

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	B5 Operating, LLC
Well Name	SIMONS BROS. UNIT 4
Doc ID	1360499

All Electric Logs Run

NDL
DIL
SONIC
MICRO

Form	ACO1 - Well Completion
Operator	B5 Operating, LLC
Well Name	SIMONS BROS. UNIT 4
Doc ID	1360499

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4042-4050	None	4042-4050

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **3217**
 Foreman Steve Mead
 Camp EUREKA

API # 15-191-22789-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
3-29-17	1205	SIMONS BROS UNIT #4	10	335	3W	SUMNER	KS	
Customer <u>Meridith Family PARTNERSHIP LP</u>			Safety Meeting KM AM SM		Unit #	Driver	Unit #	Driver
Mailing Address <u>475 N. West Rd</u>					104	ALAN M.		
City <u>Wellington</u>			State <u>KS</u>		113	KEVIN M.		
Zip Code <u>67152</u>								

Job Type SURFACE Hole Depth 257' KB Slurry Vol. 44 BBL Tubing _____
 Casing Depth 257' KB Hole Size 12 1/4" Slurry Wt. 14.8# Drill Pipe _____
 Casing Size & Wt. 8 5/8 24' Cement Left in Casing 15' Water Gal/SK _____ Other _____
 Displacement 15.5 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: Rig up to 8 5/8 CASING. BREAK CIRCULATION w/ 10 BBL FRESH WATER. MIXED 200 SKS 60/40 Pozmix Cement w/ 3% CaCl2, 2% GeL @ 14.8#/GAL = 44 BBL SLURRY. DISPLACE w/ 15.5 BBL FRESH WATER. SHUT CASING IN. CEMENT IN CELLAR. Job Complete. Rig Down

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	840.00	840.00
C 107	40	Mileage	3.95	158.00
C 208	200 SKS	60/40 Pozmix Cement	12.75	2550.00
C 205	500 #	CaCl2 3%	.66 #	300.00
C 206	345 #	GeL 2%	.20 #	69.00
C 108 B	8.6 Tons	Ton Mileage 40 miles	1.35	464.40
<u>THANK You</u> <u>M</u>			Sub Total	4381.40
			Less 5%	-229.29
			1.0% Sales Tax	204.33
			Total	4356.44

Authorization Witnessed By Mitch Title _____ Total 4356.44

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Elite Cementing & Acidizing of KS, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
4/5/2017	3241

Bill To	
Meridith Family Partnership LP 475 N West Rd Wellington, KS 67152	
Customer ID#	1205

Job Date	4/3/2017
Lease Information	
Simons Bros. Unit #4	
County	Sumner
Foreman	KM

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C102	Cement Pump-Longstring	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	40	3.95	158.00
C201	Thick Set Cement	145	19.50	2,827.50T
C207	KolSeal	725	0.45	326.25T
C208	Pheno Seal	145	1.25	181.25T
C108B	Ton Mileage-per mile (one way)	318.8	1.35	430.38
C421	5 1/2" Latch Down Plug	1	230.00	230.00T
C691	5 1/2" Guide Shoe	1	167.00	167.00T
C703	5 1/2" AFU Flapper Valve Insert	1	145.00	145.00T
C504	5 1/2" Centralizer	6	48.00	288.00T
C604	5 1/2" Cement Basket	1	225.00	225.00T
D101	Discount on Services		-81.92	-81.92
D102	Discount on Materials		-219.50	-219.50T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
Elite Cementing & Acidizing of KS, LLC
PO Box 92
Eureka, KS 67045

Subtotal	\$5,726.96
Sales Tax (7.5%)	\$312.79
Total	\$6,039.75
Payments/Credits	\$0.00
Balance Due	\$6,039.75

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **3241**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-3-17	1205	Simons Bros. Unit # 4	10	335	3W	SUMNER	Ks
Customer <u>B5 OPERATING AND MERIDITH FAMILY PARTNERSHIP LP</u>			Unit #	Driver		Unit #	Driver
Mailing Address <u>475 N. West Rd</u>			105	DAVE G.			
City <u>Wellington</u> State <u>Ks</u> Zip Code <u>67152</u>			114	Zevi A.			

Job Type Longstring Hole Depth 4150' KB Slurry Vol. 41 BBL Tubing _____
 Casing Depth 4139.59 Hole Size 7 7/8" Slurry Wt. 13.7* Drill Pipe _____
 Casing Size & Wt. 5 1/2 15.50* Cement Left in Casing 16.30' Water Gal/SK 9.0 Other _____
 Displacement 100.7 Displacement PSI 900 Bump Plug to 1400 PSI BPM _____

Remarks: SAFETY Meeting: Rig up to 5 1/2 casing, BREAK Circulation w/ 15 BBL Fresh water. MIXED 125 SKS THICK Set Cement w/ 5" Kol-Seal/SK, 1" Pheno Seal/SK @ 13.7*/9AL, yield 1.85 = 41 BBL Slurry. WASH out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 100.7 BBL Fresh water. FINAL Pumping Pressure 900 PSI. Bump Plug to 1400 PSI. wait 2 mins. Release Pressure. Float & Plug Held. Job Complete. Rig down.

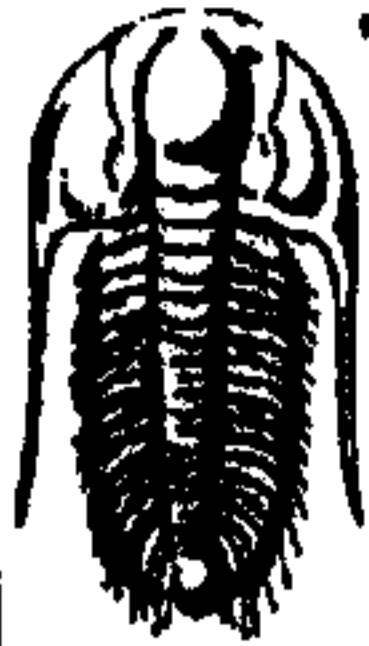
Note: Plug RAT Hole w/ 20 SKS

CENTRALIZERS on #1, 3, 5, 7, 9, 11 BASKET ON TOP OF #12

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	40	Mileage	3.95	158.00
C 201	145 SKS	THICK Set Cement	19.50	2827.50
C 207	725 *	Kol-Seal 5"/SK	.45 *	326.25
C 208	145 *	Pheno Seal 1"/SK	1.25 *	181.25
C 108 B	7.97 TONS	Ton Mileage	1.35	430.38
C 421	1	5 1/2 Latch down Plug	230.00	230.00
C 691	1	5 1/2 Guide Shoe	167.00	167.00
C 703	1	5 1/2 AFU insert Flapper Valve	145.00	145.00
C 504	6	5 1/2 x 7 7/8 Centralizers	48.00	288.00
C 604	1	5 1/2 Cement Basket	225.00	225.00
			Sub Total	6028.38
			Less 5%	317.88
			7.5% Sales Tax	329.25
			Total	6039.75

Authorization [Signature] Title _____

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

B5 Operating Co
PO Box 45
Wellington, KS 67152
ATTN: Mitch Bartleson

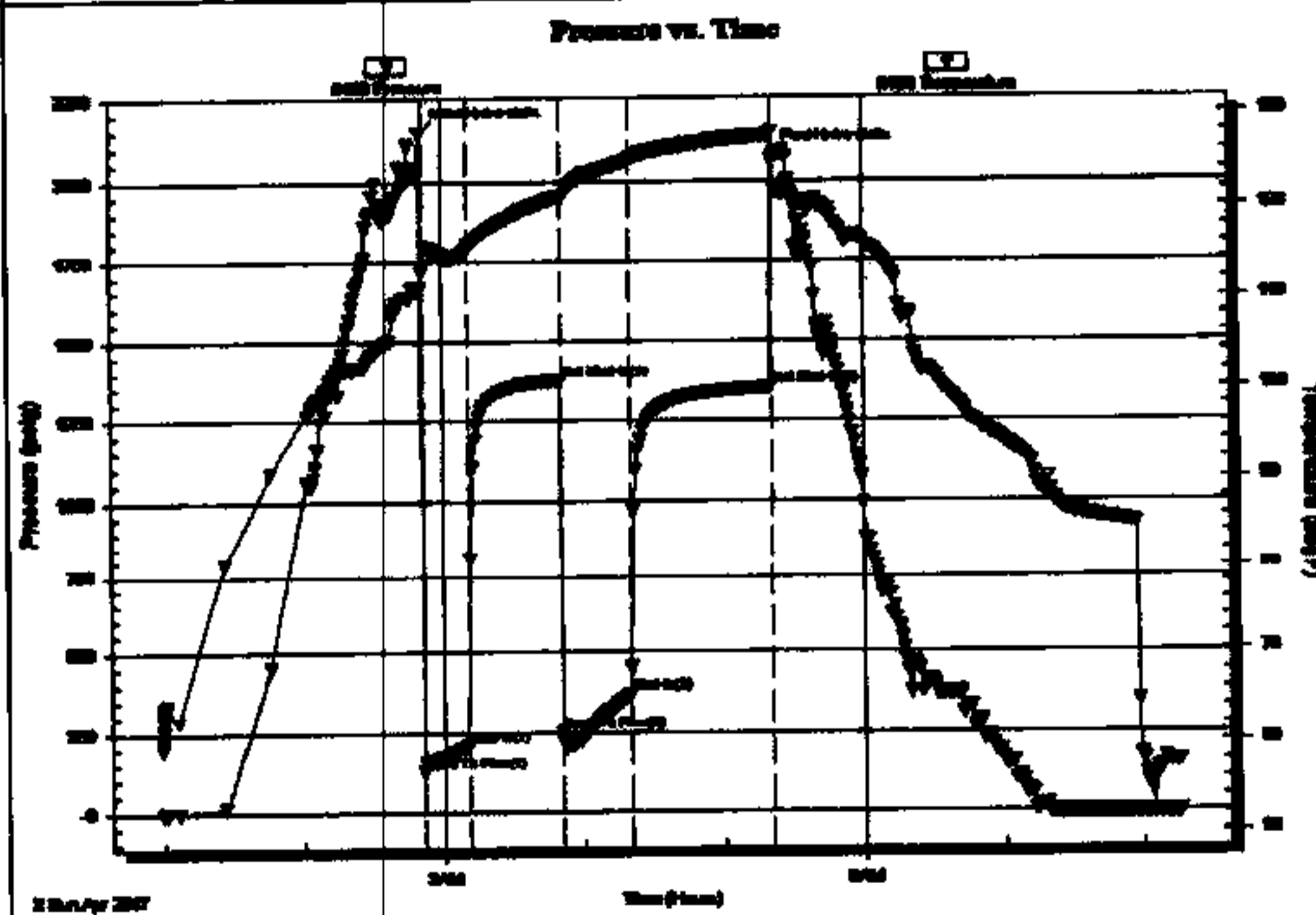
10-33S-13W Sumner, KS
Simons Bros Unit #4
Job Ticket: 59932 **DST#: 1**
Test Start: 2017.04.02 @ 00:59:05

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: **No** Whipstock: **ft (KB)**
Time Tool Opened: 02:51:20
Time Test Ended: 08:15:50
Interval: **4037.00 ft (KB) To 4047.00 ft (KB) (TVD)**
Total Depth: **4047.00 ft (KB) (TVD)**
Hole Diameter: **7.88 inches** Hole Condition: **Good**
Test Type: **Conventional Bottom Hole (Initial)**
Tester: **Leal Cason**
Unit No: **74**
Reference Elevations: **1187.00 ft (KB)**
1182.00 ft (CF)
KB to GR/CF: **5.00 ft**

Serial #: 8159 **Inside**
Press@RunDepth: **376.06 psig @ 4038.00 ft (KB)** Capacity: **8000.00 psig**
Start Date: **2017.04.02** End Date: **2017.04.02** Last Calib.: **2017.04.02**
Start Time: **00:59:06** End Time: **08:15:50** Time On Btm: **2017.04.02 @ 02:50:20**
Time Off Btm: **2017.04.02 @ 05:21:20**

TEST COMMENT: IF: Strong Blow, BOB in 1 minute, GTS in 14 minutes, Gauged Gas
IS: BOB Blow Back in 16 minutes
FF: Strong Blow, BOB in 30 seconds, GTS immediate, Gauged Gas
FS: BOB Blow Back in 22 minutes



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2145.75	110.85	Initial Hydro-static
1	130.57	112.66	Open To Flow (1)
21	212.57	115.32	Shut-In(1)
61	1376.51	121.10	End Shut-In(1)
61	255.40	120.78	Open To Flow (2)
90	376.06	124.99	Shut-In(2)
151	1352.24	127.53	End Shut-In(2)
151	2068.52	127.85	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	3200 GIP	0.00
180.00	Water	1.45
62.00	MWCO 30%M 30%W 40%O	0.87
186.00	GMCO 20%G 20%M 60%O	2.61
392.00	GSY Oil 30%G 70%O	5.50

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	14.00	10.63
Last Gas Rate	0.13	22.00	13.62
Max. Gas Rate	0.13	22.00	13.62



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

B5 Operating Co
PO Box 45
Wellington, KS 67152

ATTN: Mitch Bartleson

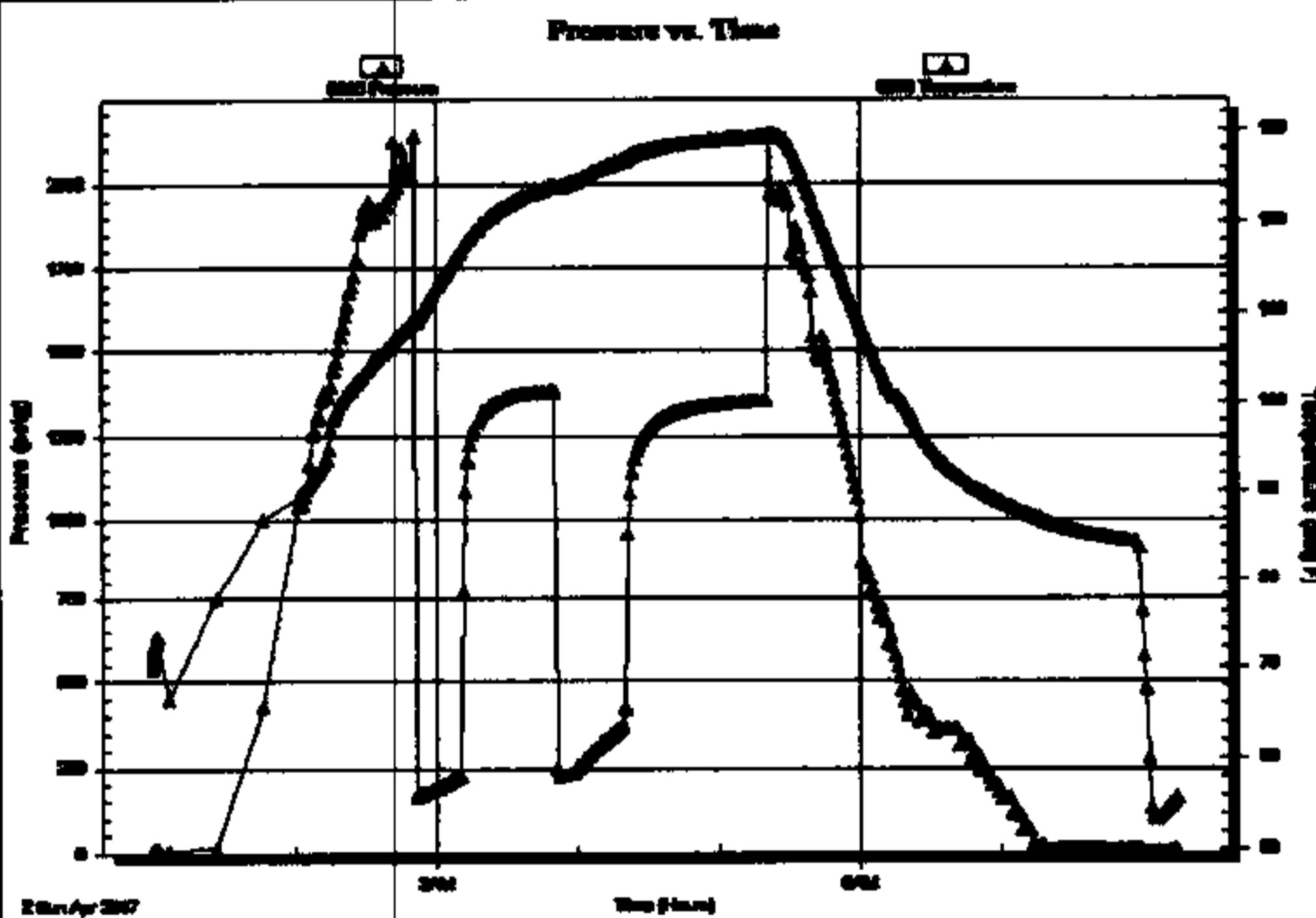
10-33S-13W Sumner, KS
Simons Bros Unit #4
Job Ticket: 59932 DST#: 1
Test Start: 2017.04.02 @ 00:59:05

GENERAL INFORMATION:

Formation: Mississippi	Test Type: Conventional Bottom Hole (Initial)
Deviated: No Whipstock: ft (KB)	Tester: Leal Cason
Time Tool Opened: 02:51:20	Unit No: 74
Time Test Ended: 08:15:50	Reference Elevations: 1187.00 ft (KB)
Interval: 4037.00 ft (KB) To 4047.00 ft (KB) (TVD)	1182.00 ft (CF)
Total Depth: 4047.00 ft (KB) (TVD)	KB to GR/CF: 5.00 ft
Hole Diameter: 7.88 inches Hole Condition: Good	

Serial #: 6806	Outside		
Press@RunDepth: psig @ 4038.00 ft (KB)	Capacity: 8000.00 psig		
Start Date: 2017.04.02	End Date: 2017.04.02	Last Calib.: 2017.04.02	
Start Time: 00:59:06	End Time: 08:15:50	Time On Btm:	Time Off Btm:

TEST COMMENT: IF: Strong Blow, BOB in 1 minute, GTS in 14 minutes, Gauged Gas
IS: BOB Blow Back in 16 minutes
FF: Strong Blow, BOB in 30 seconds, GTS immediate, Gauged Gas
FSI: BOB Blow Back in 22 minutes



PRESSURE SUMMARY

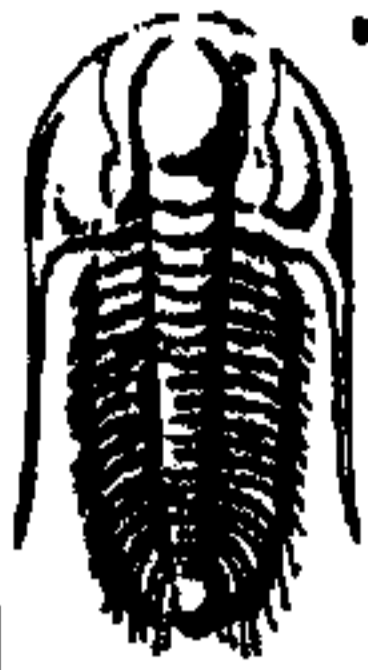
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
0.00	3200 GIP	0.00
180.00	Water	1.45
62.00	MWCO 30%M 30%W 40%O	0.87
186.00	GMCO 20%G 20%M 60%O	2.61
392.00	GSY Oil 30%G 70%O	5.50

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	14.00	10.63
Last Gas Rate	0.13	22.00	13.62
Max. Gas Rate	0.13	22.00	13.62



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

B5 Operating Co

10-33S-13W Sumner, KS

PO Box 45
Wellington, KS 67152

Simons Bros Unit #4

Job Ticket: 59932 **DST#: 1**

ATTN: Mitch Bartleson

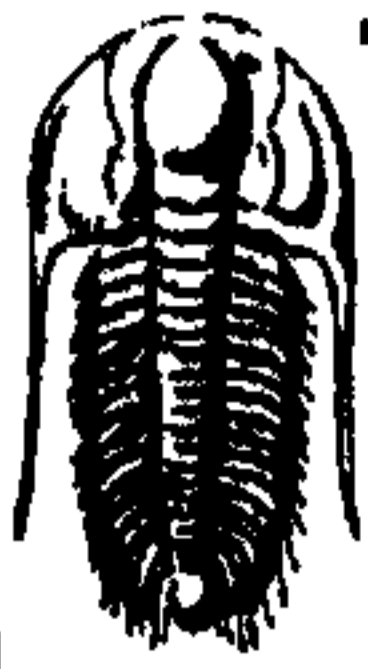
Test Start: 2017.04.02 @ 00:59:05

Tool Information

Drill Pipe:	Length: 3902.00 ft	Diameter: 3.80 inches	Volume: 54.73 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 118.00 ft	Diameter: 2.25 inches	Volume: 0.58 bbl	Weight to Pull Loose: 65000.00 lb
			<u>Total Volume: 55.31 bbl</u>	Tool Chased ft
Drill Pipe Above KB:	10.00 ft			String Weight: Initial 50000.00 lb
Depth to Top Packer:	4037.00 ft			Final 52000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	10.00 ft			
Tool Length:	37.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4015.00	
Hydraulic tool	5.00			4020.00	
Jars	5.00			4025.00	
Safety Joint	2.00			4027.00	
Packer - Shale	6.00			4033.00	
Packer	4.00			4037.00	27.00 Bottom Of Top Packer
Stubb	1.00			4038.00	
Recorder	0.00	8159	Inside	4038.00	
Recorder	0.00	6806	Outside	4038.00	
Perforations	6.00			4044.00	
Bullnose	3.00			4047.00	10.00 Anchor Tool

Total Tool Length: 37.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

B5 Operating Co

10-33S-13W Sumner, KS

PO Box 45
Wellington, KS 67152

Simons Bros Unit #4

Job Ticket: 59932 **DST#: 1**

ATTN: Mitch Bartleson

Test Start: 2017.04.02 @ 00:59:05

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 48 deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity: 88000 ppm
Viscosity: 47.00 sec/qt	Cushion Volume: bbl	
Water Loss: 9.59 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 5500.00 ppm		
Filter Cake: 0.02 inches		

Recovery Information

Recovery Table

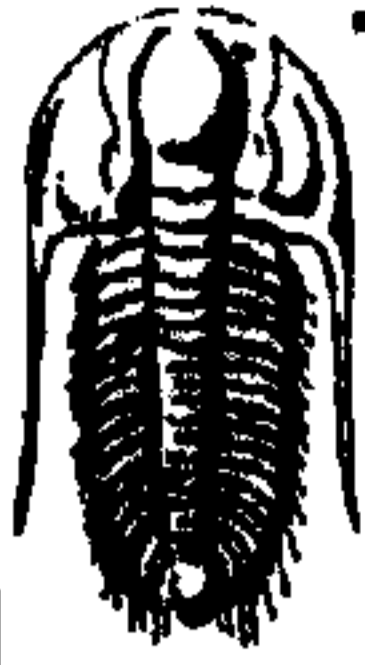
Length ft	Description	Volume bbl
0.00	3200 GIP	0.000
180.00	Water	1.450
62.00	MWCO 30%M 30%W 40%O	0.870
186.00	GMCO 20%G 20%M 60%O	2.609
392.00	GSY Oil 30%G 70%O	5.499

Total Length: 820.00 ft Total Volume: 10.428 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: Gravity was 48 @ 60 degrees
RW was .1 @ 64 degrees



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

B5 Operating Co

10-33S-13W Sumner, KS

PO Box 45
Wellington, KS 67152

Simons Bros Unit #4

Job Ticket: 59932 DST#: 1

ATTN: Mitch Bartleson

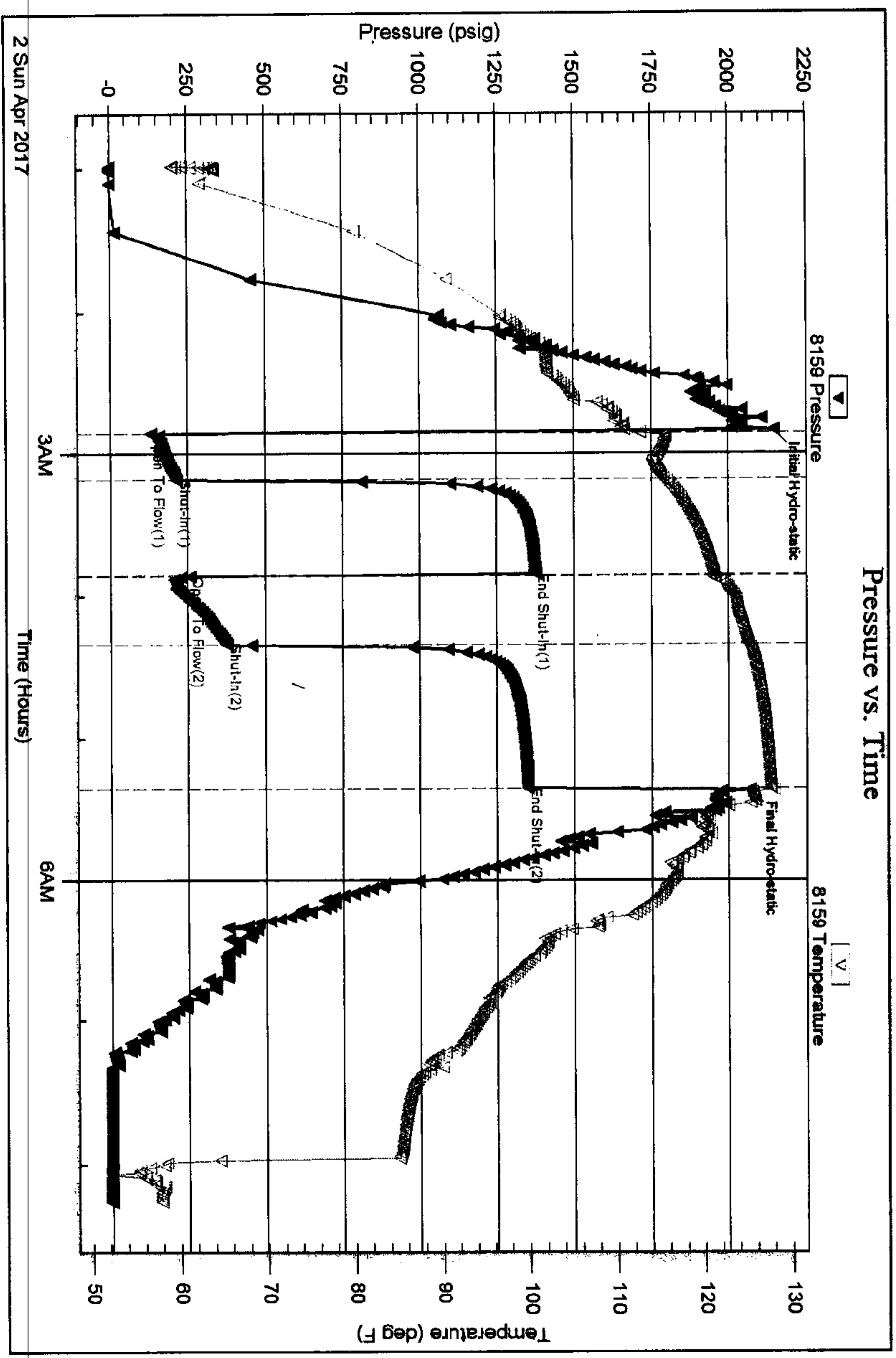
Test Start: 2017.04.02 @ 00:59:05

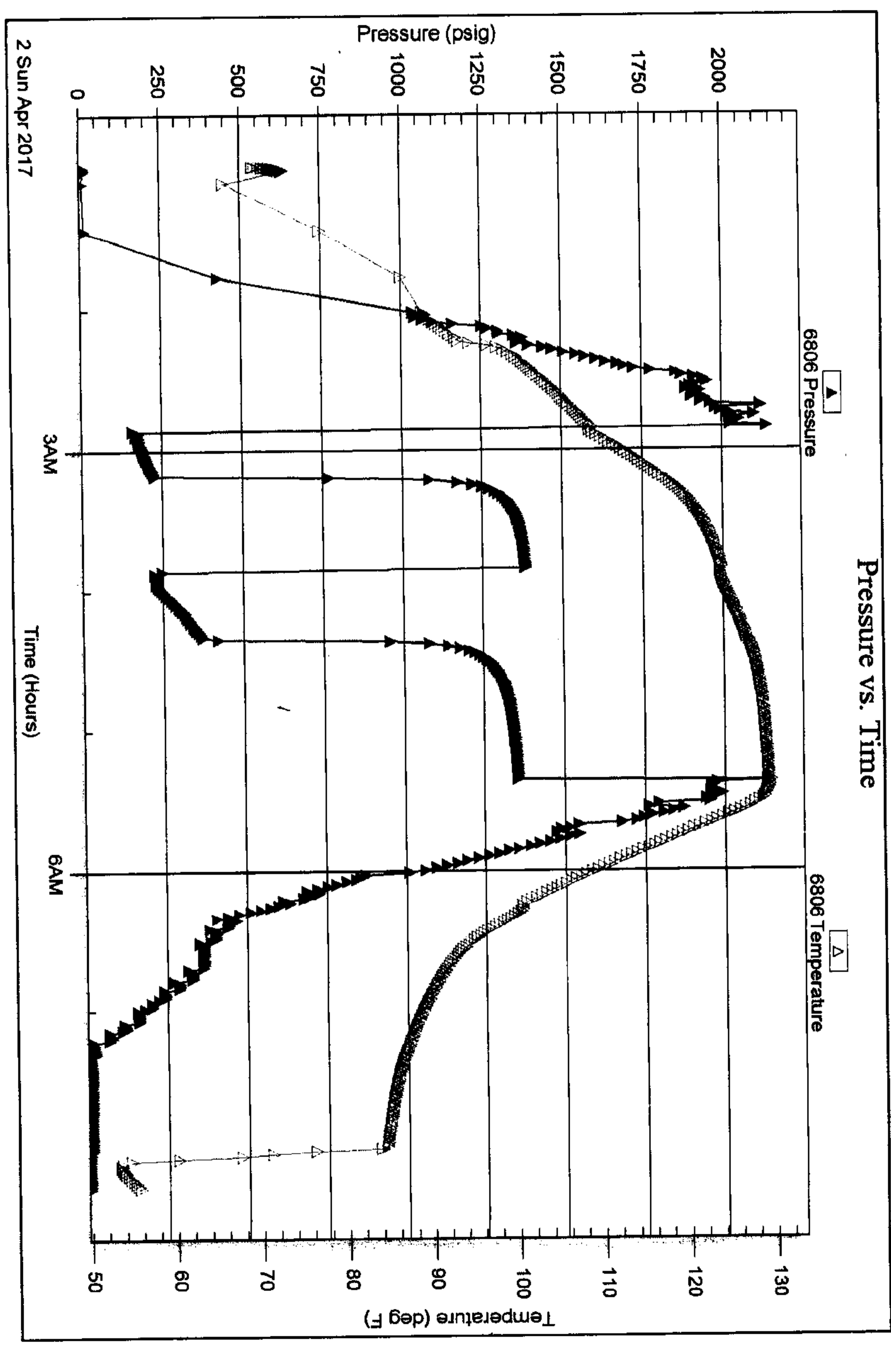
Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
1	15	0.13	14.00	10.63
1	20	0.13	16.00	11.38
2	10	0.13	9.00	8.76
2	20	0.13	16.00	11.38
2	30	0.13	22.00	13.62







TRIOBITE TESTING INC.
 1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket
 NO. 59932

Well Name & No. Simons Bros Unit 44 Test No. 1 Date 04/02/17
 Company B5 operating co Elevation 1187 KB 1182 GL
 Address Po Box 45 Wellington, KS 67152
 Co. Rep / Geo. Mitch Bartleson Rig WLR 8
 Location: Sec. 10 Twp. 33S Rge. 13W Co. Sumner State KS

Interval Tested 4037 - 4047 Zone Tested Mississippi
 Anchor Length 10 Drill Pipe Run 3902 Mud Wt. 9.6
 Top Packer Depth 4032 Drill Collars Run 118 Vis 4.7
 Bottom Packer Depth 4037 Wt. Pipe Run 0 WL 9.6
 Total Depth 4047 Chlorides 5500 ppm System LCM 1.5

Blow Description IF: Strong Blow, BOB in 1 minute, GTS in 14 minutes, Gauged Gas
ISI: BOB Blow Back in 16 minutes
FF: Strong Blow, BOB in 30 seconds, GTS immediate, Gauged Gas
FSL: BOB Blow Back in 22 minutes

Rec	Feet of	%gas	%oil	%water	%sand
<u>3200</u>	Feet of <u>GIP</u>				
<u>392</u>	Feet of <u>oil</u>	<u>30%</u>	<u>70%</u>		
<u>186</u>	Feet of <u>GMCO</u>	<u>20%</u>	<u>60%</u>		<u>20%</u>
<u>62</u>	Feet of <u>MWCO</u>		<u>40%</u>	<u>30%</u>	<u>30%</u>
<u>180</u>	Feet of <u>water</u>				
Rec Total <u>820</u>	BHT <u>127</u>	Gravity <u>48</u>	API RW <u>.1</u>	@ <u>64</u> °F	Chlorides <u>5500</u> ppm

(A) Initial Hydrostatic 2146
 (B) First Initial Flow 131
 (C) First Final Flow 213
 (D) Initial Shut-In 1377
 (E) Second Initial Flow 255
 (F) Second Final Flow 376
 (G) Final Shut-In 1352
 (H) Final Hydrostatic 2068

Initial Open 20
 Initial Shut-In 40
 Final Flow 30
 Final Shut-In 60

Test 1150
 Jars 250
 Safety Joint 75
 Circ Sub _____
 Hourly Standby _____
 Mileage 180 135
 Sampler _____
 Straddle _____
 Shale Packer 250
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Sub Total 1860

T-On Location 00:15
 T-Started 00:59
 T-Open 02:51
 T-Pulled 05:20
 T-Out 07:15
 Comments _____
 Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____
 Sub Total 0
 Total 1860
 MP/DST Disc't _____

Approved By _____ Our Representative [Signature]

Triobite 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 opinions 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.



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Gas Volume Report

B 5 operating co

Simons Bros Unit 44

1

Operator
GTS - 14 minutes

Well Name and No.

DST No.

Min.	PSIG PSIG	Orifice Size	M CF/D	Min.	PSIG PSIG	Orifice Size	M CF/D
15	14	1/8	10.630	10	9	1/8	8.758
20	16	1/8	11.378	20	16	1/8	11.378
				30	22	1/8	13.624

Remarks:



Drilling Report

Well: Simons Bros Unit #4
API#: 15-191-22789-00-00
Legal: S ½ NW, NW, NW ¼ Section 10 TWP 33s, RNG 3W
Spot: 500' FNL, 330' FWL
Elevation: GL 1182, KB 1187
County: Sumner
Company Rep: Mitch Bartelson 620-326-0486 cell 620-434-5500 home
Geologist: Mitch Bartelson

3-28-17 MIRU WW Rig #8, Spud @ 4:15pm, set 255' 8 5/8 with 200sx @ 2am, cement did circulate, Elite Ticket # 3217
3-29 W.O.C., Nipple up B.O.P., Drill under surface @ 12:30pm, (Bit is a PDC, Smith MI 616)
3-30 Drilling @ 1700', Plugged bit during displacement @ 2488, tripped out, unplugged bit, cleared mud pump suction, TIH, resume displacement
3-31 Drilling @ 2500', mudded up
4-1 Drilling @ 3825, plan to bit trip @ 3975
4-2 4047, Pulling DST #1 in Mississippi, Ran Smith F47 after bit trip
4-3 LDDP @ RTD of 4150, Ran NDH, DIL, Sonic, Micro, Ran new 5 ½ 15.50 LTC pipe, Set @ 4139, cement rat hole with 20 SX, cement long string with 125sx thickset, Elite ticket #3241, Plug down @ 4:00 PM

Job Complete
Mitch Bartelson'