

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 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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Form	ACO1 - Well Completion
Operator	H & D Exploration LLC
Well Name	KAISER 1
Doc ID	1320126

All Electric Logs Run

DIL
CDL/CNL
MEL
Son

Form	ACO1 - Well Completion
Operator	H & D Exploration LLC
Well Name	KAISER 1
Doc ID	1320126

Tops

Name	Top	Datum
Anhydrite	589	+1183
Base anhydrite	610	+1162
Topeka	2641	-869
Heebner	2898	-1126
Toronto	2914	-1142
Douglas	2933	-1161
Brown Lime	3010	-1238
Lansing	3024	-1252
Base Kansas City	3282	-1510
Conglomerate	3294	-1522
Arbuckle	3326	-1554
RTD	3380	-1608
LTD	3384	-1612

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 3011

Date	9-23-16	Sec.	15	Twp.	18	Range	11	County	Barton	State	Ks	On Location		Finish	4:30 AM
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Lease Kaiser Well No. 1 Location Clafin, Ks 25 to 90th Rd

Contractor Southwind #3 Owner 1/2 E 5/1th

Type Job Surface To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 12 1/4" T.D. 591' Charge To H+D Exploration

Csg. 8 5/8" Depth 591' Street _____

Tbg. Size _____ Depth _____ City _____ State _____

Tool _____ Depth _____ The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 20' Shoe Joint 20' Cement Amount Ordered 275 60/40 3% CC

Meas Line _____ Displace 36 1/4 BLS 2% Gel

EQUIPMENT

Pumptrk <u>18</u>	No.	Cementer Helper <u>Rick</u>	Common <u>165</u>
Bulktrk <u>9</u>	No.	Driver <u>Craig</u>	Poz. Mix <u>110</u>
Bulktrk _____	No.	Driver _____	Gel. <u>6</u>
Bulktrk _____	No.	Driver _____	Calcium <u>11</u>

JOB SERVICES & REMARKS

Remarks: Cement did Circulate Hulls _____

Rat Hole _____ Salt _____

Mouse Hole _____ Flowseal _____

Centralizers _____ Kol-Seal _____

Baskets _____ Mud CLR 48 _____

D/V or Port Collar _____ CFL-117 or CD110 CAF 38 _____

_____ Sand _____

_____ Handling 292 _____

_____ Mileage _____

FLOAT EQUIPMENT

Guide Shoe _____

Centralizer _____

Baskets _____

AFU Inserts _____

Float Shoe _____

Latch Down _____

_____ Rubber plug _____

_____ Pumptrk Charge Long Surface _____

_____ Mileage 26 _____

X Signature Jay Lewis

Tax _____
Discount _____
Total Charge _____

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

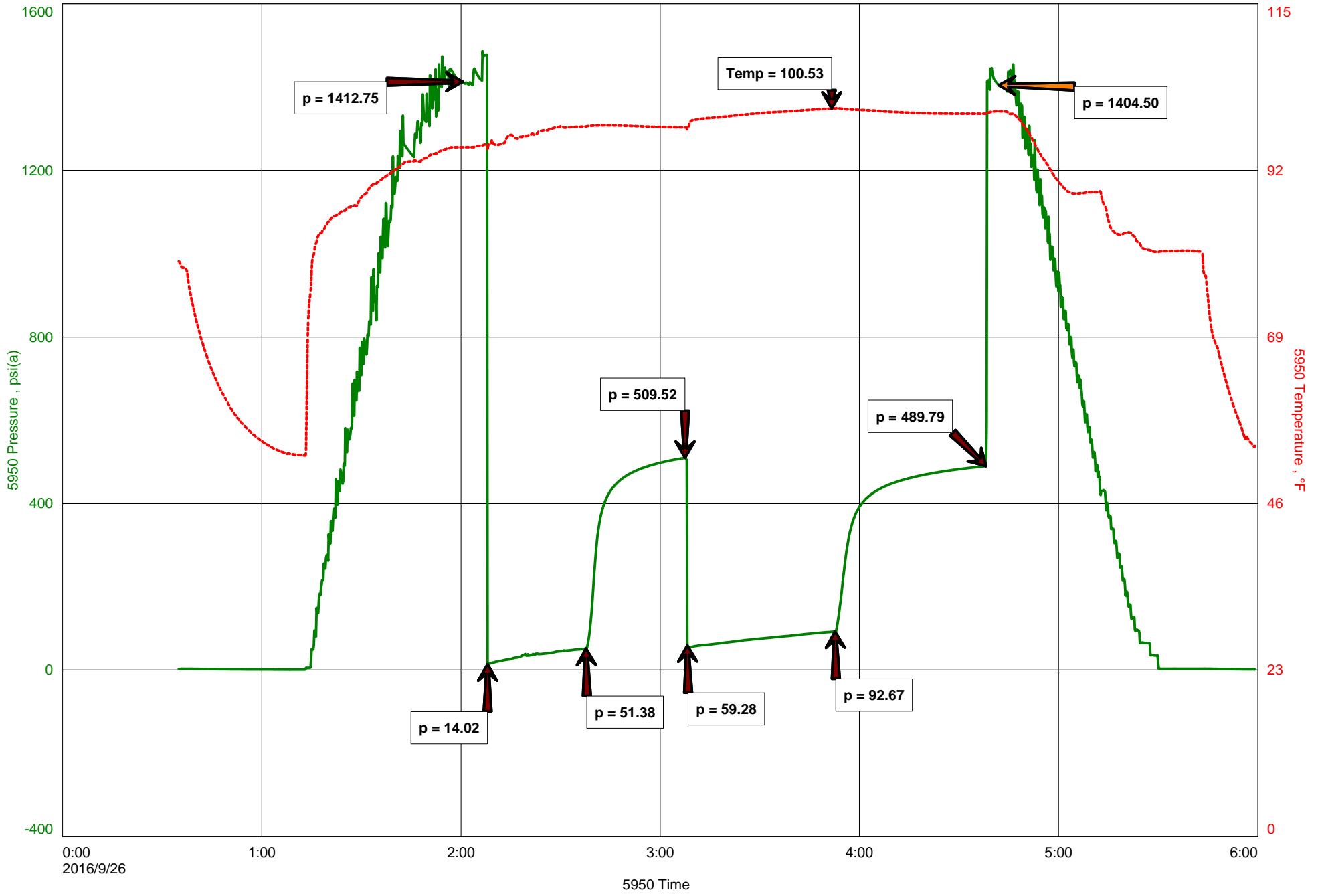
Home Office P.O. Box 32 Russell, KS 67665

No. 1787

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
9-29-16	15	18	11	Barton	KS		2:30pm
Lease Kaiser				Location		Jaffin 2s 1/2E Snto	
Contractor Southward #3			Well No. 1		Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.		
Type Job Production String			Hole Size 7 7/8		Charge To H & D Exploration		
Csg. 5 1/2 1/4"			T.D. 3380		Street		
Tbg. Size			Depth 3371		City State		
Tool			Depth		The above was done to satisfaction and supervision of owner agent or contractor.		
Cement Left in Csg. 43'			Shoe Joint 43'		Cement Amount Ordered 175 com 10 1/2 salt 5 1/2 G/saw etc		
Meas Line			Displace 81 1/4 B/L		500 gal mud clear		
EQUIPMENT				Common 175			
Pumptrk 18	No.	Cement Helper Craig	Poz. Mix				
Bulktrk	No.	Driver Rick	Gel.				
Bulktrk 14	No.	Driver Billy	Calcium				
JOB SERVICES & REMARKS				Hulls			
Remarks:				Salt 15			
Rat Hole 30SK				Flowseal			
Mouse Hole				Kol-Seal 875			
Centralizers				Mud CLR 48 500 gal			
Baskets				CFL-117 or CD110 CAF 38 500 gal			
D/V or Port Collar				Sand			
5 1/2 set @ 3371. Ball @ 3328.				Handling 183			
Est Completion Pump 500 gal mud clear				Mileage			
Cement Rathole w/ 30SK				FLOAT EQUIPMENT			
Cement 5 1/2 with 145SK x				Guide Shoe 5 1/2			
Displace Plug.				Centralizer 2			
Plug landed 1500ft.				Baskets 2			
L.H. pressure 800ft				AFU Inserts			
				Float Shoe 1			
				Latch Down 1			
				Pumptrk Charge prod string			
				Mileage 26			
X Signature <i>Jay Hruic</i>				Tax			
				Discount			
				Total Charge			

Kaiser #1



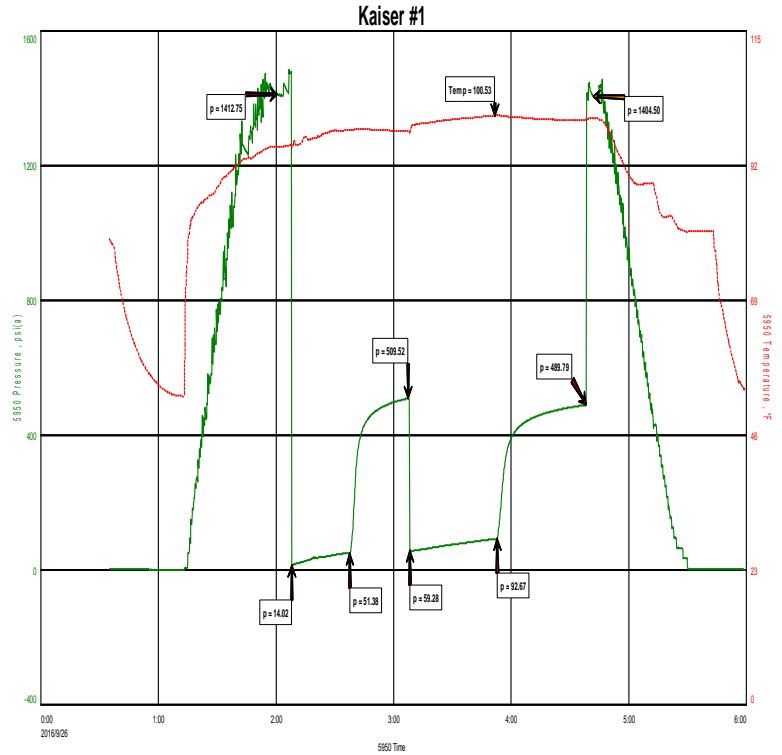


Hoisington, Kansas

Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name	H & D Exploration LLC
Contact	Mitch Driscoll
Well Name	Kaiser #1
Unique Well ID	Dst #1 Lans A-C 3010-3064'
Surface Location	Sec 15-18s-11w Barton County
Field	Roesler West
Well Type	Vertical
Test Type	Drill Stem Test
Well Operator	H & D Exploration LLC
Formation	Dst #1 Lans A-C 3010-3064'
Well Fluid Type	06 Water
Test Purpose	Initial Test
Start Test Date	2016/09/26
Start Test Time	00:35:00
Final Test Time	06:00:00
Job Number	P0133
Report Date	2016/09/26
Prepared By	Michael Carroll



TEST RECOVERY

Remarks Recovery: 176' MW 51%W 49%M

Total Fluid: 176'

Tool Sample: 87%W 13%M

Chlorides 26000 PPM
 RW .32 @ 65 Degrees
 PH 7



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: KAISER#1DST#1

TIME ON: 0035
TIME OFF: 0600

Company H&D EXPLORATION LLC Lease & Well No. KAISER #1
Contractor SOUTHWIND DRLG RIG 3 Charge to H&D EXPLORATION LLC
Elevation 1764 Formation LANS A-C Effective Pay _____ Ft. Ticket No. P0133
Date 9-26-16 Sec. 15 Twp. 18 S Range 11 W County BARTON State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative Michael Carroll

Formation Test No. 1 Interval Tested from 3010 ft. to 3064 ft. Total Depth 3064 ft.
Packer Depth 3005 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3010 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 2998 ft. Recorder Number 5950 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3047 ft. Recorder Number 0230 Cap. 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 53 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 8.5 Water Loss 6.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 2000 P.P.M. Drill Pipe Length 2985 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NA Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 54(23A) ft. Size 4 1/2-FH in.
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: 1/2" BLOW-BUILT TO 10" IN 30 MINUTES **NOBB**
2nd Open: WSB-BUILT TO 10 1/2" IN 45 MINUTES **NOBB**

Recovered 176 ft. of MW 51%W 49%M CHLORIDES 26000 PPM
Recovered 176 ft. of TOTAL FLUID RW .32 @ 65 DEGREES
Recovered _____ ft. of _____ PH 7

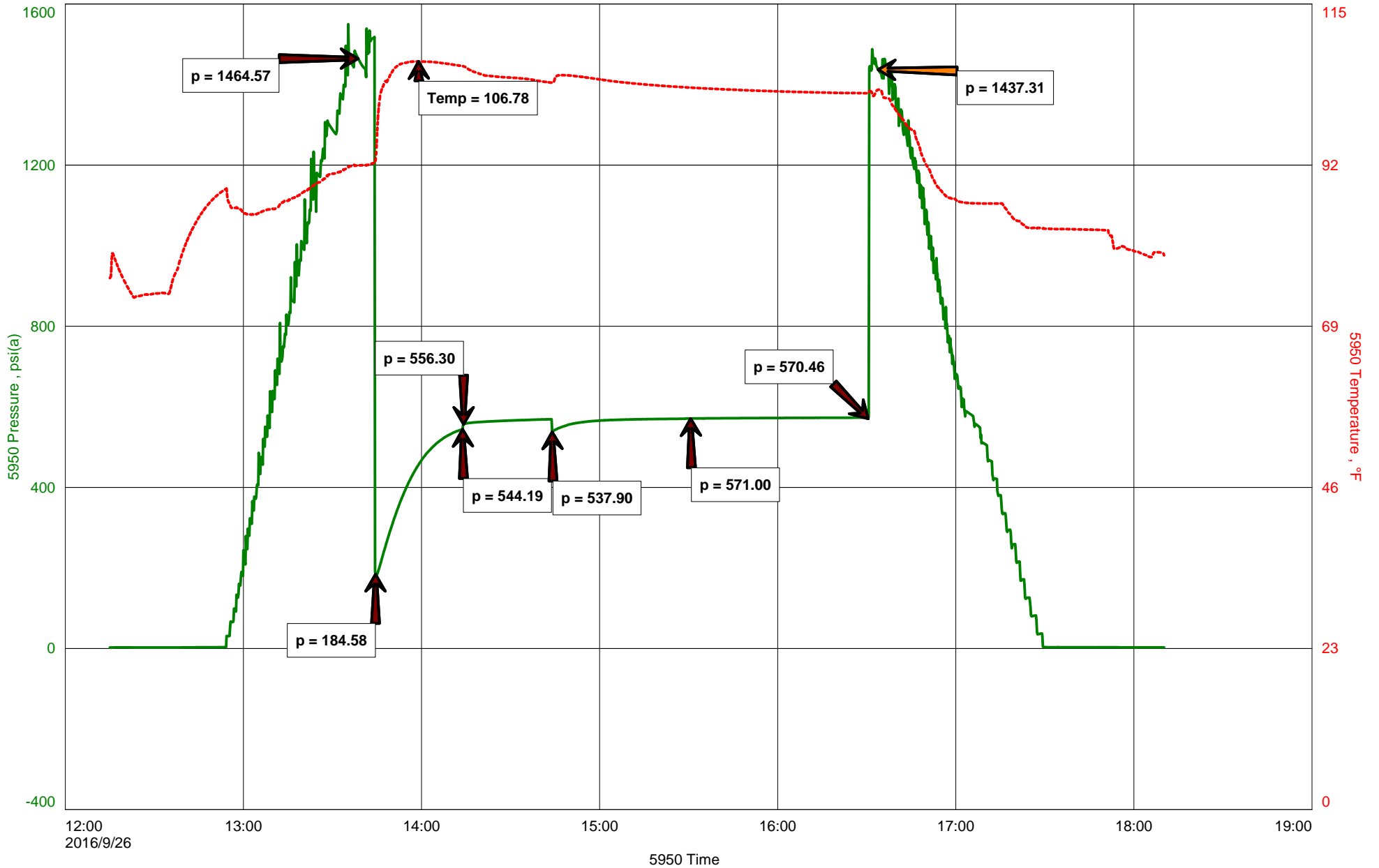
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Recovered _____ ft. of _____	Insurance
Remarks: <u>TOOL SAMPLE: 87%W 13%M</u>	Total

Time Set Packer(s) 2:05 A.M. A.M. P.M. Time Started Off Bottom 4:35 A.M. A.M. P.M. Maximum Temperature 101

Initial Hydrostatic Pressure..... (A) 1413 P.S.I.
Initial Flow Period..... Minutes 30 (B) 14 P.S.I. to (C) 51 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 510 P.S.I.
Final Flow Period..... Minutes 45 (E) 59 P.S.I. to (F) 93 P.S.I.
Final Closed In Period..... Minutes 45 (G) 490 P.S.I.
Final Hydrostatic Pressure..... (H) 1405 P.S.I.

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.

Kaiser #1





Michael Carroll
 620-617-0368
 carroll.dtlc@gmail.com

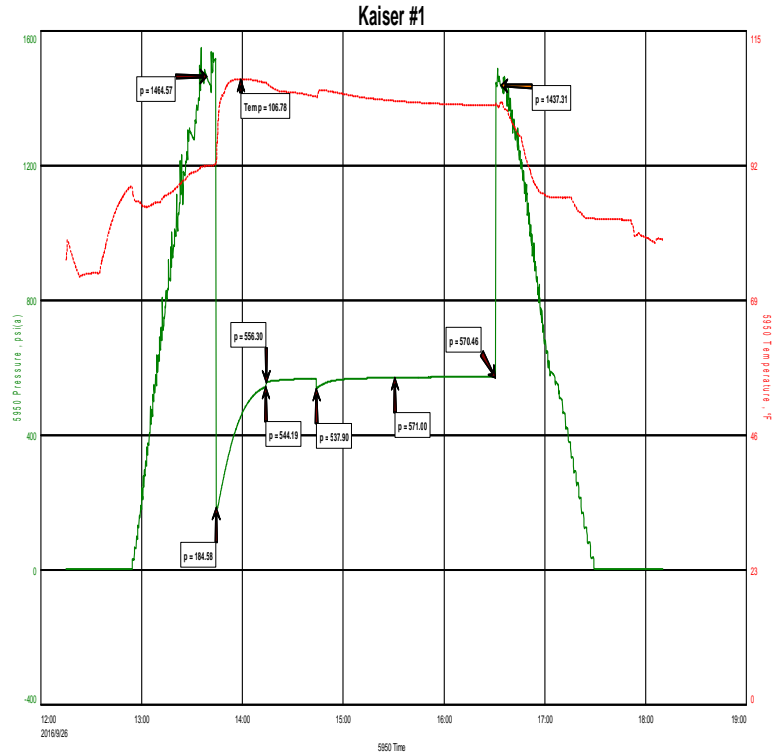
Hoisington, Kansas

General Information

Company Name H & D Exploration LLC

Contact Mitch Driscoll
Well Name Kaiser #1
Unique Well ID Dst #2 Lans D-F 3060-3100'
Surface Location Sec 15-18s-11w Barton County
Field Roesler West
Well Type Vertical
Test Type Drill Stem Test
Well Operator H & D Exploration LLC

Formation Dst #2 Lans D-F 3060-3100'
Well Fluid Type 01 Oil
Test Purpose Initial Test
Start Test Date 2016/09/26
Start Test Time 12:15:00
Final Test Time 18:10:00
Job Number P0134
Report Date 2016/09/26
Prepared By Michael Carroll



TEST RECOVERY

Remarks Recovery: 15' Clean Oil Gravity 42 @ 60 Degrees

582' SLOCMCW 3%O 82%W 15%M

631' MCW 95%W 5%M

Total Fluid: 1228'

Tool Sample: 100%O

Chlorides 30000 PPM
 RW .18 @ 70 Degrees
 PH 7



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: KAISER#1DST#1

TIME ON: 1215
 TIME OFF: 1810

Company H&D EXPLORATION LLC Lease & Well No. KAISER #1
 Contractor SOUTHWIND DRLG RIG 3 Charge to H&D EXPLORATION LLC
 Elevation 1764 Formation LANS D-F Effective Pay _____ Ft. Ticket No. P0134
 Date 9-26-16 Sec. 15 Twp. 18 S Range 11 W County BARTON State KANSAS
 Test Approved By JIM MUSGROVE Diamond Representative Michael Carroll

Formation Test No. 2 Interval Tested from 3060 ft. to 3100 ft. Total Depth 3100 ft.
 Packer Depth 3055 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3060 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3048 ft. Recorder Number 5950 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 3064 ft. Recorder Number 0230 Cap. 5000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 55 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 8.7 Water Loss 7.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 7000 P.P.M. Drill Pipe Length 3035 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number NA Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 40 ft. Size 4 1/2-FH in.
 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: 5" BLOW-BUILT TO BOB IN 55 SECONDS NOBB
 2nd Open: 1/2" BLOW-BUILT TO BOB IN 13 MINUTES NOBB

Recovered 15 ft. of CLEAN OIL GRAVITY 42 @ 60 DEGREES CHLORIDES 30000 PPM
 Recovered 582 ft. of SLOCMCW 3%O 82%W 15%M RW .18 @ 70 DEGREES
 Recovered 631 ft. of MCW 95%W 5%M PH 7
 Recovered 1228 ft. of TOTAL FLUID

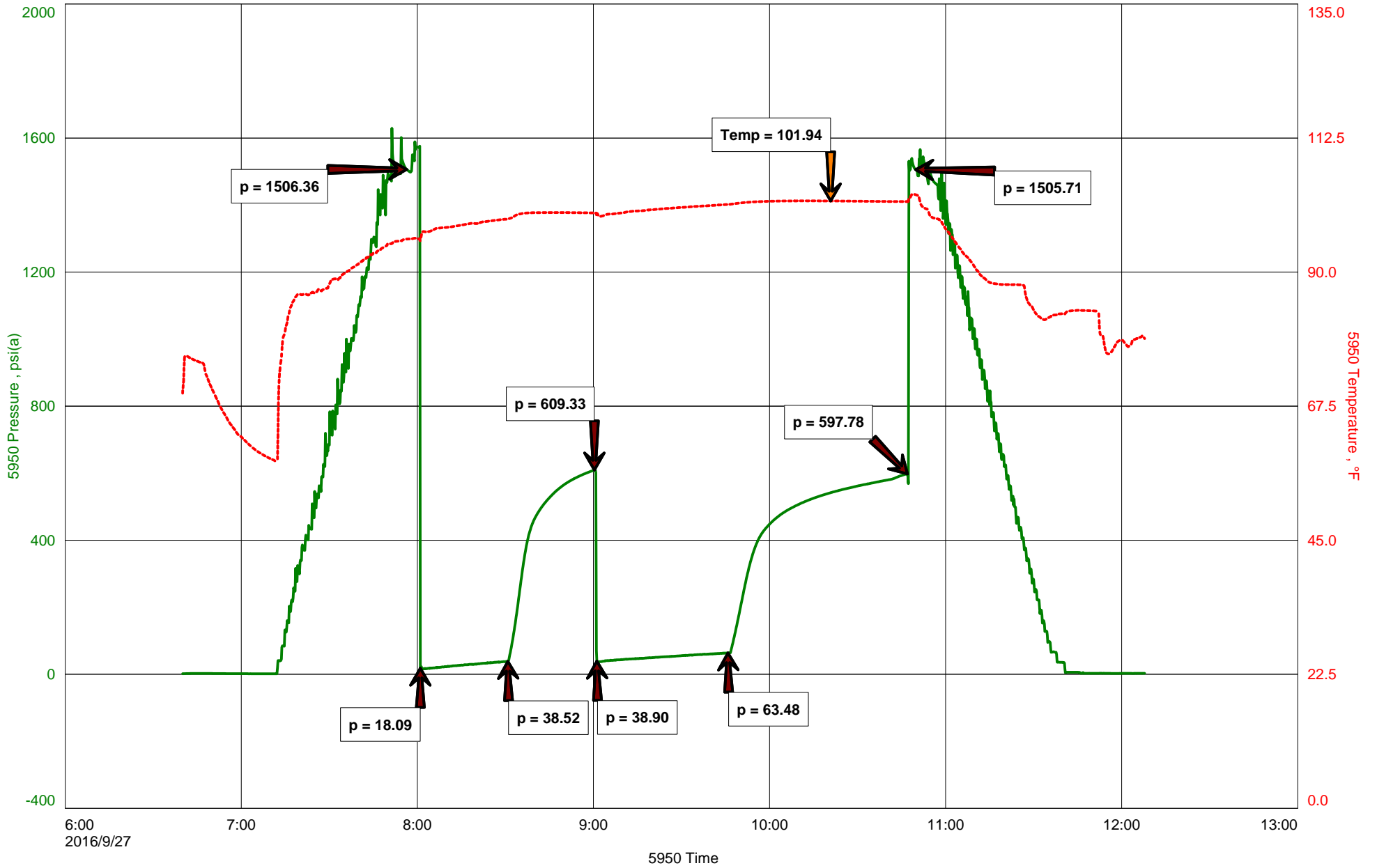
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: <u>TOOL SAMPLE: 100%O</u>	Insurance
	Total

Time Set Packer(s) 1:45 P.M. A.M. P.M. Time Started Off Bottom 4:30 P.M. A.M. P.M. Maximum Temperature 107

Initial Hydrostatic Pressure..... (A) 1465 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 185 P.S.I. to (C) 544 P.S.I.
 Initial Closed In Period..... Minutes 30 (D) 556 P.S.I.
 Final Flow Period..... Minutes 45 (E) 538 P.S.I. to (F) 571 P.S.I.
 Final Closed In Period..... Minutes 60 (G) 570 P.S.I.
 Final Hydrostatic Pressure..... (H) 1437 P.S.I.

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.

Kaiser #1





Hoisington, Kansas

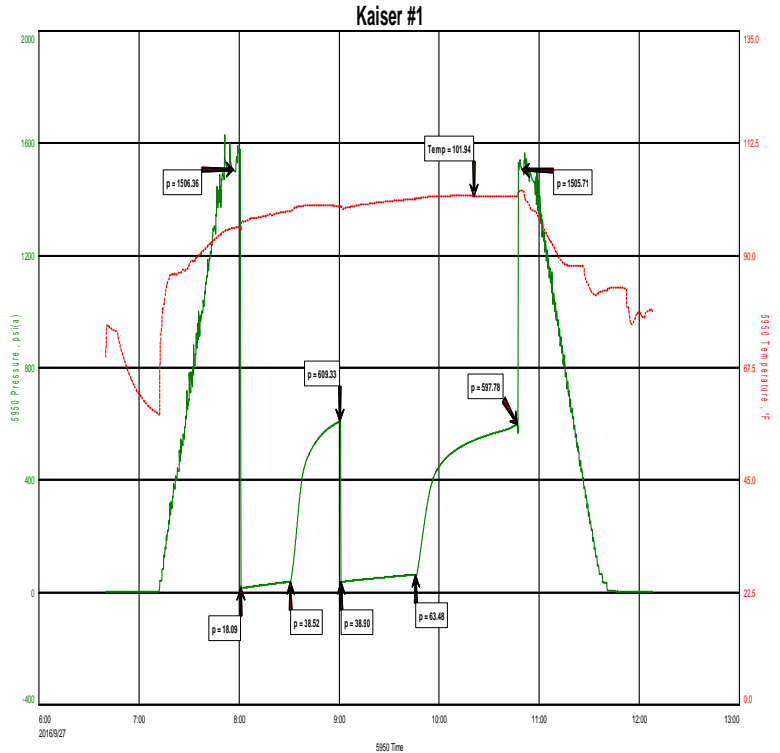
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name H & D Exploration LLC

Contact Mitch Driscoll
Well Name Kaiser #1
Unique Well ID Dst #3 Lans/KC I-J 3178-3211'
Surface Location Sec 15-18s-11w Barton County
Field Roesler West
Well Type Vertical
Test Type Drill Stem Test
Well Operator H & D Exploration LLC

Formation Dst #3 Lans/KC I-J 3178-3211'
Well Fluid Type 01 Oil
Test Purpose Initial Test
Start Test Date 2016/09/27
Start Test Time 06:40:00
Final Test Time 12:10:00
Job Number P0135
Report Date 2016/09/27
Prepared By Michael Carroll



TEST RECOVERY

Remarks Recovery: 2080' Gas In Pipe

40' Clean Oil Gravity 40 @ 60 Degrees

22' MCWCO 60%O 18%W 22%M

63' GCMCWO 5%G 40%O 35%W 20%M

Total Fluid: 125'

Tool Sample: 58%O 26%W 16%M

Chlorides 22000 PPM
RW .3 @ 70 Degrees
PH 7



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: KAISER#1DST#3

TIME ON: 0640
TIME OFF: 1210

Company H&D EXPLORATION LLC Lease & Well No. KAISER #1
Contractor SOUTHWIND DRLG RIG 3 Charge to H&D EXPLORATION LLC
Elevation 1764 Formation LANS/KC I-J Effective Pay _____ Ft. Ticket No. P0135
Date 9-27-16 Sec. 15 Twp. 18 S Range 11 W County BARTON State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative Michael Carroll

Formation Test No. 3 Interval Tested from 3178 ft. to 3211 ft. Total Depth 3211 ft.
Packer Depth 3173 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3178 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3166 ft. Recorder Number 5950 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3182 ft. Recorder Number 0230 Cap. 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 55 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 8.7 Water Loss 7.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 7000 P.P.M. Drill Pipe Length 3153 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NA Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 33 ft. Size 4 1/2-FH in.
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-BUILT TO BOB IN 2 MINUTES 30 SECONDS NOBB
2nd Open: 4" BLOW-BUILT TO BOB IN 1 MINUTE 30 SECONDS 6"BB

Recovered 2080 ft. of GAS IN PIPE CHLORIDES 22000 PPM
Recovered 40 ft. of CLEAN OIL 40 GRAVITY @ 60 DEGREES RW .3 @ 70 DEGREES
Recovered 22 ft. of MCWCO 60%O 18%W 22%M PH 7
Recovered 63 ft. of GCMCWO 5%G 40%O 35%W 20%M

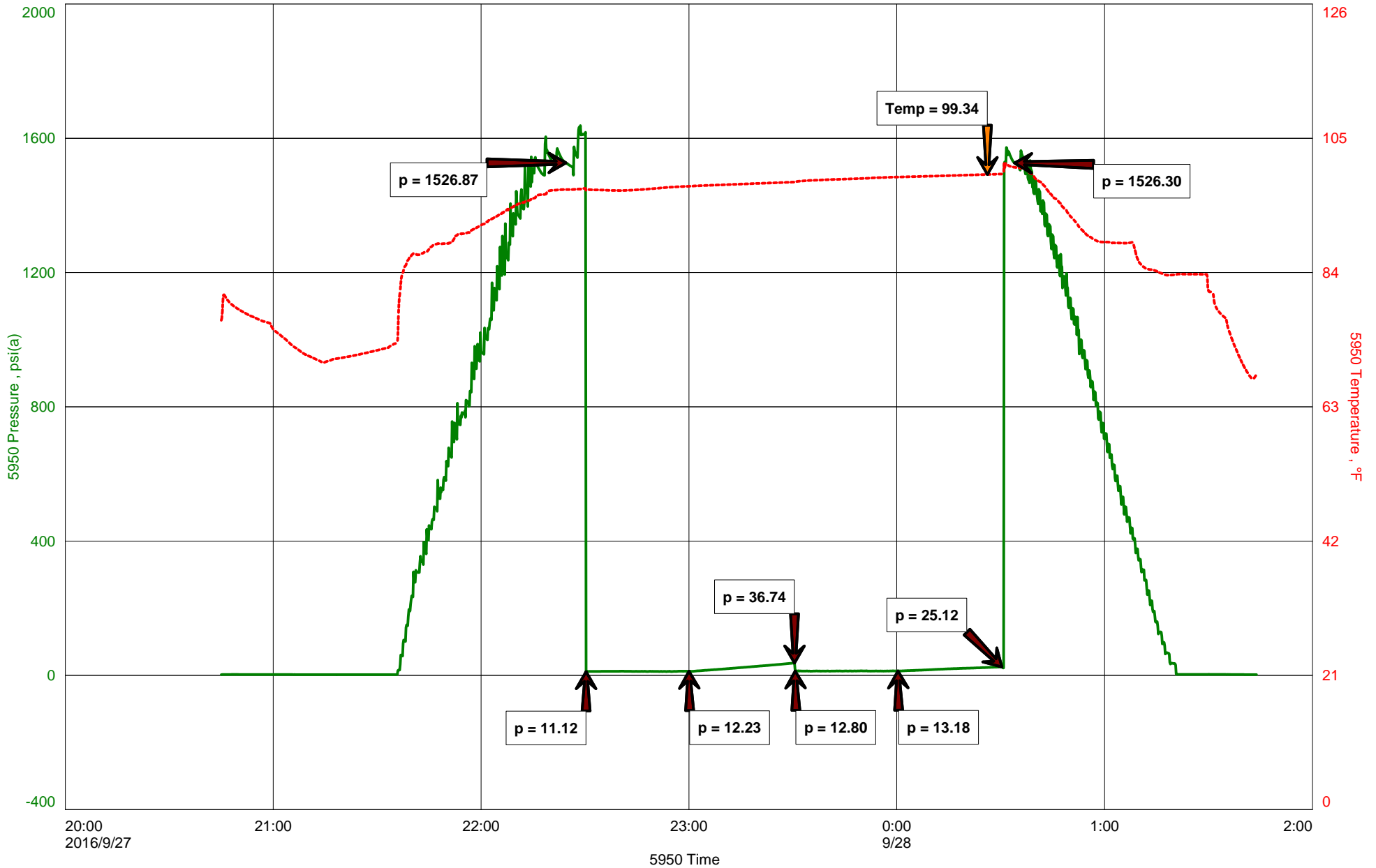
Recovered <u>125</u> ft. of <u>TOTAL FLUID</u>	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: <u>TOOL SAMPLE: 58%O 26%W 16%M</u>	Insurance
	Total

Time Set Packer(s) 8:00 A.M. A.M. P.M. Time Started Off Bottom 10:45 A.M. A.M. P.M. Maximum Temperature 102

Initial Hydrostatic Pressure..... (A) 1506 P.S.I.
Initial Flow Period..... Minutes 30 (B) 18 P.S.I. to (C) 39 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 609 P.S.I.
Final Flow Period..... Minutes 45 (E) 39 P.S.I. to (F) 63 P.S.I.
Final Closed In Period..... Minutes 60 (G) 598 P.S.I.
Final Hydrostatic Pressure..... (H) 1506 P.S.I.

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Kaiser #1





Hoisington, Kansas

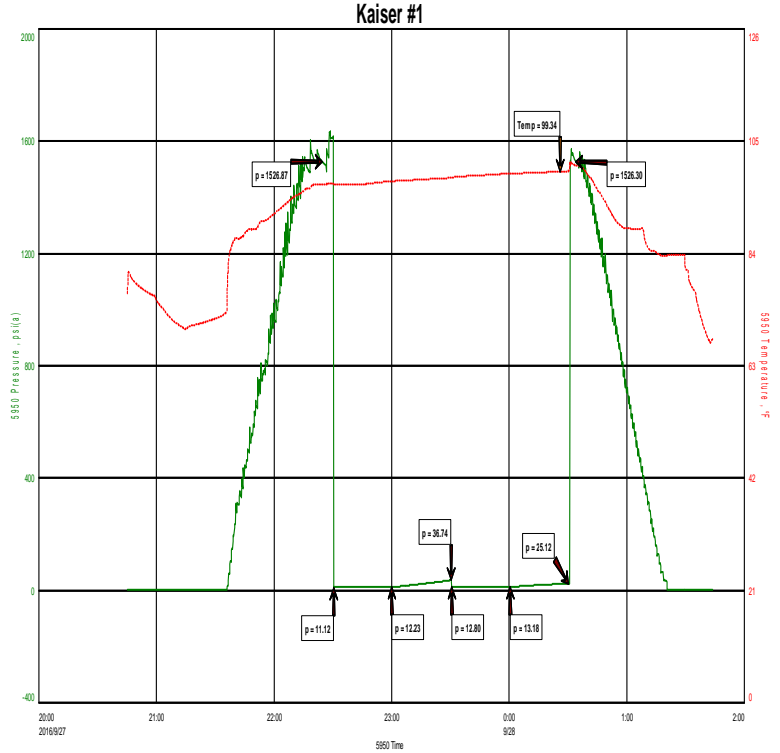
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name H & D Exploration LLC

Contact	Mitch Driscoll
Well Name	Kaiser #1
Unique Well ID	Dst #4 Lans/KC K-L 3219-3260'
Surface Location	Sec 15-18s-11w Barton County
Field	Roesler West
Well Type	Vertical
Test Type	Drill Stem Test
Well Operator	H & D Exploration LLC

Formation	Dst #4 Lans/KC K-L 3219-3260'
Well Fluid Type	01 Oil
Test Purpose	Initial Test
Start Test Date	2016/09/27
Start Test Time	20:45:00
Final Test Time	01:43:00
Job Number	P0136
Report Date	2016/09/27
Prepared By	Michael Carroll



TEST RECOVERY

Remarks	Recovery:	2'	OCM	4%O	96%M
	Total Fluid:	2'			
	Tool Sample:	6%O	94%M		



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: KAISER#1DST#4

TIME ON: 2045 9-27
TIME OFF: 0143 9-28

Company H&D EXPLORATION LLC Lease & Well No. KAISER #1
Contractor SOUTHWIND DRLG RIG 3 Charge to H&D EXPLORATION LLC
Elevation 1764 Formation LANS/KC K-L Effective Pay _____ Ft. Ticket No. P0136
Date 9-27-16 Sec. 15 Twp. 18 S Range 11 W County BARTON State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative Michael Carroll

Formation Test No. 4 Interval Tested from 3219 ft. to 3260 ft. Total Depth 3260 ft.
Packer Depth 3214 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3219 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3207 ft. Recorder Number 5950 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3223 ft. Recorder Number 0230 Cap. 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 48 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 11000 P.P.M. Drill Pipe Length 3194 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NA Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 41 ft. Size 4 1/2-FH in.
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-DIED IN 25 MINUTES NOBB
2nd Open: NO BLOW-BUILT TO WSB IN 30 MINUTES NOBB

Recovered 2 ft. of OCM 4%O 96%M
Recovered 2 ft. of TOTAL FLUID
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks: TOOL SAMPLE: 6%O 94%M

	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) 10:30 P.M. ^{A.M.} P.M. Time Started Off Bottom 12:30 A.M. ^{A.M.} P.M. Maximum Temperature 99

Initial Hydrostatic Pressure..... (A) 1527 P.S.I.
Initial Flow Period..... Minutes 30 (B) 11 P.S.I. to (C) 12 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 37 P.S.I.
Final Flow Period..... Minutes 30 (E) 13 P.S.I. to (F) 13 P.S.I.
Final Closed In Period..... Minutes 30 (G) 25 P.S.I.
Final Hydrostatic Pressure..... (H) 1526 P.S.I.

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.