

Confidentiality Requested:

Yes No

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

Form ACO-1

January 2018

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 Recompletion Date _____ 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 Cores Taken <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)</i> <i>(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	05/13/2016
INVOICE NUMBER			
92122143			

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 B OWWO 2-5
 O LOCATION
 B COUNTY Barton
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40934782	19843			Net - 30 days	06/12/2016
For Service Dates: 05/03/2016 to 05/03/2016					
0040934782					
171813628A Cement-New Well Casing/Pi 05/03/2016 Cement 5 1/2" 2 Stage Longstring					
AA2 Cement		175.00	EA	9.35	1,636.25 T
A-Con' Blend		200.00	EA	9.90	1,980.00 T
Celloflake		94.00	EA	2.04	191.29 T
Salt		970.00	EA	0.28	266.75 T
Calcium Chloride		567.00	EA	0.58	327.44 T
Gypsum		825.00	EA	0.41	340.31 T
FLA-322		132.00	EA	4.13	544.50 T
Mud Flush		500.00	EA	0.83	412.50 T
"Two Stage Cement Collar, 5 1/2" (Blue)		1.00	EA	2,475.00	2,475.00
"Auto Fill Float Shoe 5 1/2" (Blue)"		1.00	EA	198.00	198.00
"Turbolizer, 5 1/2" (Blue)"		10.00	EA	60.50	605.00
"5 1/2" Basket (Blue)"		1.00	EA	159.50	159.50
"Unit Mileage Chg (PU, cars one way)"		70.00	MI	2.48	173.25
Heavy Equipment Mileage		140.00	MI	4.13	577.50
1239-"Prop & Bulk Del. Chrg. per ton mil		1.00	EA	1,703.63	1,703.63
Blending & Mixing Service Charge		375.00	BAG	0.77	288.75
Plug Container Util. Chg.		1.00	EA	137.50	137.50
Depth Charge; 3001-4000'		1.00	EA	1,188.00	1,188.00
"Service Supervisor, first 8 hrs on loc.		1.00	EA	96.25	96.25
Gilsonite		875.00	EA	0.37	322.44 T
PLEASE REMIT TO:		SEND OTHER CORRESPONDENCE TO:		SUB TOTAL	13,623.86
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		TAX	451.61
PO BOX 841903		801 CHERRY ST, STE 2100		INVOICE TOTAL	14,075.47
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

5-16-13

FIELD SERVICE TICKET

1718 13628 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>5/13/2016</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>CMX INC.</u>				LEASE <u>SUSANK B OWNO</u> WELL NO. <u>2-5</u>					
ADDRESS				COUNTY <u>Barton</u> STATE <u>KS</u>					
CITY				SERVICE CREW <u>Darin, E.J., Daryl, J. Bailey</u>					
AUTHORIZED BY				JOB TYPE: <u>CNU/5 1/2 2 Stage Long Strings</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>19843</u>	<u>2 1/2</u>						<u>5/2</u>	<u>PM</u>	<u>3:30</u>
<u>73768</u>	<u>1 3/4</u>						<u>5/2</u>	<u>PM</u>	<u>4:30</u>
							<u>5/3</u>	<u>PM</u>	<u>9:45</u>
							<u>5/3</u>	<u>PM</u>	<u>12:15</u>
							<u>5/3</u>	<u>PM</u>	<u>1:00</u>
						MILES FROM STATION TO WELL	<u>85</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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	175	-	2,975 00
CP101	A-con Blend Common	SK	170	-	3,060 00
CP101	A-con Blend Common	SK	30	-	540 00
CC102	Cellofloc	Lb	44	-	162 80
CC111	Sgt	Lb	970	-	485 00
CC113	Gypsum	Lb	825	-	618 75
CC129	FLA-322	Lb	132	-	990 00
CC201	Gilsonite	Lb	875	-	586 25
CC102	Cellofloc	Lb	50	-	185 00
CC109	Calcium Chloride	Lb	367	-	595 35
CF451	Two Stage Cement collar, 5 1/2" Blue	Eg	1	-	4,500 00
CF1251	Auto Fill Floq+ Shoe 5 1/2" Blue	Eg	1	-	360 00
CF1651	Turbolizer, 5 1/2" Blue	Eg	10	-	1,100 00
CF1901	5 1/2" Basket Blue	Eg	1	-	290 00
CC151	Mud Flush	Gal	500	-	750 00
E100	Unit mileage Charge - pickups, sms/usn/stcs	Mi	70	-	315 00
E101	Heavy Equipment Mileage	Mi	140	-	1,050 00
E113	Proppant and Bulk Delivery charges ^{per ton}	Ton	1239	-	3,097 50

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL

KG

SERVICE REPRESENTATIVE Darin Frank

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Stage #1

Customer CMX	Lease No.	Date 5/3/2016
Lease SUSSNIC B OWNO	Well # 2-5	
Field Order # 13628	Station PISBOKS	Casing 5 1/2
	Depth 3433	County Barton
Type Job CNW/ 5 1/2 2 Stage	Formation TD-3430	State KS
		Legal Description 5-16-13

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
5 1/2							
Depth 3433	Depth	From	To	Pre Pad	Max		5 Min.
Volume 80	Volume	From	To	Pad	Min		10 Min.
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 3420	Packer Depth	From	To	Flush Fresh water, mud	Gas Volume		Total Load

Customer Representative Keith	Station Manager Kevin Goraley	Treater Darin Franklin
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Service Units	92911	84981	19843	19903	73768	86531			
Driver Names	Darin	FJ	FJ	Daryl	Daryl	J. Bayley			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5/2 4:30pm					on location / safety meeting
					5 1/2 casing 3433' DU tool - 919'
					T-1, 3, 5, 7, 9, 11, 13, 15, 17, 19
					B-2
					175 SIC PAD 2 Cement, 10% SS10, 10% syp
					.8% Fls-322, 5#/sk gilsonite, 1/4#/sk celler
					14.8 PPS, 1.54 veils, 6.63 water Res.
5/3 8:45pm					Pipe on bottom & Break circulation
9:45pm	200		5	4	Pump 5 BBLs water
	200		12	4	Pump 12 BBLs mud flush
	200		5	4	Pump 5 bbls water
	200		48	4	mix 175 SIC PAD 2 Cement
					Shut down
					Retos wash pump & lines, Release Plug
	100		0	5	Stage displacement
	200		50	5	Lift Pressure
	600		30	3	slow rate
11:00	1400		84	3	Bump Plug
					Release
					Drop DU opening tool
	900				Open DU tool

Stage #2

Customer <i>CMV Inc</i>	Lease No.	Date <i>5/3/2016</i>	
Lease <i>SUSPIC B 0W00</i>	Well # <i>2-5</i>		
Field Order # <i>13628</i>	Station <i>Pr9221cs</i>	Casing <i>5 1/2</i>	Depth <i>3433</i>
County <i>Barton</i>		State <i>KS</i>	
Type Job <i>CNW/5 1/2 2 Stage LongString</i>	Formation <i>TD-3430</i>	Legal Description <i>5-16-13</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>								
Depth <i>3433</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>80</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1600</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>3420</i>	Packer Depth	From	To	Flush <i>Fresh water</i>	Gas Volume		Total Load	

Customer Representative	Station Manager <i>Kevin Goldley</i>	Treater <i>Darin Franklin</i>
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Service Units	<i>92911</i>	<i>84951</i>	<i>19843</i>	<i>19903</i>	<i>73768</i>	<i>86531</i>			
Driver Names	<i>Darin</i>	<i>EJ</i>	<i>EJ</i>	<i>Darin</i>	<i>Darin</i>	<i>J. B. 197</i>			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					<i>D-con Blend Common, 3%acc, 1/4# Cellulose</i>
					<i>12.0 pps, 2.47 v. 12, 14.49 water Res.</i>
<i>11:00 am</i>	<i>100</i>			<i>1</i>	<i>circulate with pump TRUCK-45 min</i>
<i>11:45 am</i>	<i>100</i>		<i>75</i>	<i>4</i>	<i>mix 170 SK D-con</i>
				<i>1</i>	<i>shut down</i>
					<i>Wash pump & lines</i>
					<i>Release Plug</i>
	<i>100</i>		<i>0</i>	<i>4</i>	<i>Start displacement</i>
	<i>300</i>		<i>10</i>	<i>4</i>	<i>hit pressure</i>
	<i>300</i>		<i>10</i>	<i>3</i>	<i>slow rate</i>
<i>12:15 pm</i>	<i>1600</i>		<i>23</i>	<i>3</i>	<i>Bump Plug & close DV TOOL</i>
					<i>Release</i>
					<i>CIRC. 5 bbl cement to PIT</i>
	<i>50</i>		<i>7</i>	<i>2</i>	<i>Plug Rest hole</i>
					<i>Wash up</i>
					<i>Job complete / Darin & crew</i>
					<i>Thank you!!</i>



DRILL STEM TEST REPORT

Prepared For: **CMX Inc**

1700 Waterfront Pkwy
Bldg 300B
Wichita KS 67206

ATTN: Ken LeBlanc

Susank B OWWO # 2-5

5 16s,-13w Barton,KS

Start Date: 2016.05.01 @ 23:15:00

End Date: 2016.05.02 @ 08:39:00

Job Ticket #: 64773 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2016.05.03 @ 08:55:27



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

CMX Inc
 1700 Waterfront Pkwy
 Bldg 300B
 Wichita KS 67206
 ATTN: Ken LeBlanc

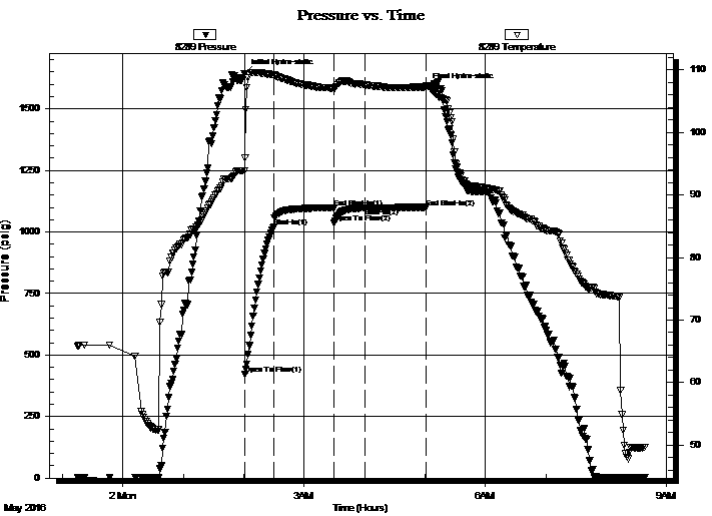
5 16s,-13w Barton,KS
Susank B OWWO # 2-5
 Job Ticket: 64773 **DST#: 1**
 Test Start: 2016.05.01 @ 23:15:00

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 02:01:15
 Time Test Ended: 08:39:00
 Interval: **3342.00 ft (KB) To 3382.00 ft (KB) (TVD)**
 Total Depth: 3382.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jim Svaty
 Unit No: 76
 Reference Elevations: 1940.00 ft (KB)
 1931.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 8289 Outside
 Press@RunDepth: 1098.06 psig @ 3347.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2016.05.01 End Date: 2016.05.02 Last Calib.: 2016.05.02
 Start Time: 23:15:02 End Time: 08:39:00 Time On Btm: 2016.05.02 @ 02:00:30
 Time Off Btm: 2016.05.02 @ 05:00:45

TEST COMMENT: 30-IFP- BOB in 1 min
 60-ISIP- Weak Surface Blow in 3 min. Died in 7 min.
 30-FFP- BOB in 1 min. Died Back in 15 min.
 60-FSIP- Weak Surface Blow in 2 min. Died in 9 min.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1644.83	93.90	Initial Hydro-static
1	422.41	95.98	Open To Flow (1)
30	1022.09	109.20	Shut-In(1)
89	1096.60	106.97	End Shut-In(1)
90	1038.34	106.95	Open To Flow (2)
120	1098.06	107.59	Shut-In(2)
180	1099.78	107.25	End Shut-In(2)
181	1587.56	107.49	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1300.00	Water 100%	18.24
620.00	MOCW 5% m 10% o 85% w	8.70
500.00	OMCW 10% o 30% m 60% w	7.01
25.00	CO 100%	0.35
0.00	GIP 40	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

CMX Inc
1700 Waterfront Pkwy
Bldg 300B
Wichita KS 67206
ATTN: Ken LeBlanc

5 16s,-13w Barton,KS
Susank B OWWO # 2-5
Job Ticket: 64773 **DST#: 1**
Test Start: 2016.05.01 @ 23:15:00

Tool Information

Drill Pipe:	Length: 3346.00 ft	Diameter: 3.80 inches	Volume: 46.94 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.75 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 60000.00 lb
			<u>Total Volume: 46.94 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	27.00 ft			String Weight: Initial 48000.00 lb
Depth to Top Packer:	3342.00 ft			Final 58000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	40.00 ft			
Tool Length:	63.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
-------------------------	--------------------	-------------------	-----------------	-------------------	-----------------------

Change Over Sub	1.00			3320.00	
Shut In Tool	5.00			3325.00	
Hydraulic tool	5.00			3330.00	
Safety Joint	2.00			3332.00	
Packer	5.00			3337.00	23.00 Bottom Of Top Packer
Packer	5.00			3342.00	
Stubb	1.00			3343.00	
Perforations	3.00			3346.00	
Change Over Sub	1.00			3347.00	
Recorder	0.00	8789	Inside	3347.00	
Recorder	0.00	8289	Outside	3347.00	
Blank Spacing	31.00			3378.00	
Change Over Sub	1.00			3379.00	
Bullnose	3.00			3382.00	40.00 Bottom Packers & Anchor

Total Tool Length: 63.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX Inc
1700 Waterfront Pkw y
Bldg 300B
Wichita KS 67206
ATTN: Ken LeBlanc

5 16s,-13w Barton,KS
Susank B OWWO # 2-5
Job Ticket: 64773 **DST#: 1**
Test Start: 2016.05.01 @ 23:15:00

Mud and Cushion Information

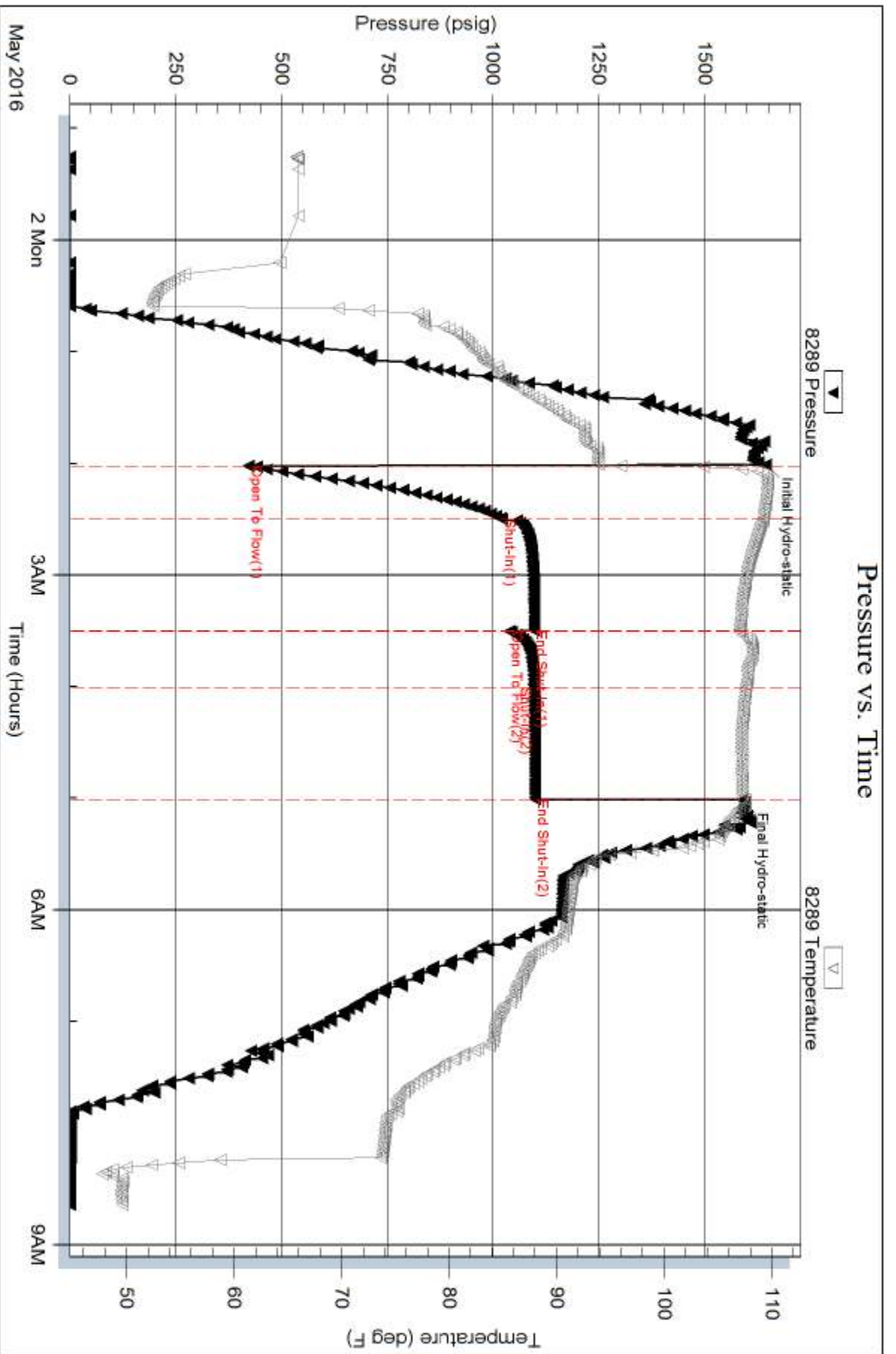
Mud Type: Gel Chem	Cushion Type:	Oil API: 39 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 30000 ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl	
Water Loss: 8.75 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 6200.00 ppm		
Filter Cake: 2.00 inches		

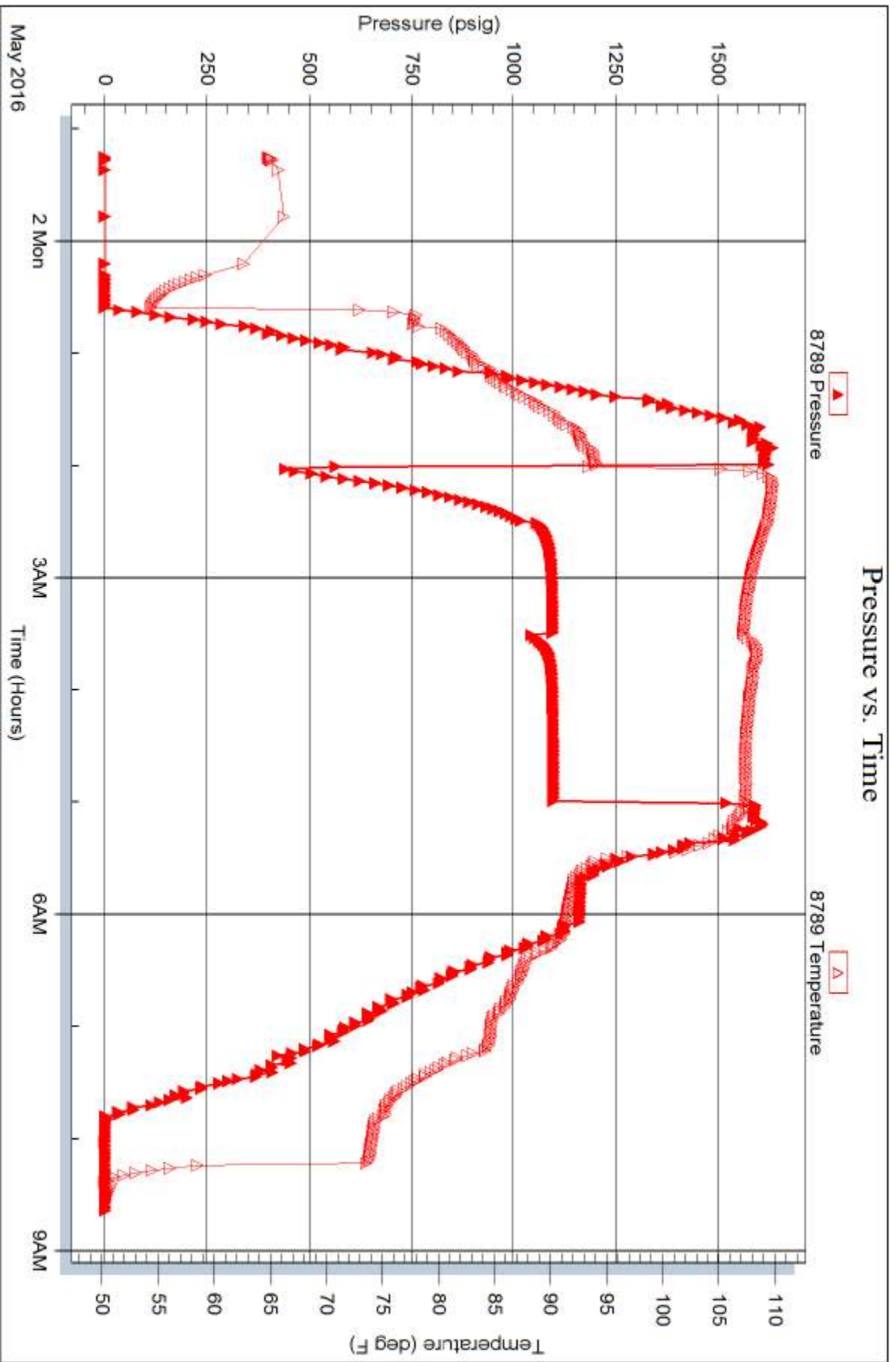
Recovery Information

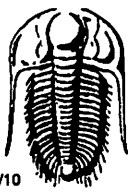
Recovery Table

Length ft	Description	Volume bbl
1300.00	Water 100%	18.236
620.00	MOCW 5%m 10%o 85%w	8.697
500.00	OMCW 10%o 30%m 60%w	7.014
25.00	CO 100%	0.351
0.00	GIP 40	0.000

Total Length: 2445.00 ft Total Volume: 34.298 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: .325 @ 49







TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 64773

Well Name & No. SUSANK BOWNO 2-5 Test No. 1 Date 5-1-16
 Company CMX INC. Elevation 1940 KB 1931 GL
 Address 1700 N. WATERFRONT PKWY BLDG 300B WICHITA KS 67206
 Co. Rep / Geo. Ken LeBlac Rig Duke #2
 Location: Sec. 5 Twp. 16^S Rge. 13^W Co. BARTON State KS

Interval Tested 3342-3382 Zone Tested Arbuckle
 Anchor Length 40 Drill Pipe Run 3346 Mud Wt. 9
 Top Packer Depth 3337 Drill Collars Run 0 Vis 50
 Bottom Packer Depth 3342 Wt. Pipe Run 0 WL 8.8
 Total Depth 3382 Chlorides 6200 ppm System LCM 2

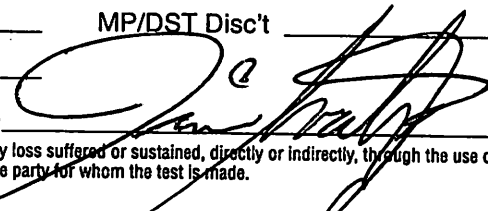
Blow Description IFP - BOB in 1min.
ISIP - Weak Surface Blow in 3min. Died in 7min.
FFP - BOB in 1min. Died BACK in 15min.
FSIP - Weak Surface Blow in 2min. Died in 9min.

Rec	Feet of	%gas	%oil	%water	%mud
<u>1300</u>	<u>Water</u>			<u>100</u>	
<u>620</u>	<u>MOCW</u>	<u>10</u>	<u>85</u>	<u>5</u>	
<u>500</u>	<u>OMCW</u>	<u>10</u>	<u>60</u>	<u>30</u>	
<u>25</u>	<u>CO</u>	<u>100</u>			
<u>40</u>	<u>MIP</u>				

Rec Total 2445 BHT 107 Gravity 39 API RW 325 @ 49 °F Chlorides 30000 ppm

(A) Initial Hydrostatic 1644 Test 1050 T-On Location 23:05
 (B) First Initial Flow 422 Jars _____ T-Started 23:15
 (C) First Final Flow 1022 Safety Joint 75 T-Open 02:00
 (D) Initial Shut-In ~~1038~~ 1096 Circ Sub _____ T-Pulled 05:00
 (E) Second Initial Flow ~~1098~~ 1038 Hourly Standby _____ T-Out 08:39
 (F) Second Final Flow 1098 Mileage 71.25 95 RT Comments _____
 (G) Final Shut-In 1099 Sampler _____
 (H) Final Hydrostatic 1587 Straddle _____
 Shale Packer _____
 Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____

Initial Open 30
 Initial Shut-In 60
 Final Flow 30
 Final Shut-In 60
 Sub Total 1196.25
 Total 1196.25
 MP/DST Disc't _____

Approved By _____ Our Representative 

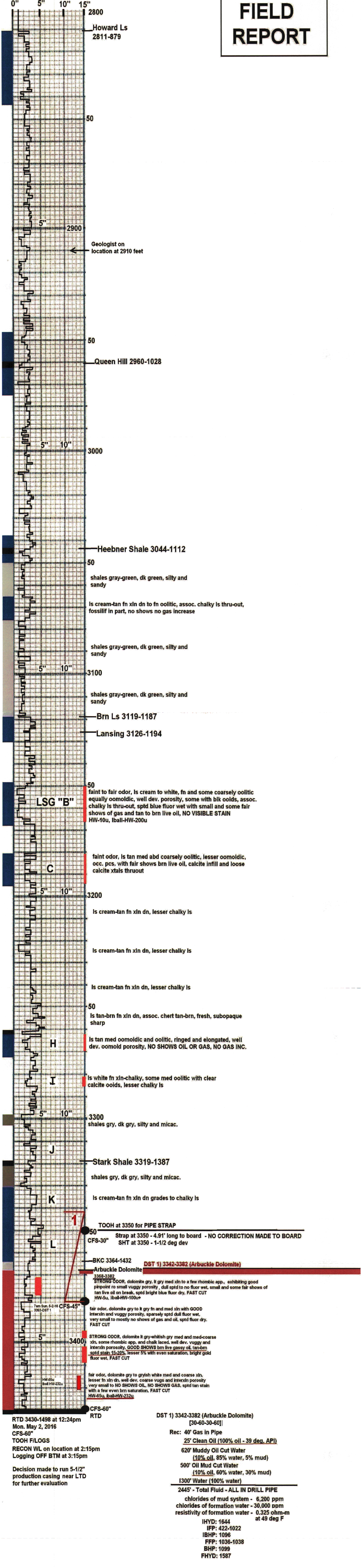
TriLOBite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



API: 15-009-23,454-0001
 CMX, Inc.
 Susank B 2-5 OWWO
 NW NW SE
 Sec. 5-T16S-R13W
 Barton County, KS
 KB 1932

7am Sat. May 1, 2016
 Drig 2750

FIELD REPORT



RTD 3430-1498 at 12:24pm
 Mon. May 2, 2016
 CFS-60"
 TOOH F/LOGS
 RECON WL on location at 2:15pm
 Logging OFF BTM at 3:15pm
 Decision made to run 5-1/2"
 production casing near LTD
 for further evaluation

DST 1) 3342-3382 (Arbuckle Dolomite)
 [30-60-30-60]
 Rec: 40' Gas in Pipe
 25' Clean Oil (100% oil - 39 deg. API)
 620' Muddy Oil Cut Water
 (10% oil, 85% water, 5% mud)
 500' Oil Mud Cut Water
 (10% oil, 60% water, 30% mud)
 1300' Water (100% water)
 2445' - Total Fluid - ALL IN DRILL PIPE
 chlorides of mud system - 6,200 ppm
 chlorides of formation water - 30,000 ppm
 resistivity of formation water - 0.325 ohm-m
 at 49 deg F
 IHYD: 1644
 IBHP: 422-1022
 IBHP: 1096
 FFP: 1036-1038
 BHP: 1099
 FHYD: 1587

DAILY DRILLING REPORT

DATE: 5-2-2016

RIG NO: 2

OPERATOR: CMX INC

FAX NUMBER: _____
TELEPHONE: _____

WELL DATA: SUSAN K B D W W D # 2-5

DEPTH: 3382 ' AT 7:00 A.M. FORMATION: Ac Bockle

FEET MADE: 142 SURVEY: 1 1/2 ° @ 3350 ° @ _____ ° @ _____

BRIEF DESCRIPTION OF OPERATIONS: TOH w/ DST # 1 @ 3382

MUD PROPERTIES: WT. 9.0 VIS. 50 WL. 94.6 LCM - PH. 11.0 CHL 6200
PV 50 YP 12 GEL 312/8 CAKE 210 OIL - SAND 50 SOLIDS 4.6
SPM 60 PP 950 GPM 195 LINER 6

MUD MATERIALS ADDED:	GEL	<u>25</u>	SODA ASH	<u>1</u>	_____	_____
DAILY COST:	CAUSTIC	<u>2</u>	LIME	_____	_____	_____
\$ _____	OIL	_____	LCM	_____	_____	_____
TOTAL COST	LIGNITE	<u>2</u>	DPAC	<u>2</u>	_____	_____
\$ _____	BAR	_____	_____	_____	_____	_____

BIT RECORD: No. 2 TYPE J2 5/8 H 20 DL SERIAL NO. 1425879 RR

IN 920 ' OUT _____ ' MADE 2462 ' IN 71 1/4 HRS.

RPM 70-80 W.O.B. 36,000

BIT RECORD: No. _____ TYPE _____ SERIAL NO. _____

IN _____ ' OUT _____ ' MADE _____ ' IN _____ HRS.

RPM _____ W.O.B. _____

TIME BREAK DOWN:

DRILLING	<u>7 3/4</u>	RUN CASING	_____
RIG CHECK	<u>1/4</u>	CEMENT CASING	_____
TRIP	_____	<u>DST #1</u>	<u>9 1/4</u>
SURVEY	_____	<u>Short Trip</u>	<u>4 1/4</u>
CIRCULATING	<u>2 1/4</u>	_____	_____
TESTING	_____	_____	_____
LOGGING	_____	_____	_____
W.O.C.	_____	_____	_____
W.O.O.	_____	_____	_____
RIG REPAIRS	_____	_____	_____
JET & CONN	<u>1/4</u>	_____	_____

ADDITIONAL INFORMATION: DST #1 ~~3342-3382~~ 3342-3382
30-60-30-60