENTATIVE FIELD SERVICE OFFICE NO.

THE ABOVE MATERIAL AND SERVICE
PROBLEM BY: LAS DANTS BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



## TREATMENT REPORT

= ::	02		, -									7			
Customer	0.0					ease No.				Date					
Lease Do	wel	ter (		Well	#//	<u>′</u> 5ー				2/	9/16				
Field Order	- C		. K5			Cas	sing 1/2	Depth	16,90	County	re		State		
Type Job	ane	51/7	Line	22 J	Street	1961 C	FC [N] []	rmation			Legal De	escription 5 25 c	27		
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Max Press	Max Pres	s Fror	n	То	F	rac			Avg			15 Min.			
Well Connecti	on Annulus	Vol. Fror	n	То					HHP Used			Annulus Pi	ressure		
Plug Depth	Packer D	epth Fron	n	То		Flush			Gas Volum	е	****	Total Load			
Customer Re	presentative		·	s	tation M	anager	win	Go	wlley	Treater	5 CO II	Craves			
Service Units	70757	33708	S 1999 2 2101	1/1/	1460 1867					Jan Shed					
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## TREATMENT REPORT

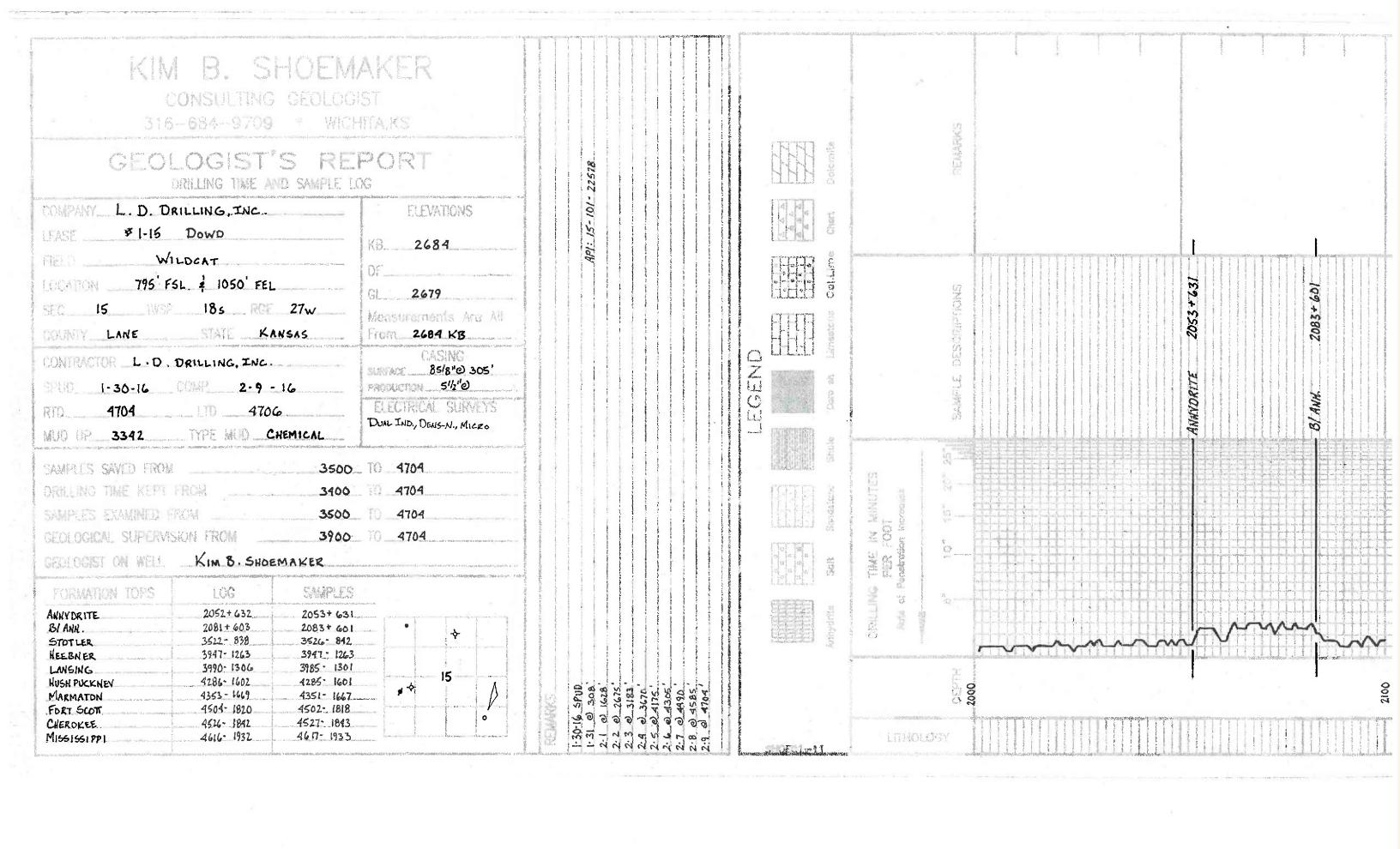
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Customer 7	Dode	line 1	100	Lease No	•		- Contract C		Date					
Lease Do	coel	0		Well # / ~ /5					2/9//6					
Field Order #	Station	Doct	1 , k	· S		Casing	//Z Dept	11,40	County	10	ME		Stat	e/e5
Type Job	ane.	Long:	string	, <i>E</i> ,	Nu		Formation	- (-			Legal [	Description	37	
PIPE DATA PERFORATION				7   -			USED						-	
Caşing Size	Tubing Siz	ze Shots/F	-t		Acid			RATE PRESS ISIP						
Depth	Depth	From	То		Pre F	ad	· · · · · · · · · · · · · · · · · · ·	Max				5 Min.		
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Max Press	Max Press	From	То		Frac			Avg				15 Min.		
Well Connection	Annulus V	ol. From	То					HHP Used				Annulus I	Pressu	re
Plug Depth	Packer De	epth From	То		Flush			Gas Volume			2X-12111-22114	Total Loa	d	*//www.complicities.com/
Customer Repr	esentativę			Station	n Manag	jer Keun	n Gra	n Grandley TreaterSep				H Graves		
	<u> 2025 Z</u>	33706 20920	5,616	199	60						NAME OF THE OWNER O			
Driver Names	Scort	Builey	Den	1 Ach	am									
Time	Casing Pressure	Tubing / Pressure	Bbls. Pu	ımped	R	ate			S	ervic	e Log			
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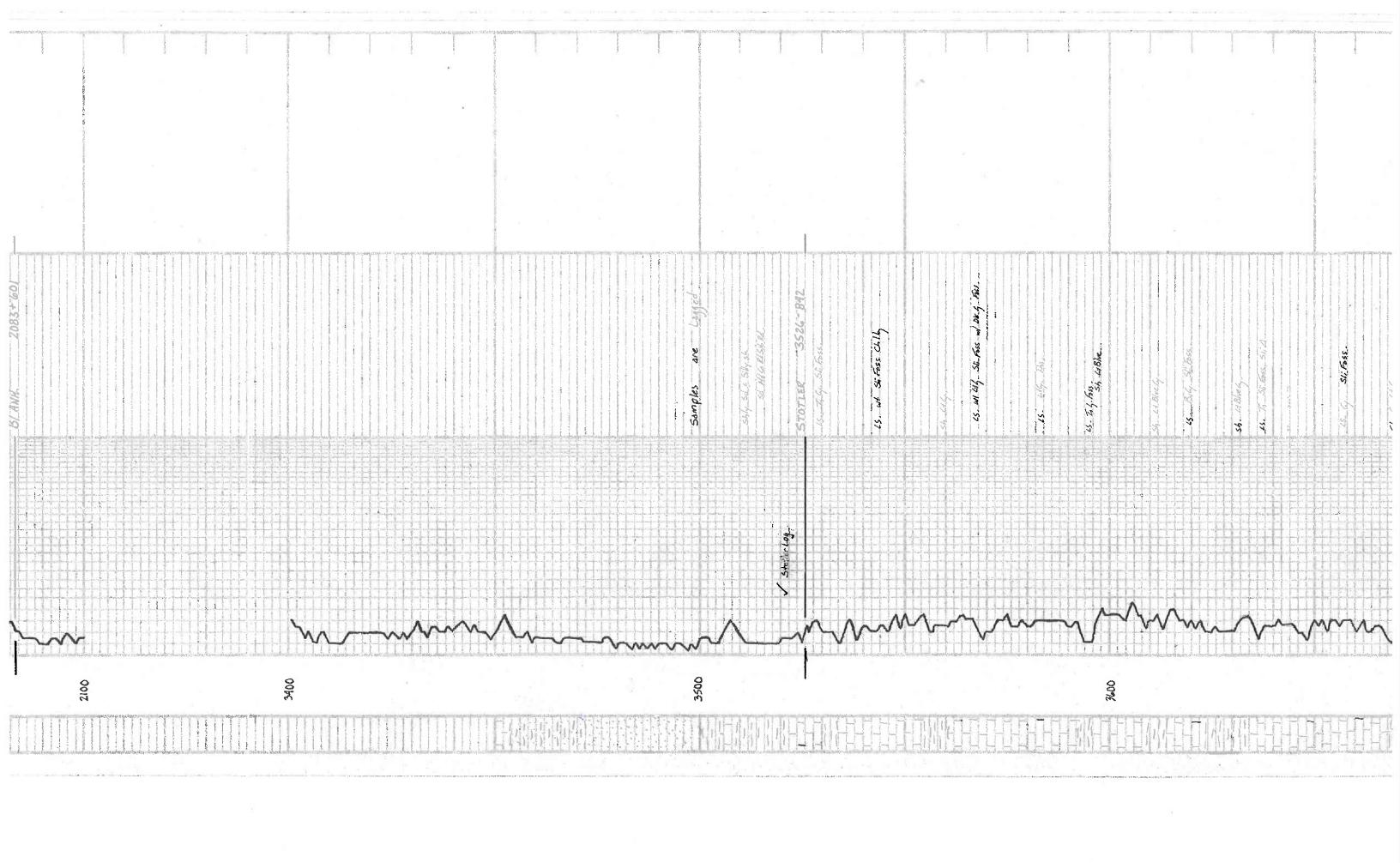
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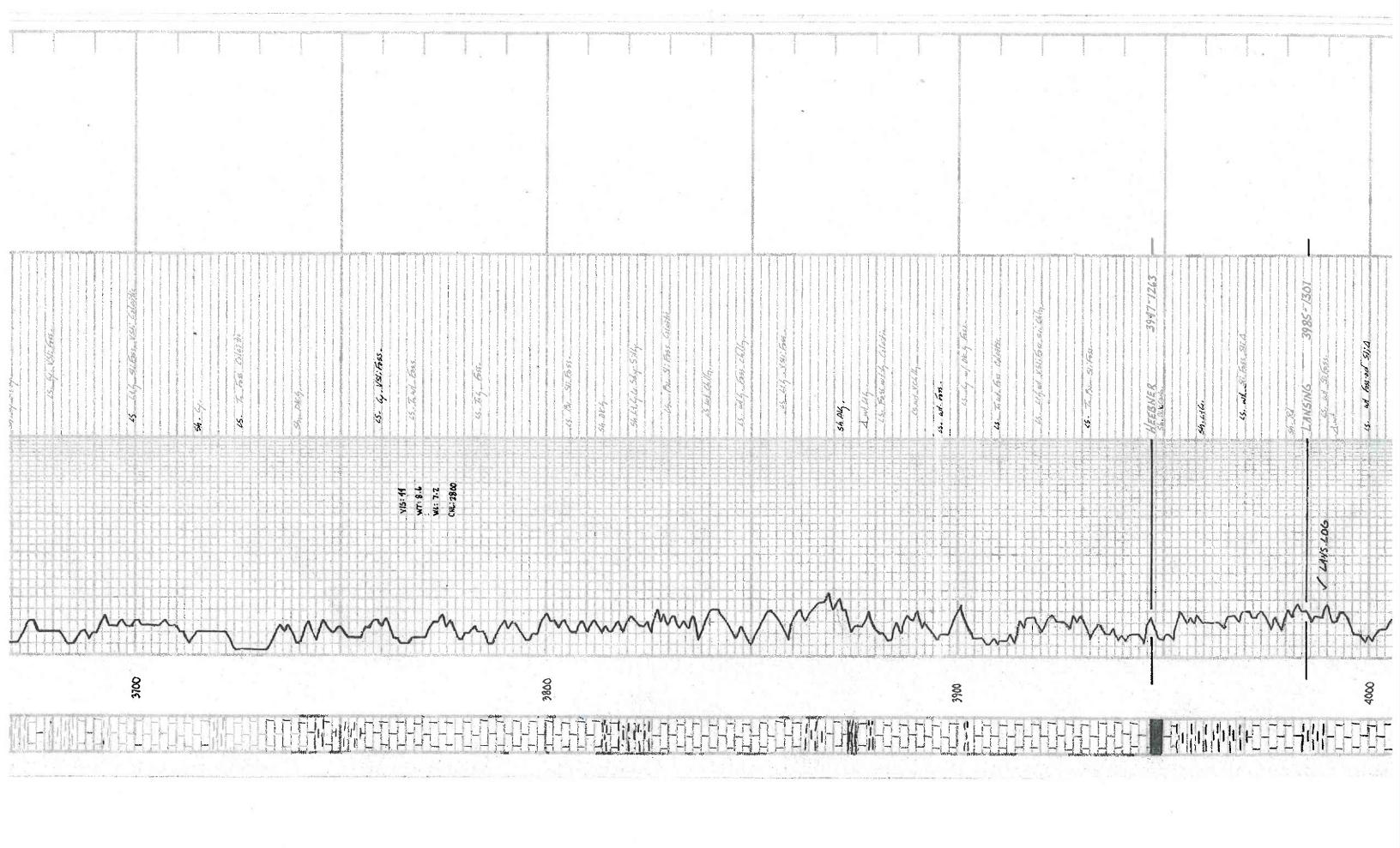
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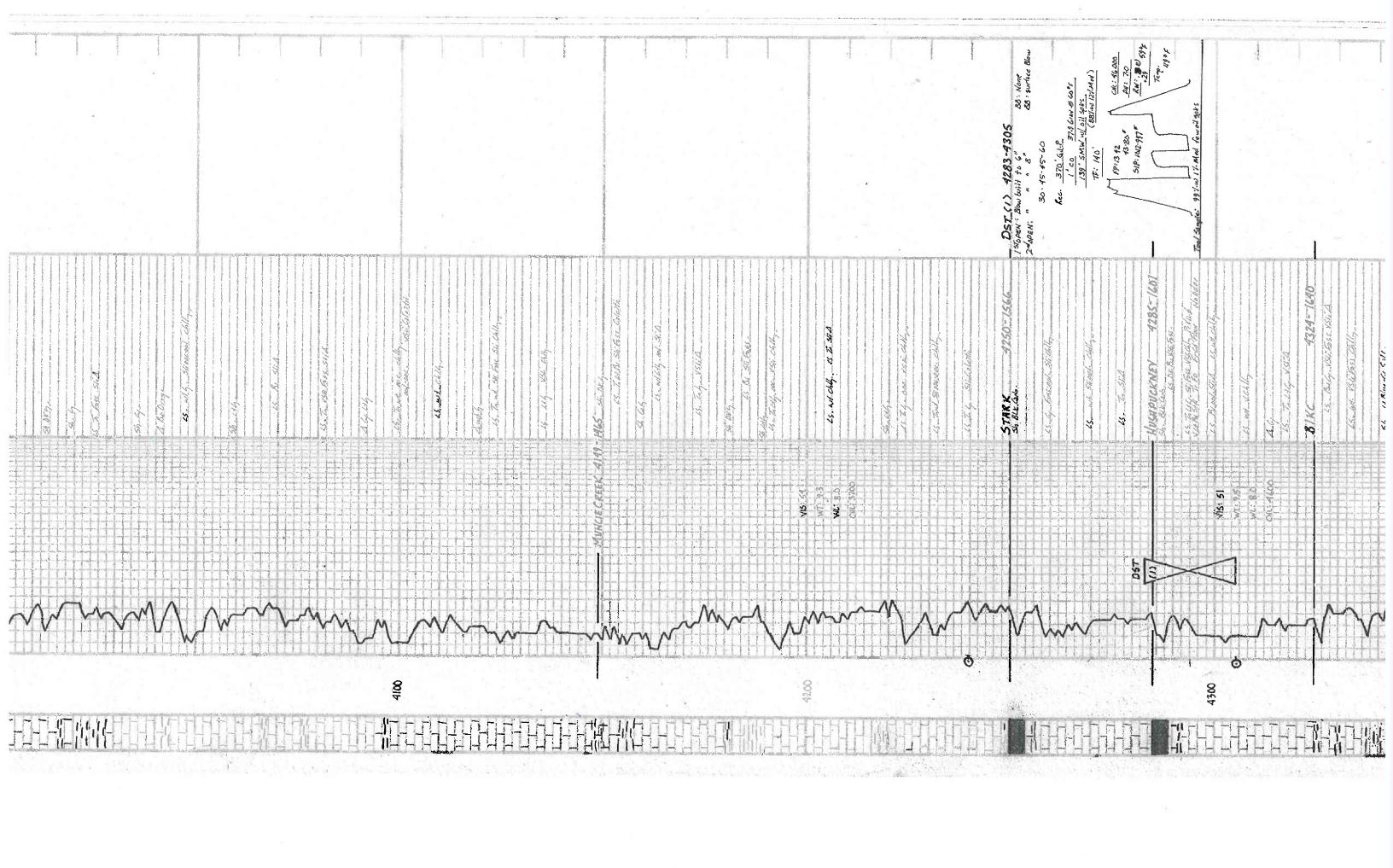
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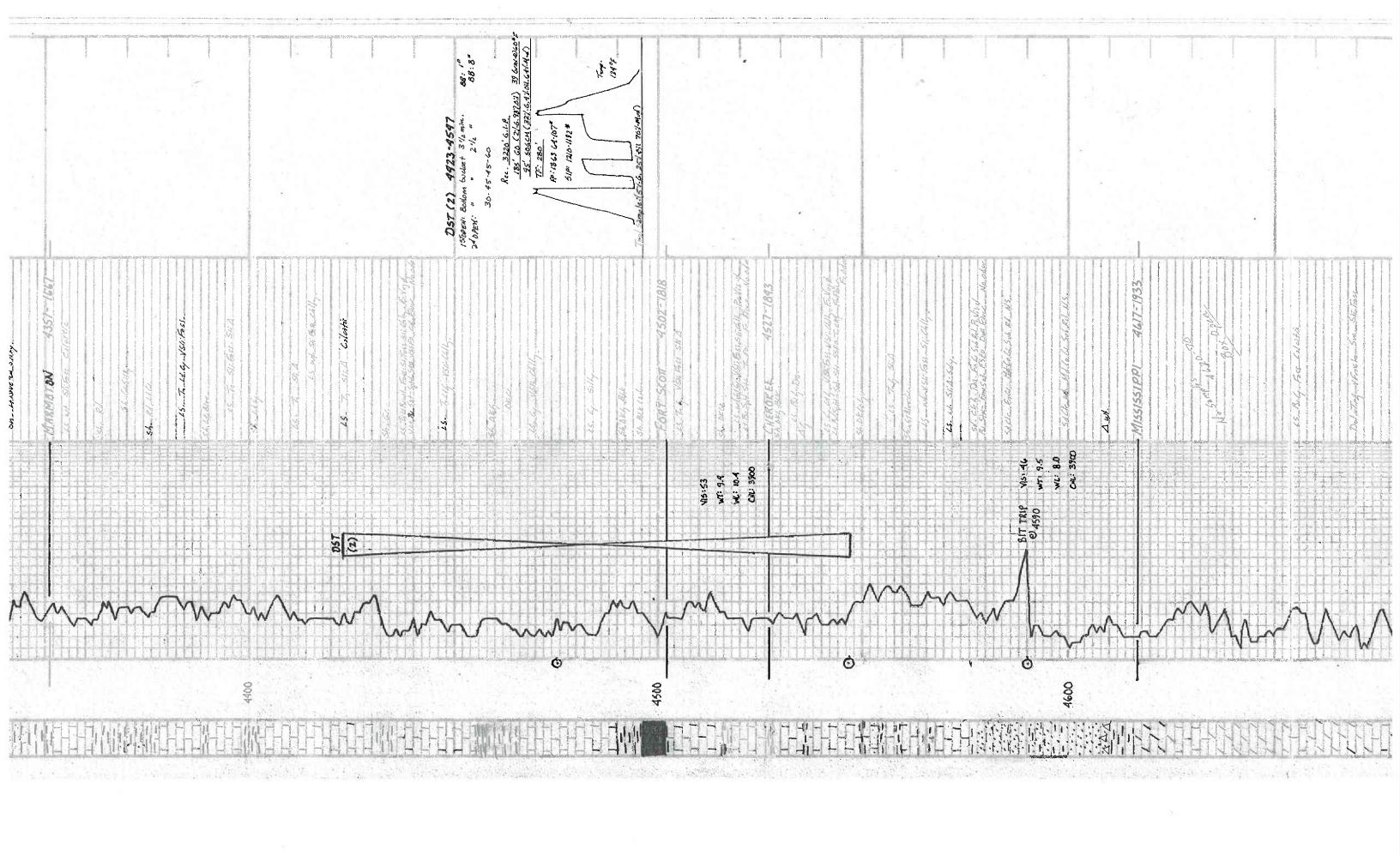
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### **DIAMOND TESTING** P.O. Box 157

HOISINGTON, KANSAS 67544 (800) 542-7313

FILE: 1-15DWDDST2

**DRILL-STEM TEST TICKET** 

TIME ON: 1525 TIME OFF: 2350

Company L.D. DRILLING, INC.

Lease & Well No. #1-15 DOWD Contractor L.D.DRILLING, INC.RIG 1 Charge to L.D. DRILLING, INC. Formation ALTAMONT/FT.SCOTT/CHEROKEE Effective Pay 2684 KB M817 Elevation Ft. Ticket No. LANE KANSAS Date 2/7/2016 Sec. 18 S Range\_ 27 W County Twp. State Test Approved By KIM SHOEMAKER MIKE COCHRAN Diamond Representative 4547 ft. Total Depth\_ 4423 ft. to Formation Test No. Interval Tested from 4547 ft. 4418 ft. Size\_ 6 3/4 NA ft. Size 6 3/4 Packer depth Packer Depth in. 4423 ft. Size 6 3/4 NA ft. Size 6 3/4 Packer Depth Packer depth Depth of Selective Zone Set 4405 ft 5448 Cap. 5,000 P.S.I. Top Recorder Depth (Inside) Recorder Number 5,000 P.S.I. 4425 ft 0063 Cap. Bottom Recorder Depth (Outside) Recorder Number 4544 ft 6884 Cap. 6,275 P.S.I. Below Straddle Recorder Depth Recorder Number CHEM 53 0 ft. I.D. Drill Collar Length 2 1/4 Mud Type Viscosity 10.4 9.4 0 ft. I.D. cc. Weight Pipe Length 2 7/8 Weight Water Loss 3,900 P.P.M. 4391 ft. I.D. 3 1/2 Chlorides Drill Pipe Length 3 STERLING 32 ft. Tool Size 3 1/2-IF Serial Number Test Tool Length Jars: Make NO NO 124 ft. 4 1/2-FH Did Well Flow? Reversed Out Anchor Length Size (95'DP) Surface Choke Size 4 1/2 XH in 7 7/8 Main Hole Size Tool Joint Size in. Bottom Choke Size 5/8 Blow: 1st Open: SSB 1" RIGHT AWAY, BOB 31/2 MIN (1"BB) 2nd Open: SSB 3" RIGHT AWAY, BOB 21/2 MIN (4"BB) 3220 ft. of GIP Recovered 185 ft, of GO 2% GAS, 98% OIL GRAVITY: 39.0 @ 60° Recovered 95 ft of OSGM 32% GAS, 4% OIL, 64% MUD Recovered 280 ft. of TOTAL FLUID Recovered Price Job ft. of Recovered Other Charges Recovered ft. of Insurance Remarks: TOOL SAMPLE: 5% GAS, 25% OIL, 70% MUD Total A.M. A.M. 6:00 P.M. 124°F 9:00 P.M. P.M. Time Started Off Bottom P.M. Maximum Temperature Time Set Packer(s) 2185 P.S.I. Initial Hydrostatic Pressure.....(A) 30 18 P.S.I. to (C)\_ 63 P.S.I. 45 1210 PSI Initial Closed In Period...... Minutes (D) 107 <sub>P.S.I.</sub> 45 64 P.S.I. to (F) (E) 1192 P.S.I. Final Closed In Period......Minutes 2158 P.S.I. Final Hydrostatic Pressure.....

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

# DIAMOND TESTING

### **Pressure Survey Report**

### **General Information**

Company Name Well Name Unique Well ID Surface Location Field Well Type L.D. DRILLING, INC. Job Number #1-15 DOWD Representative DST#2 4423-4547 ALTAMONT/FT.SCOTT/CHEROKEE Well Operator

SEC.15-18S-27W LANE CO.KS. Report Date WILDCAT Prepared By Vertical Qualified By Test Unit MIKE COCHRAN RAYMOND OIL COMPANY, INC. 2016/02/07 MIKE COCHRAN KIM SHOEMAKER

M817

NO. 3

### **Test Information**

Test Type CONVENTIONAL Formation DST#2 4423-4547 ALTAMONT/FT.SCOTT/CHEROKEE Test Purpose (AEUB) Initial Test

 Start Test Date
 2016/02/07 Start Test Time
 15:25:00

 Final Test Date
 2016/02/07 Final Test Time
 23:50:00

 Well Fluid Type
 01 Oil

Gauge Name 5448

**Gauge Serial Number** 

### **Test Results**

Remarks RECOVERED:

3220' GIP

**185'** GO 2% GAS, 98% OIL

95' OSGM 32% GAS, 4% OIL, 64% MUD

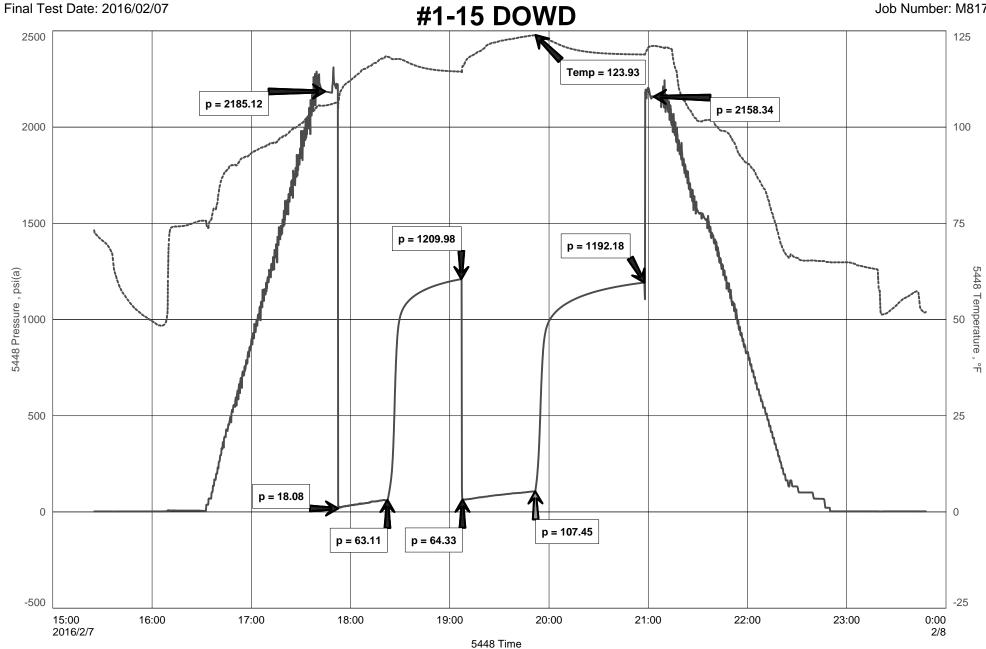
280' TOTAL FLUID

**GRAVITY: 39.0 @ 60 DEG** 

TOOL SAMPLE: 5% GAS, 25% OIL, 70% MUD

Formation: DST#2 4423-4547 ALTAMONT/FT.SCOTT/CHEROKEE

Pool: WILDCAT Job Number: M817





### DIAMOND TESTING P.O. Box 157

HOISINGTON, KANSAS 67544 (800) 542-7313

### **DRILL-STEM TEST TICKET**

FILE: 1-15DWDDST1

TIME ON: 0605

TIME OFF: 1515

Company L.D. DRILLING, INC. Lease & Well No. #1-15 DOWD										
Contractor_L.D.DRILLING,INC.RIG 1 Charge to_L.D. DRILLING, INC.										
Elevation 2684 KB Formation L/KC 220' ZON	E_Effective PayFt. Ticket NoM816									
Date <u>2/6/2016</u> Sec. <u>15</u> Twp. <u>18</u> S R	angeStateKANSAS									
Test Approved By KIM SHOEMAKER	Diamond Representative MIKE COCHRAN									
Formation Test No. 1 Interval Tested from 4.	283 ft. to4305 ft. Total Depth4305 ft.									
Packer Depth 4278 ft. Size 6 3/4 in.										
Packer Depth 4283 ft. Size 6 3/4 in.	Packer depth NA ft. Size6 3/4 in.									
Depth of Selective Zone Set										
Top Recorder Depth (Inside) 4265 ft.	Recorder Number5448 Cap5,000 P.S.I.									
Bottom Recorder Depth (Outside)ft.	Recorder Number 0063 Cap. 5,000 P.S.I.									
Below Straddle Recorder Depth	Recorder Number									
Mud Type CHEM Viscosity 53	Drill Collar Length         0 ft.         I.D.         2 1/4         in.									
Weight	Weight Pipe Length ft. I.D 2 7/8 in									
Chlorides 3,700 P.P.M.	Drill Pipe Length 4251 ft. I.D. 3 1/2 in									
Jars: Make STERLING Serial Number 3	Test Tool Length 32 ft. Tool Size 3 1/2-IF in									
Did Well Flow?NOReversed OutNO	Anchor Length ft. Size 4 1/2-FHin									
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, INCREASE TO 6" (NO BB)										
<sup>2nd Open:</sup> VWSB, INCREASE TO 8	NO BB)									
Recovered 370 ft. of GIP										
Recovered ~1 ft. of CO 100% OIL GRAV	/ITY: 37.9 @ 60°									
Recovered139 ft. of VSOSMW 88% WTR, 12% MUD W/ A	FEW SPECKS OF OIL									
Recovered 140 ft. of TOTAL FLUID										
Recoveredft. of CHLOR: 46,000 PPM	Price Job									
Recoveredft. of RW: .29 @ 59 DEG	Other Charges									
Remarks:PH: 7.0	Insurance									
TOOL SAMPLE: 99% WTR, 1% MUD W/ A FEW SPECKS OF OIL	Total A.M.									
Time Set Packer(s) 10:00 A.M. P.M. Time Started Off Bo										
Initial Hydrostatic Pressure	(A) 2102 P.S.I.									
Initial Flow Period	(B)13 <sub>P.S.I. to (C)</sub> 42 <sub>P.S.I.</sub>									
Initial Closed In Period	(D)P.S.I.									
Final Flow Period	(E)80_ <sub>P.S.I.</sub>									
Final Closed In PeriodMinutes60	(G)997 P.S.I.									
Final Hydrostatic Pressure	(H)P.S.I.									

# DIAMOND TESTING

### **Pressure Survey Report**

### **General Information**

Company Name Well Name Unique Well ID Surface Location Field L.D. DRILLING, INC. Job Number #1-15 DOWD Representative DST#1 4283-4305 L/KC 220' ZONE Well Operator SEC.15-18S-27W LANE CO.KS. Report Date

WILDCAT Prepared By Vertical Qualified By Test Unit M816 MIKE COCHRAN RAYMOND OIL COMPANY, INC. 2016/02/06 MIKE COCHRAN KIM SHOEMAKER NO. 3

### **Test Information**

Well Type

Test Type CONVENTIONAL Formation DST#1 4283-4305 L/KC 220' ZONE Test Purpose (AEUB) Initial Test

 Start Test Date
 2016/02/06
 Start Test Time
 06:05:00

 Final Test Date
 2016/02/06
 Final Test Time
 15:15:00

 Well Fluid Type
 01 Oil

Gauge Name 5448 Gauge Serial Number

### **Test Results**

Remarks RECOVERED:

370' GIP

~1' CO 100% OIL

139' VSOSMW 88% WTR, 12% MUD W/ A FEW SPECKS OF OIL

140' TOTAL FLUID

**GRAVITY: 37.9 @ 60 DEG** 

CHLOR: 46,000 PPM

PH:7.0

RW: .29 @ 59 DEG

TOOL SAMPLE: 99% WTR, 1% MUD W/ A FEW SPECKS OF OIL

L.D. DRILLING, INC.
DST#1 4283-4305 L/KC 220' ZONE

Start Test Date: 2016/02/06 Final Test Date: 2016/02/06 #1-15 DOWD Formation: DST#1 4283-4305 L/KC 220' ZONE

Pool: WILDCAT Job Number: M816

