

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	Stroke of Luck Energy & Exploration LLC
Well Name	CUSTER VALLEY 03-0217
Doc ID	1356959

All Electric Logs Run

Neutron Density
Sonic Log
Micro Log
Dual Induction Log

GLOBAL OIL FIELD SERVICES, LLC

2136

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell, 19

DATE <u>2-14-17</u>	SEC. <u>19</u>	TWP. <u>11S</u>	RANGE <u>18W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>CUSTER Valley</u>	WELL # <u>03-0217</u>		LOCATION <u>N of Hays, KS to Berkeley</u>	COUNTY <u>Ellis</u>	STATE <u>Ks</u>		
OLD OR (NEW) (CIRCLE ONE)			<u>rd - west to Hyacinth Rd N to Decided E. 170</u>				

CONTRACTOR White Knight Delg OWNER _____

TYPE OF JOB SURF.

HOLE SIZE 12 1/4 T.D. 298

CASING SIZE 8 5/8 DEPTH 296

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX. _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 200#

PERFS _____

DISPLACEMENT 173 1/4 bbl

EQUIPMENT _____

PUMP TRUCK # 409 CEMENTER Heath

BULK TRUCK # 378 HELPER Coody

BULK TRUCK # _____ DRIVER Kris

BULK TRUCK # _____ DRIVER _____

CEMENT AMOUNT ORDERED 200# com 3% cc

290 gal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:
Run 75% of 8 5/8 and landing it
est Circulation with mud pump
Hook up and mix 200# and disp 17 3/4
bbl of H2O - shut in @ 300ps
Cement Did Circulate !!

CHARGE TO: Stroke of Luck

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

Global Oil Field Services, LLC

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

Thank You !!

PRINTED NAME _____

SIGNATURE Terry Austin

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

COPY

GLOBAL OIL FIELD SERVICES, LLC

2843

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell, KS

DATE <u>2-22-17</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Castor Valley</u>	WELL #. <u>03-0217</u>	LOCATION <u>Hays, KS N to Buckeye rd</u>	COUNTY <u>Ellis</u>	STATE <u>KS</u>	JOB FINISH <u>4:15am</u>		
OLD OR <u>(NEW)</u> (CIRCLE ONE)		W to Hycentint AD N to Deadend					

CONTRACTOR White Knight
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8 T.D. 3600
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 200psi MINIMUM 0 psi
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS
 DISPLACEMENT

OWNER

CEMENT AMOUNT ORDERED 270sk 60/40 4% gel
1/4" # 10

COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @

EQUIPMENT

PUMP TRUCK # <u>409</u>	CEMENTER <u>Heath</u>
BULK TRUCK # <u>410</u>	HELPER <u>Cody</u>
BULK TRUCK #	DRIVER <u>Kris</u>
BULK TRUCK #	DRIVER

RECEIVED

HANDLING @ MAR 15 2017
 MILEAGE @

TOTAL

REMARKS:

1st Plug 3467' 50sk
2nd Plug 1225' - 50sk
3rd Plug 675' - 80sk
4th Plug 350' - 50sk
5th Plug 40' - 10sk and wiper plug

BH = 30sk

CHARGE TO: Shoke of Luck
 STREET
 CITY STATE ZIP

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE @
 EXTRA FOOTAGE @
 MILEAGE @
 MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

Wood plug @
 @
 @
 @

TOTAL

Global Oil Field Services, LLC

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Jim Henkle
 SIGNATURE

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS



**16221 LEO CIRCLE
LEAVENWORTH, KS 66048
913 544 7527
KEVIN BAILEY**

COMPANY: STROKE of LUCK Exploration for Jim Henkle Co.Man
WELL: Custer Valley 03-0217
FIELD: Wildcat **COUNTY:** ELLIS **STATE:** Kansas
LOCATION: SW-NW-NW-NW 19-11S-18W 484' FNL, 309' FWL down a donkey trail NW of Haze
Interval Logged: 2800' **To:** 3600' **G.L.:** 1930' **K.B.:** 1935'
Date Logged: 02/17/2017 **To:** 02/22/2017 **Spud Date:** 02/14/2017
Rig: White Knight Drilling LLC **Unit No.:** #1
Loggers: ELI Hays, KS Gus Pfanenstiel
Api No.: 15-051-26858-00-00
Filename: strklcustvllly03-217.mlw
Geologist: Kevin Bailey

Created By MainLog

Abbreviations:

NB...New Bit
CO...Circ Out
NR...No Returns
TG...Trip Gas
WOB...Wt on Bit
RPM...Rev/Min
SG...Survey Gas
DST...Drill Stem Test
DS...Directional Survey
CG...Connection gas
LAT...Logged After Trip
PP...Pump Pressure
SPM...Strokes/Min
DTG...Down Time Gas

Mud Data

WT..Weight
PH..Acidity
CHL...Chlorides
V..Viscosity
F..Filtrate
SC..Solids Content

Lithology Symbols:

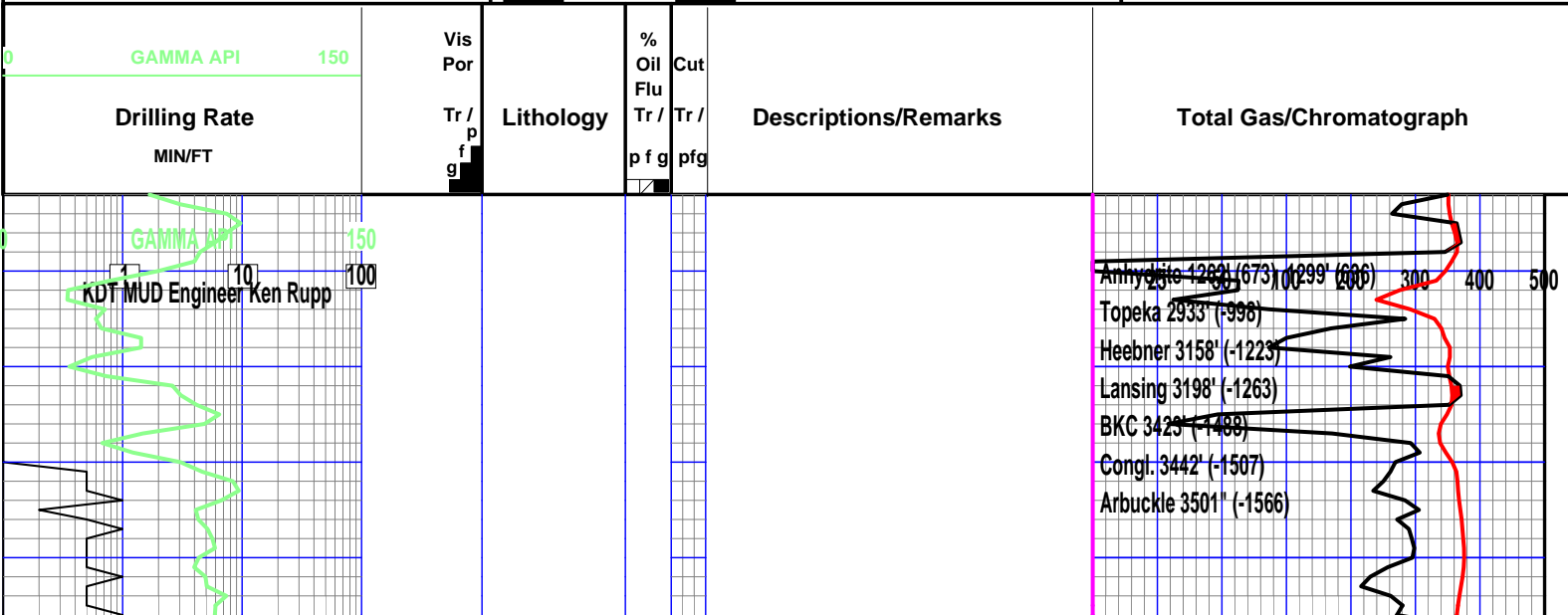
Anhydrite	Salt	Granite
Siltstone	Chert	Sandstone
Dolomite	Conglomerate	Limestone
Coal	Shale	Bentonite
Carb Shale	Granite Wash	Quartz Wash
Red Sh	Org Sh	Green Sh
Cust Sh1	Cust Sh2	Cust Sh3
Cust Sh4	Cust Sh5	Cust Sh6

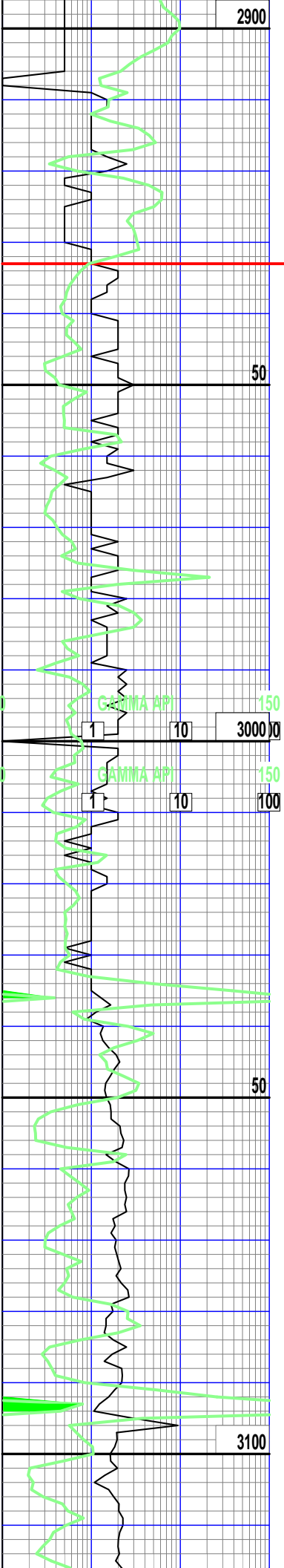
Gas Chromatograph Analysis:

HW -----
 C1 -----
 C2 -----
 C3 -----
 IC4 -----
 NC4 -----
 IC5 -----
 NC5 -----

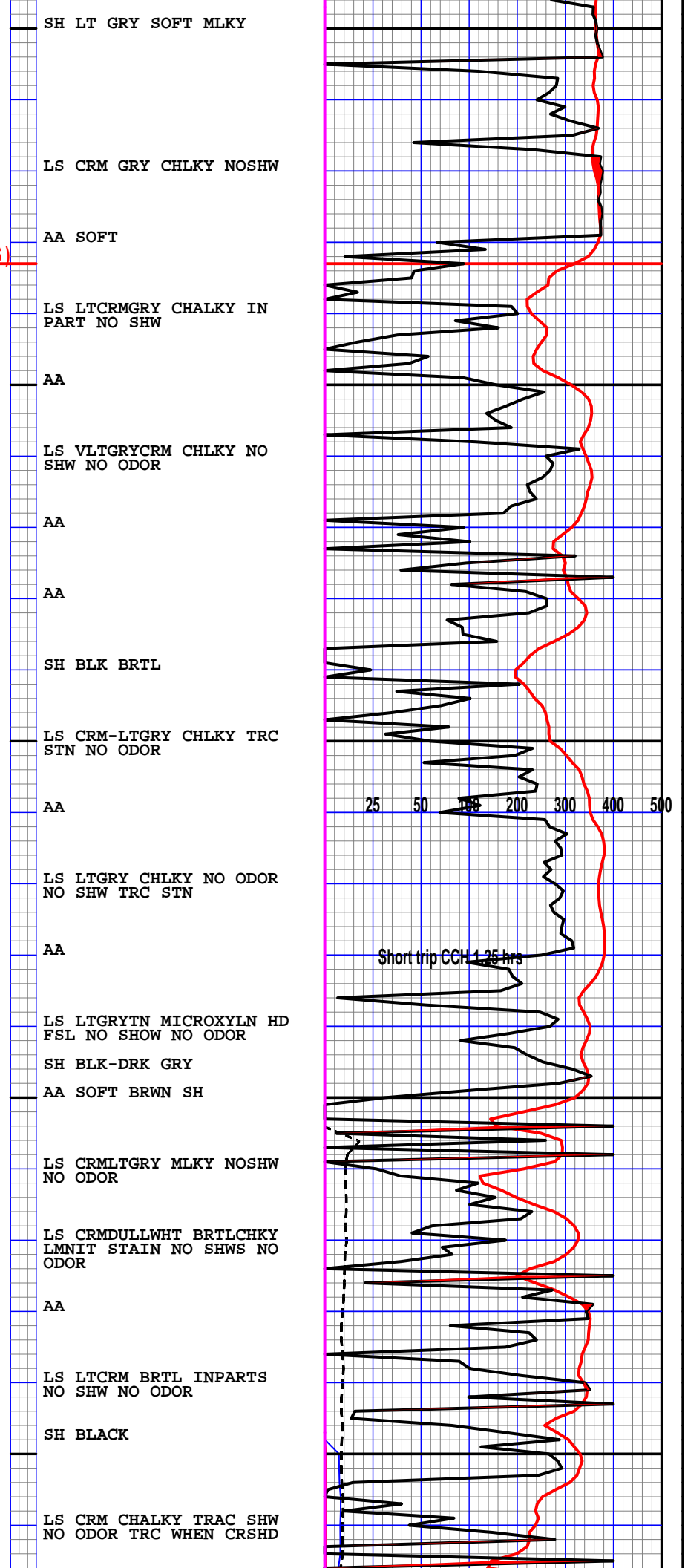
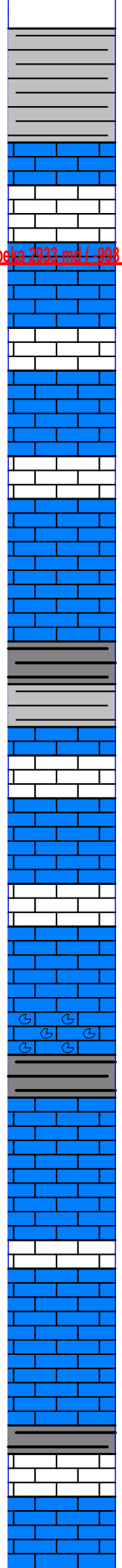
Accessories

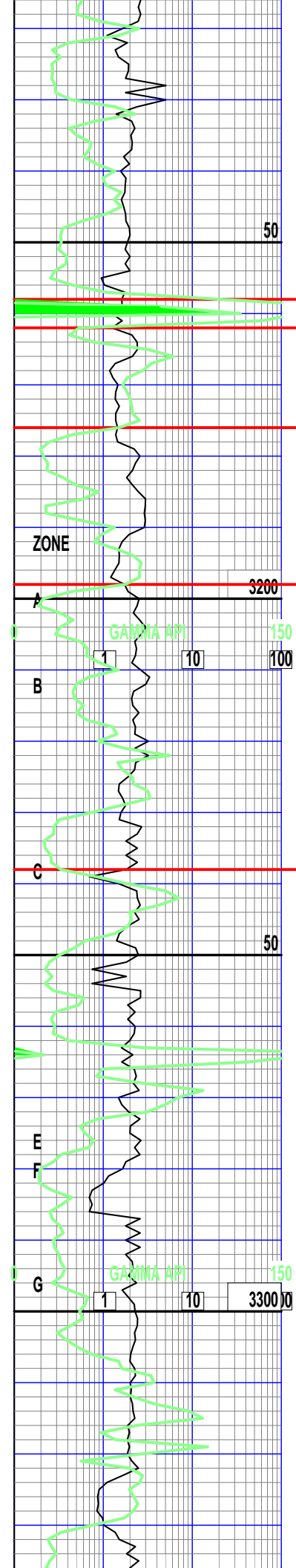
Glauconite Pyrite Fossils Oolites
 Fractures Cement





Topeka 2933 md L-398 SS





Heeler 3158 md (-1223 SS)

TORONTO 3178 md (-1241 SS)

LANSING 3198 md (-1263 SS)

Bonnet Spring 3239 md (-1303 SS)

AA

LS CRMDULL WHIT FRPPR
FO WHEN CRUSHD VFNTODOR

LS CRMDULL CHLKY FRSHW
FO WHN CRSH FNT-FRODOR

AA LESS ODOR

SH BLK CARBO

LS CRMYLW TRC STN NVFO
NO SHW

LS CRMGLSSY PR PPRSTY
TRC SHW WHNCRSH NO ODOR
NVFO TIGHT N-PR-VPSRTY
AA
LS BRGTCRMWHT MCROXYLN
NVPRSTY NO SHW NO ODOR

LS CRMWHTDULL SOMEISLTD
PPRSTY TRC STAIN NOODR
NVFO

LS CRMXYLN TRC INTPRSTY
NO SHW NO ODR

AA LS LTGRY CHRTY GRY
IN PART PR-NO VSBLPRSTY
TIGHT NO ODOR NSHW

AA LS CRMVLTGRY NO SHW
NO ODOR

AA SLGHTLY CHERTY NOSHW

LS CRMLTGRY CHERTY TRC
INTPRSTY NO SHW
SH GRY SOFT CHALKY

LS CRMGLSSY CHERT LTGRY
TRCFSL NO SHW NO ODOR

LS LTGRYXYLN TRC INTPR-
STY TRC SHW WHNCRSHD VF
ODOR NVFO

AA LS CRM-DULL WHT DEAD
O TRC STAIN NVFO NO ODR

LS CRM-DULLWHT TRC FRCT
FNT-FR ODOR HVY FO TRC
STN
LS CRM TRC OOLTIC STN
NVFO LS CRM TRC VGS FR-
GG SHW BRWN O WHN CRSHD
FR ODOR

SH GRY
LS CRM-LTGRYXYLN DENSE
NVPRSTY NO SHW VFNTODOR

AA LS LTGRY-CRMGRYMICRO
XYLN HARD/DENSE NO SHW
NO ODOR

AA

LS CRMDULLTRCOOLTIC V-
FNT ODOR NO SHW

LS CRMCLR GDVGGY PRSTY
BRTL NO SHW NO ODOR BE-
COMNG SURCROSIC GD VSBL
PRSTY NO SHWS!!

DIAMOND Testing Tim Venters

DST#1 3120-3176' (-1241) 30 30 30 30
1st Op 1" WSB BT 2nd WSB BT 1"
IF 11 ICI 656 FF 14 FCI 588 Hy 1444/1443
15'M 1%O 99%M
CFS@ 3158' (-1218)

LAVERGNE Limestone

TRIP Gas dst1

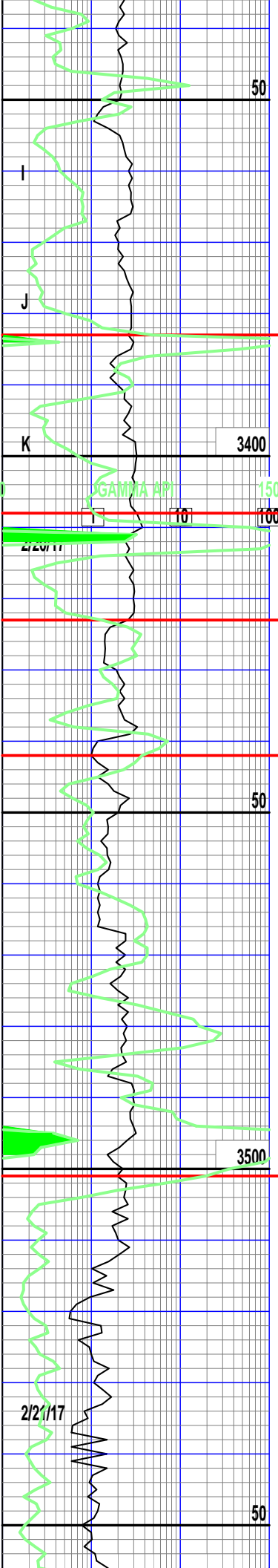
25 50 100 200 300 400 500

CFS@ 3237' (-1302)

DST#2 3242-3290' 48' Anchor 45 45 45 45
IF 12 ICI 787 FF 43 FCI 763
CFS@ 3258' (-1320)
Hy 1520/1520 120ft HNCW
75%W 25%M Oil specs

CFS@ 3290' (-1355)

DST#3 3332-3410' 84' Anchor
IF 12 ICI 611 FF 18 FCI 114 Hy 1592/1588



Stack 3323 md (-1448 SS)

Hushkoney 3400 md (-1473 SS)

Base of Kansas 3423 md (-1488 SS)

Congl 3442 md (-1507 SS)

Arbuckle 3501 md (-1566 SS)

LS CRMLTGRYMDXYLN NVPRSTY NO ODOR NO SHW BECMING CHERT FRCTD TARY O NFFO
AA CHERT DULLYLWHT MICROXYLN FSL NO SHW NO ODOR
LS CLKY-BRTLE NVPRSTY NO SHW NO ODOR
SH DRK GRY

LS VLTGRYTNCRM-MICROXYL DENSE NVPRSTY NO SHW NO ODOR
LS CRMDULLWHT-MCROXYLN NVPSTY NO SHW NO ODOR

AA
SH BLK
LS GRYCLR FR-GD SHW TRC STN FO WHN CRSHD TRCINT PRSTY FN-FR ODOR

AA CHALKY-LS CRM BRITL-SOFT MLKY NO ODOR NO SHW

LS CRM-VLTGRY CHALKY NO SHW NO ODOR

SH VRY DRKGRY-GRYBLK
CRM-CRMLTIN-FSLXYLN NVPSTY NO SHW NO ODOR

LS GRYCRMFSL-XYLN NVPSTY NO SHW

SH REDBRWN SOTFGUMMY FR ODOR GASSY NVFO

CHERT GRYCRM DENDRTIC CRM WHT DO CHERT OLIVE YLW DENSE HARD NO SHW SH'S REDBRWN GRY CHALK MLKY SOFT NO SHWS
AA CHERTY CRMTNGRY MCRO FSL NVFO FNT-PR ODOR

AA <LESS SH'S CHERTS W/MULTI COLORD NVPSTY NO

CHERT VARRIES COLRD NV-SBLE PRSTY NO SHW NOODR

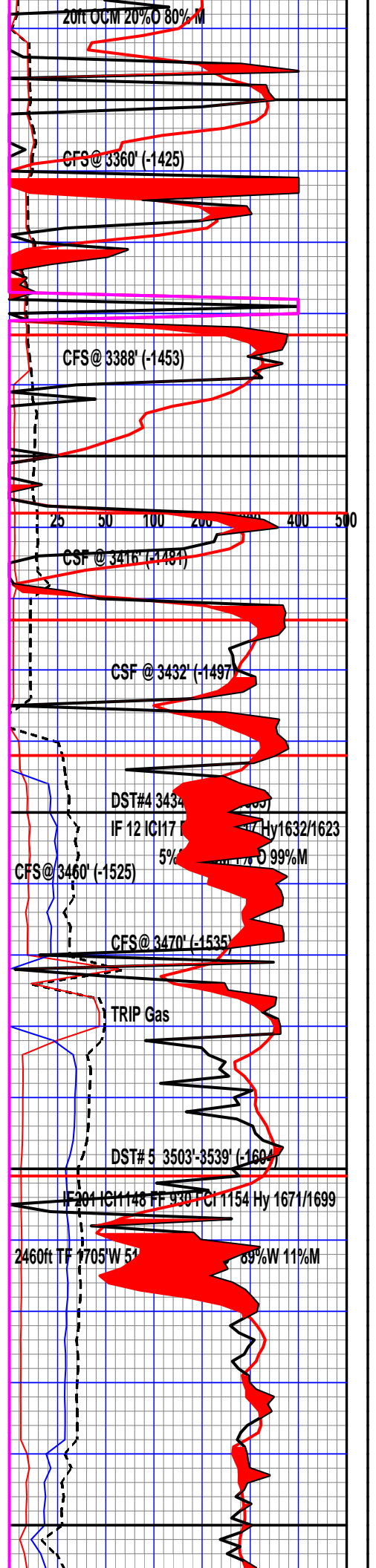
AA >SH BLK <REDBRWN SS CLRGRY BLK DEADO IN GD VSBLPRSTY INTBDDPYRT W/ SS CLR-OFFWHT NODEAD O FR-VSBLEPRSTY NOODOR STEAMOILWITHNEPLONE BRW

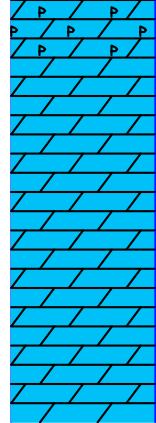
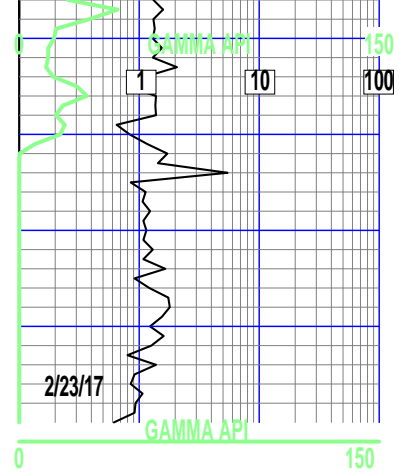
AA SH'S BLK
DOL GRY DEAD OIL PYRTC
DOL TNYLWGRY SURCOSIC FR PRSTY GD ODOR GD SHW OF MDHVYO

AA DOL LTGRY FR-GD PP-PRSTY STRONG ODOR GD SHW TRC FREE OIL FLOATNGOIL TRC OF SOME HEAVY OIL

AA
DOL VARISCOLRS MICROXYL CHERTS GRNYLW MICROFSL NVPSTY NO SHW CHERT CRM-VLT TAN FRCTD W/HVYO FAINT ODOR

AA DOL CRMYLW SURCSIC GD VSBLPRSTY NO SHW NO ODOR

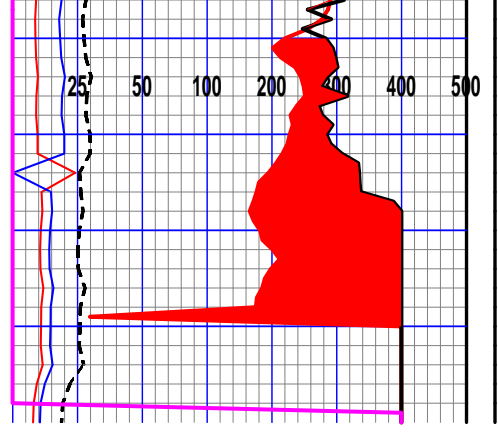




AA DOL CRMDULLWHT MICRO
 XYLN TRC SURCOSIT HVY-O
 FNT ODOR NVFO

AA < HVY-O

RTD 3600' (-1665) CTCH 60min. for E-log



DENSITY POR		
.3	NEUTRON POR	-.05
.3	CROSSPLOT POR	-.05
.3		-.05



Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
Initial Hydrostatic Pressure.....(A) _____ P.S.I.
Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure.....(H) _____ P.S.I.

DIAMOND TESTING, LLC

TESTER : TIM VENTERS
CELL # 620-388-6333

General Information

Company Name	STROKE OF LUCK ENERGY & EXPLORATION, LLC	Job Number	T594
Contact	JIM HENKLE	Representative	TIM VENTERS
Well Name	CUSTER VALLEY #03-0217	Well Operator	STROKE OF LUCK ENERGY & EXPLORATION, LLC
Unique Well ID	DST #1, KER./PLATTS., 3120-3176	Report Date	2017/02/18
Surface Location	SEC 19-11S-18W, ELLIS CO. KS.	Prepared By	TIM VENTERS
Well License Number			
Field	COCHRAN WEST		
Well Type	Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST #1, KER./PLATTS., 3120-3176
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2017/02/18	Start Test Time	12:19:00
Final Test Date	2017/02/18	Final Test Time	17:33:00

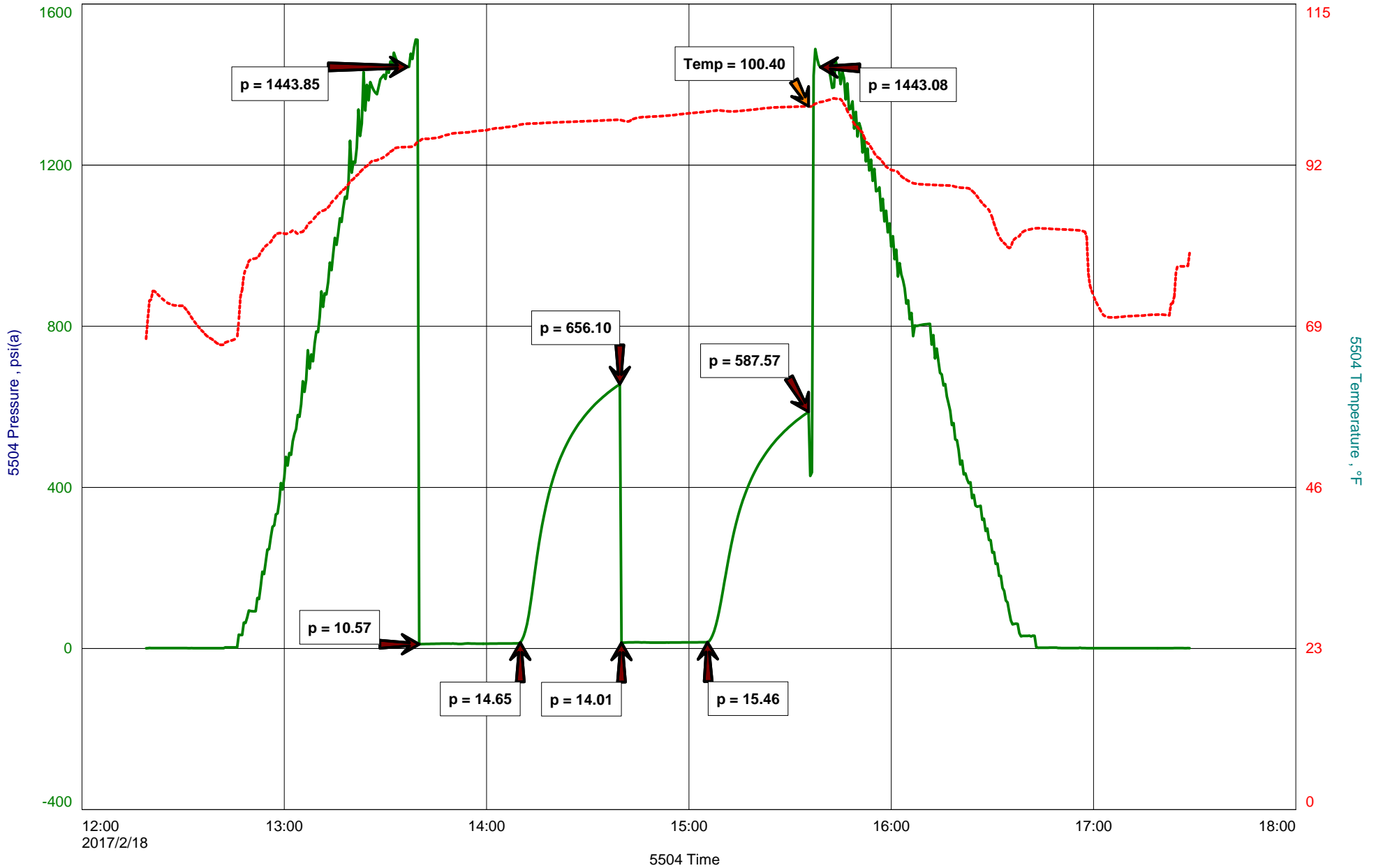
Gauge Name	5504
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Test Results

RECOVERED: 15' MUD

TOOL SAMPLE: 1% OIL, 99% MUD

CUSTER VALLEY #03-0217





Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
Initial Hydrostatic Pressure.....(A) _____ P.S.I.
Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure.....(H) _____ P.S.I.

DIAMOND TESTING, LLC

TESTER : TIM VENTERS
CELL # 620-388-6333

General Information

Company Name	STROKE OF LUCK ENERGY & EXPLORATION, LLC	Job Number	T595
Contact	JIM HENKLE	Representative	TIM VENTERS
Well Name	CUSTER VALLEY #03-0217	Well Operator	STROKE OF LUCK ENERGY & EXPLORATION, LLC
Unique Well ID	DST #2, LKC "D,E,F", 3242-3290	Report Date	2017/02/19
Surface Location	SEC 19-11S-18W, ELLIS CO. KS.	Prepared By	TIM VENTERS
Well License Number			
Field	COCHRAN WEST		
Well Type	Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST #2, LKC "D,E,F", 3242-3290
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2017/02/19	Start Test Time	04:40:00
Final Test Date	2017/02/19	Final Test Time	10:48:00

Gauge Name	5504
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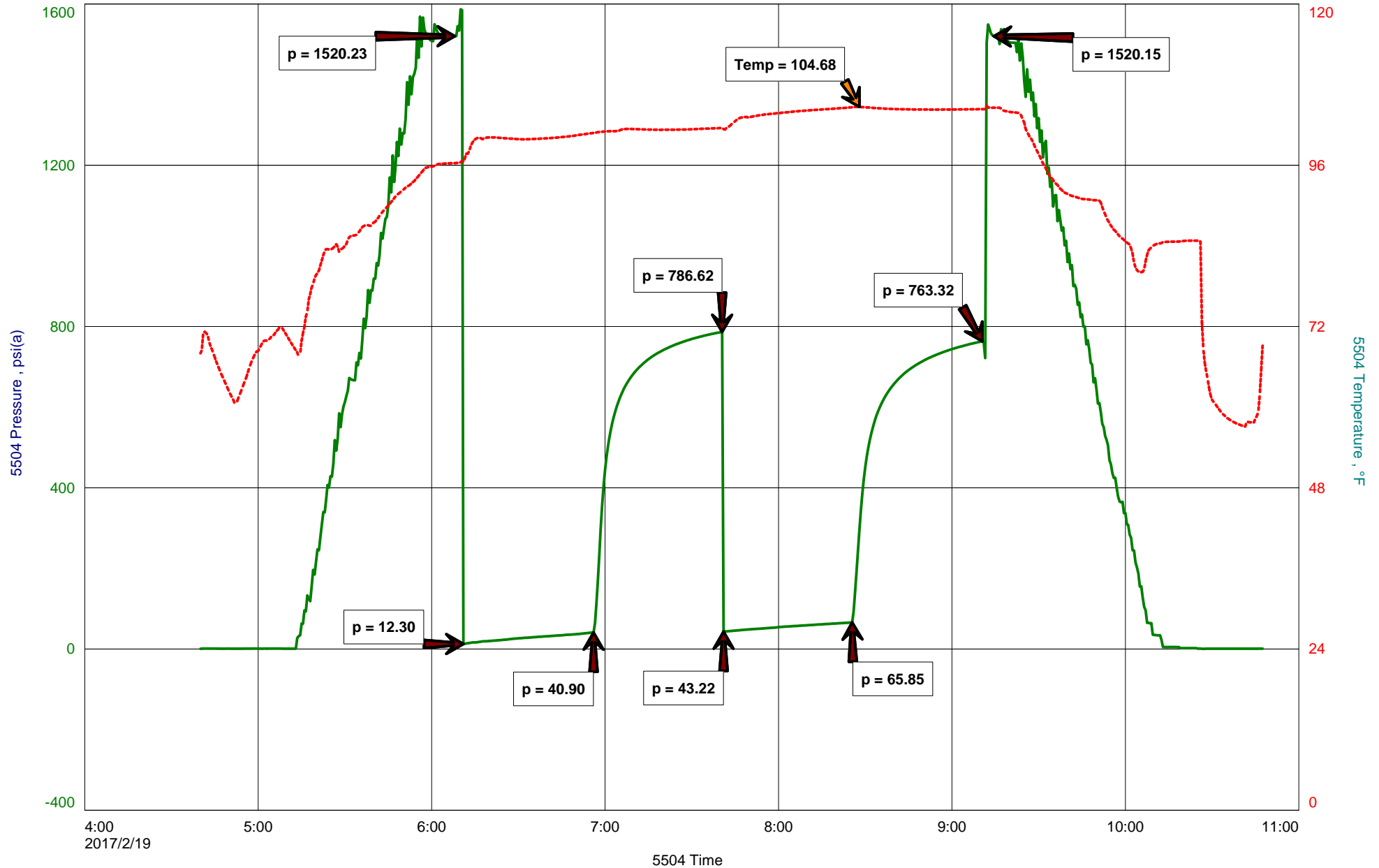
Test Results

RECOVERED: 120' MW W/O SPECKS, OIL SPECKS, 53% WATER, 47% MUD

TOOL SAMPLE: OIL SPECKS, 75% WATER, 25% MUD

CHLORIDES: 49,000 ppm
PH: 6.5
RW: .17 @ 61 deg.

CUSTER VALLEY #03-0217





Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
Initial Hydrostatic Pressure.....(A) _____ P.S.I.
Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure.....(H) _____ P.S.I.

DIAMOND TESTING, LLC

TESTER : TIM VENTERS
CELL # 620-388-6333

General Information

Company Name	STROKE OF LUCK ENERGY & EXPLORATION, LLC	Job Number	T596
Contact	JIM HENKLE	Representative	TIM VENTERS
Well Name	CUSTER VALLEY #03-0217	Well Operator	STROKE OF LUCK ENERGY & EXPLORATION, LLC
Unique Well ID	DST #3, LKC "H,I,J,K", 3332-3416	Report Date	2017/02/20
Surface Location	SEC 19-11S-18W, ELLIS CO. KS.	Prepared By	TIM VENTERS
Well License Number			
Field	COCHRAN WEST		
Well Type	Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST #3, LKC "H,I,J,K", 3332-3416
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2017/02/19	Start Test Time	22:48:00
Final Test Date	2017/02/20	Final Test Time	05:30:00

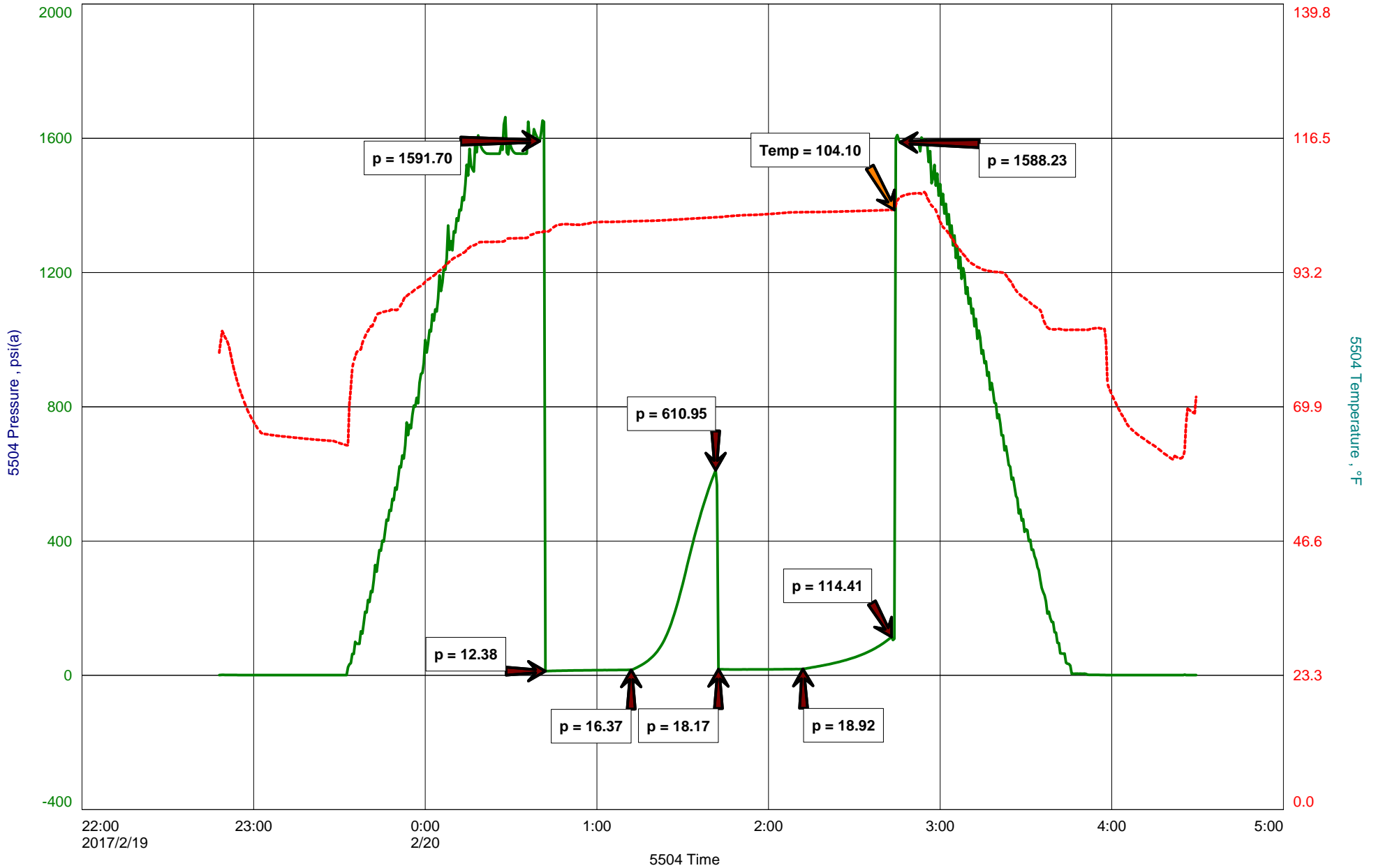
Gauge Name	5504
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Test Results

RECOVERED: 20' OCM, 18% OIL, 82% MUD

TOOL SAMPLE: 20% OIL, 80% MUD

CUSTER VALLEY #03-0217





Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
Initial Hydrostatic Pressure.....(A) _____ P.S.I.
Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure.....(H) _____ P.S.I.

DIAMOND TESTING, LLC

TESTER : TIM VENTERS
CELL # 620-388-6333

General Information

Company Name	STROKE OF LUCK ENERGY & EXPLORATION, LLC	Job Number	T597
Contact	JIM HENKLE	Representative	TIM VENTERS
Well Name	CUSTER VALLEY #03-0217	Well Operator	STROKE OF LUCK ENERGY & EXPLORATION, LLC
Unique Well ID	DST #4, CONGLOMERATE, 3438-3470	Report Date	2017/02/20
Surface Location	SEC 19-11S-18W, ELLIS CO. KS.	Prepared By	TIM VENTERS
Well License Number			
Field	COCHRAN WEST		
Well Type	Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST #4, CONGL., 3438-3470
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2017/02/20	Start Test Time	13:14:00
Final Test Date	2017/02/20	Final Test Time	17:54:00

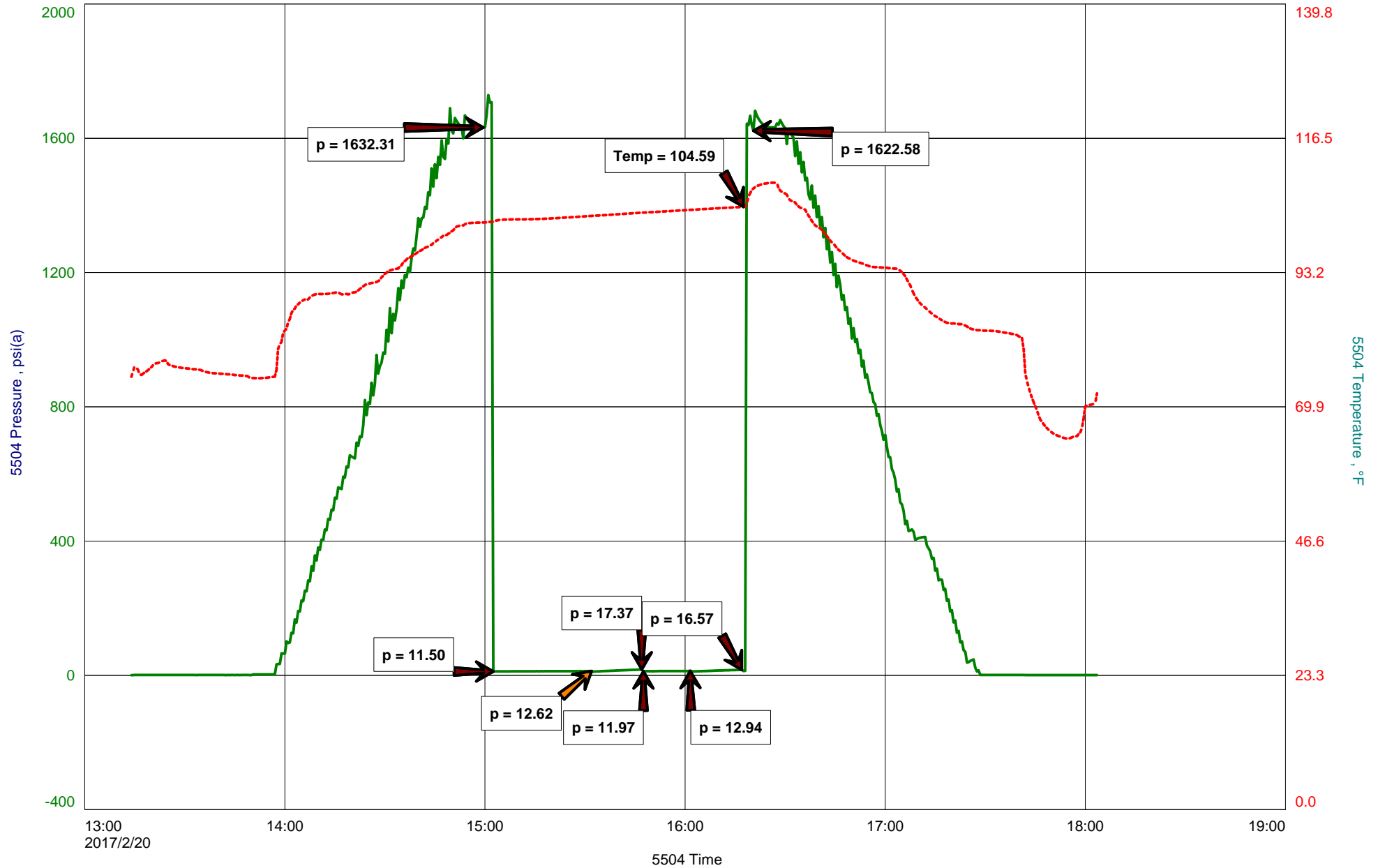
Gauge Name	5504
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Test Results

RECOVERED: 5' SOCM, 1% OIL, 99% MUD

TOOL SAMPLE: 1% OIL, 99% MUD

CUSTER VALLEY #03-0217





Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
Initial Hydrostatic Pressure.....(A) _____ P.S.I.
Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure.....(H) _____ P.S.I.

DIAMOND TESTING, LLC

TESTER : TIM VENTERS
CELL # 620-388-6333

General Information

Company Name	STROKE OF LUCK ENERGY & EXPLORATION, LLC	Job Number	T598
Contact	JIM HENKLE	Representative	TIM VENTERS
Well Name	CUSTER VALLEY #03-0217	Well Operator	STROKE OF LUCK ENERGY & EXPLORATION, LLC
Unique Well ID	DST #5, ARBUCKLE, 3503-3539	Report Date	2017/02/21
Surface Location	SEC 19-11S-18W, ELLIS CO. KS.	Prepared By	TIM VENTERS
Well License Number			
Field	COCHRAN WEST		
Well Type	Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST #5, ARBUCKLE, 3503-3539
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2017/02/21	Start Test Time	01:37:00
Final Test Date	2017/02/21	Final Test Time	09:17:00

Gauge Name	5504
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Test Results

RECOVERED: 440' MW 51% WATER, 49% MUD
315' MCW 89% WATER, 11% MUD
1705' WATER, 100% WATER
2460' TOTAL FLUID

TOOL SAMPLE: 100% WATER

CHLORIDES: 31,000 ppm
PH: 6.0
RW: .32 @ 58 deg.

CUSTER VALLEY #03-0217

