

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) (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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# Discovery Drilling

P.O. Box 763 • Hays, KS 67601 • OFFICE (785) 623-2920 • CELLULAR (785) 635-1511

## DRILLER'S LOG

Operator: John O. Farmer, Inc. Lic# 5135 Contractor: Discovery Drilling Co., Inc. LIC#31548  
370 West Wichita Avenue - P.O. Box 352 PO Box 763  
Russell, KS 67665 + 2635 Hays, KS 67601

Lease: Preston Unit # 1 Location: 225 FNL - 170 FEL  
NE/NE/NE/NE  
Section 24/ 15S/ 11W  
Lyon County, KS

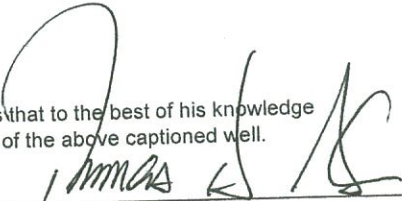
Loggers Total Depth: No Log API#15- 111-20,534-00-00  
Rotary Total Depth: 2753' Elevation: 1272 GL - 1280 KB  
Commenced: 4/4/2018 Completed: 4/11/2018  
Casing: 8 5/8" @ 220.18'W/150sks Status: D & A  
KCC Contact: Mike Heffern  
Plugging Info: (1st Plug @ 2753'W/35sks)(2nd Plug @ 2300'W/35sks)  
(3rd Plug @ 1400'W/35sks)(4th Plug @ 220'W/35sks)  
(5th Plug @ 40'W/10sks)(30sks In Rat Hole)(Total 180  
sks 60/40Poz 4%Gel-1/4#FS/sk-By QES, LLC)  
(Completed @ 3:45AM 4/11/2018)

## DEPTHS & FORMATIONS (All from KB)

Formation	Depth	RTD	Total Depth
Surface Rock & Shale	<u>0'</u>		<u>2753'</u>
Shale & Lime	<u>695'</u>		
Shale	<u>1008'</u>		
Lime & Shale	<u>1255'</u>		
Miss	<u>2246'</u>		
Kinderhook	<u>2596'</u>		
Hunton	<u>2739'</u>		

STATE OF KANSAS )  
) ss  
COUNTY OF ELLIS )

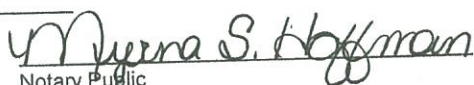
Thomas H. Alm of Discovery Drilling states that to the best of his knowledge the above and foregoing is a true and correct log of the above captioned well.

  
\_\_\_\_\_  
Thomas H. Alm

Subscribed and sworn to before me on 4-17-2018

My Commission expires: 6-28-2018

(Place stamp or seal below)

  
\_\_\_\_\_  
Notary Public





API #

TICKET NUMBER 55378

LOCATION Ch. Dondo. KS

15-111-20534000-00

FOREMAN Fuzy4

PRESSURE PUMPING LLC  
PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

### FIELD TICKET & TREATMENT REPORT CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-5-18		Preston Unit #1	23	155	11E	Lyon
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
John O. Farmer Inc			446	Jeremy		
MAILING ADDRESS			775	Jud		
370 W. W. Ch. 4A / Box 352			725	Fuzy4		
CITY	STATE	ZIP CODE				
Russell	KS	67665				

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 223' CASING SIZE & WEIGHT 8 5/8 23#  
 CASING DEPTH 220' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.7 SLURRY VOL 38.7 WATER gal/sk 6.99 CEMENT LEFT in CASING 20'  
 DISPLACEMENT 12.7 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Discovery #3. Rig up and establish circulation pump 5 BBL water. mix 150-#s class 'A' 3% cc, 2% gel w/ 1/2\* phenosol per sk. Displace 12 3/4 BBLs and shot in cement did circulate approx 5+ BBL to pit.

Thanks  
Fuzy4 & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 <sup>00</sup>	1500 <sup>00</sup>
CE0002	60	MILEAGE	7 <sup>12</sup>	429 <sup>00</sup>
CE0001	60	Pickup mileage	3 <sup>00</sup>	180 <sup>00</sup>
CE0710	7.1 Ton	Ton mileage Delivery	1 <sup>22</sup>	740 <sup>22</sup>
CC5871	150 SKS	CLASS A 3% cc, 2% gel	23 <sup>00</sup>	3450 <sup>00</sup>
CC6079	75#	Phenosol	1 <sup>35</sup>	101 <sup>22</sup>
		subtotal		6400 <sup>00</sup>
		discount	40 <sup>50</sup>	2560 <sup>50</sup>
		subtotal		3840 <sup>50</sup>
		SALES TAX		
		ESTIMATED TOTAL		

AVIN 3737  
 AUTHORIZATION [Signature] TITLE Pusher DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



APC#

PRESSURE PUMPING LLC  
PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

15-111-20534-00-00

TICKET NUMBER 55380

LOCATION CL Donald, KS

FOREMAN Fuzz4

### FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-10-18	4027	Preston Unit #1	23	155	11E	LYON
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
John O. Farmer Inc			446	Jeremy		
MAILING ADDRESS			611	Tracey		
370 W. Wichita / Box 352			725	Fuzz4		
CITY	STATE	ZIP CODE				
Russell	KS	67665				

JOB TYPE PTA HOLE SIZE 2 7/8 HOLE DEPTH 2755' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 4 1/2 X TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 19.8 SLURRY VOL 47.7 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Discrepancy #2. Rig up and plus as ordered  
355sk @ 2753'  
355sk @ 2300' 180 sts 60/40 pos 49050  
355sk @ 1400' 114 ft closure  
355sk @ 720'  
10 sk @ 40' w/ rubber plug  
30 sts ... RH  
 Thanks Fuzz4  
 + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 <sup>00</sup>	1900 <sup>00</sup>
CE0002	60 miles	MILEAGE	7.15	429 <sup>00</sup>
CE0710	8.2 Ton	Ton Mileage Delivery	122	861 <sup>00</sup>
CC5829	180 sks	60/40 pos 49050	16 <sup>00</sup>	2880 <sup>00</sup>
CC6075	50 #	Poly Slake (5105001)	2 <sup>00</sup>	100 <sup>00</sup>
CP0228	1	2 7/8 wood cup plug	165 <sup>00</sup>	165 <sup>00</sup>
		subtotal		6335 <sup>00</sup>
		discount	4090	2534 <sup>00</sup>
		subtotal		3801 <sup>00</sup>
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



## DRILL STEM TEST REPORT

Prepared For: **John O Farmer inc**

PO Box 352  
Russel, KS 67665

ATTN: Austin Klaus

### **Preston Unit #1**

### **24-15S-11E Lyon,KS**

Start Date: 2018.04.08 @ 21:23:48

End Date: 2018.04.09 @ 03:41:50

Job Ticket #: 59856                      DST #: 1

Trilobite Testing, Inc  
1515 Commerce Parkway Hays, KS 67601  
ph: 785-625-4778 fax: 785-625-5620

Printed: 2018.04.11 @ 08:54:55



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

John O Farmer inc

**24-15S-11E Lyon,KS**

PO Box 352  
Russel, KS 67665

**Preston Unit #1**

ATTN: Austin Klaus

Job Ticket: 59856

**DST#: 1**

Test Start: 2018.04.08 @ 21:23:48

## GENERAL INFORMATION:

Formation: **Hunton**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:39:35

Time Test Ended: 03:41:50

Test Type: Conventional Bottom Hole (Initial)

Tester: Leal Cason

Unit No: 74

**Interval: 2742.00 ft (KB) To 2753.00 ft (KB) (TVD)**

Reference Elevations: 1280.00 ft (KB)

Total Depth: 2753.00 ft (KB) (TVD)

1272.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 8.00 ft

**Serial #: 8875**

**Inside**

Press@RunDepth: 170.66 psig @ 2743.00 ft (KB)

Capacity: psig

Start Date: 2018.04.08

End Date:

2018.04.09

Last Calib.:

2018.04.09

Start Time: 21:23:49

End Time:

03:41:50

Time On Btm:

2018.04.08 @ 22:38:35

Time Off Btm:

2018.04.09 @ 01:41:50

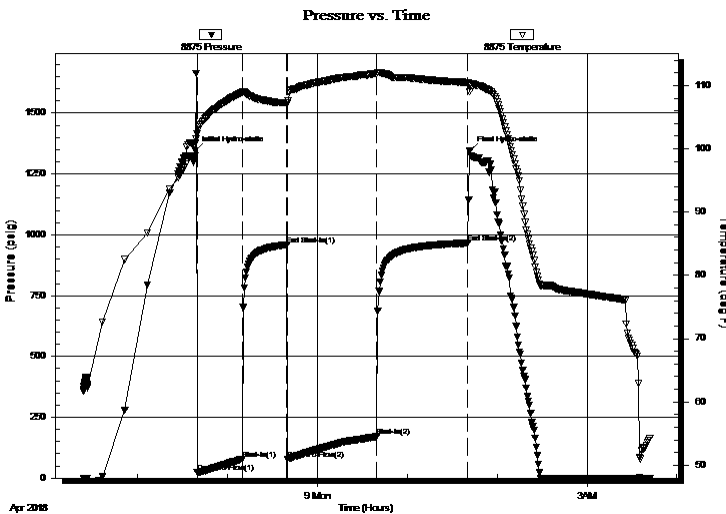
TEST COMMENT: IF: Weak Blow , Built to 3:"

IS: No Blow Back

FF: Fair Blow , Built to 8"

FS: No Blow Back

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1346.52	100.91	Initial Hydro-static
1	23.57	102.39	Open To Flow (1)
31	77.84	108.89	Shut-In(1)
61	958.99	107.29	End Shut-In(1)
62	78.90	107.21	Open To Flow (2)
121	170.66	111.91	Shut-In(2)
182	966.34	110.46	End Shut-In(2)
184	1345.21	109.05	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
311.00	Water	2.28
20.00	MCW 20%M 80%W	0.28

## Gas Rates

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







**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**TOOL DIAGRAM**

John O Farmer inc

**24-15S-11E Lyon,KS**

PO Box 352  
Russel, KS 67665

**Preston Unit #1**

Job Ticket: 59856

**DST#: 1**

ATTN: Austin Klaus

Test Start: 2018.04.08 @ 21:23:48

## Tool Information

Drill Pipe:	Length: 2441.00 ft	Diameter: 3.80 inches	Volume: 34.24 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 311.00 ft	Diameter: 2.75 inches	Volume: 2.28 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: lb
			<u>Total Volume: 36.52 bbl</u>	Tool Chased 8.00 ft
Drill Pipe Above KB:	29.00 ft			String Weight: Initial 42000.00 lb
Depth to Top Packer:	2742.00 ft			Final lb
Depth to Bottom Packer:	ft			
Interval between Packers:	11.00 ft			
Tool Length:	30.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

## Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			2728.00	
Hydraulic tool	5.00			2733.00	
Packer	5.00			2738.00	19.00 Bottom Of Top Packer
Packer	4.00			2742.00	
Stubb	1.00			2743.00	
Recorder	0.00	8875	Inside	2743.00	
Recorder	0.00	6749	Outside	2743.00	
Perforations	7.00			2750.00	
Bullnose	3.00			2753.00	11.00 Bottom Packers & Anchor
<b>Total Tool Length:</b>	<b>30.00</b>				



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

John O Farmer inc

**24-15S-11E Lyon,KS**

PO Box 352  
Russel, KS 67665

**Preston Unit #1**

Job Ticket: 59856

**DST#: 1**

ATTN: Austin Klaus

Test Start: 2018.04.08 @ 21:23:48

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 600.00 ppm

Filter Cake: 0.02 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
311.00	Water	2.285
20.00	MCW 20%M 80%W	0.281

Total Length: 331.00 ft      Total Volume: 2.566 bbl

Num Fluid Samples: 0

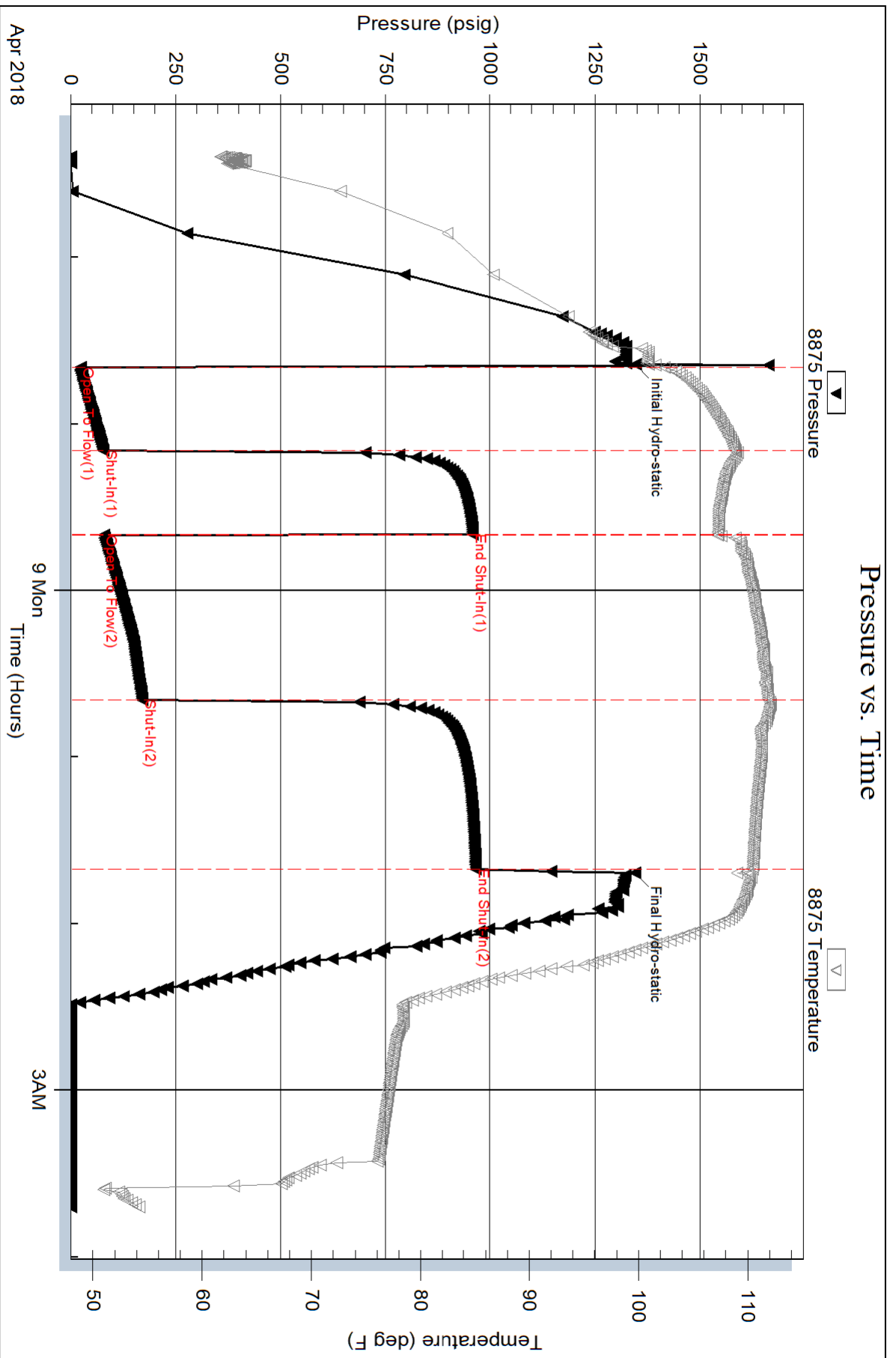
Num Gas Bombs: 0

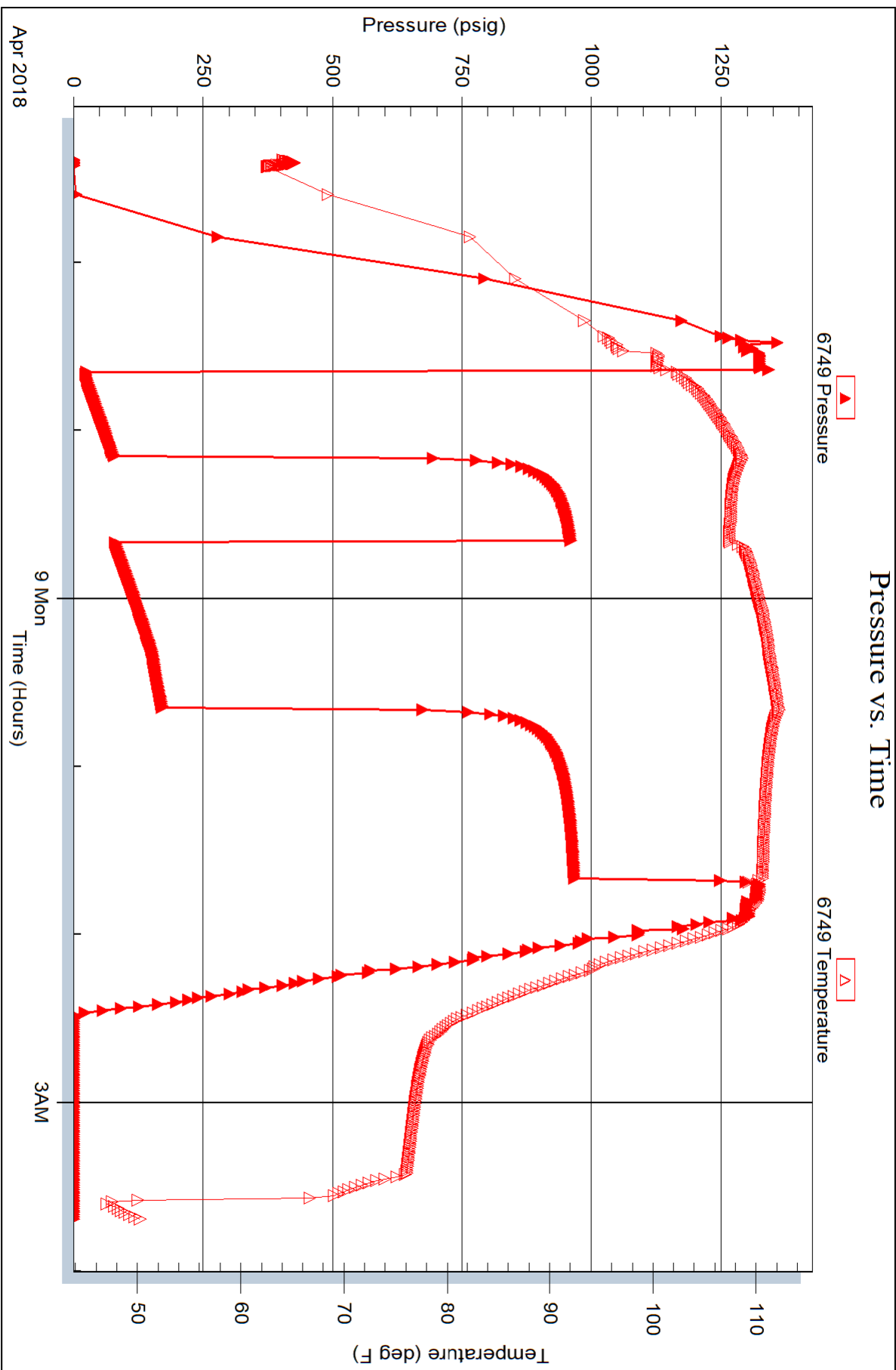
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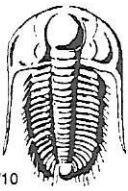
Laboratory Name:

Laboratory Location:

Recovery Comments:







# TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

## Test Ticket

NO. 59856

Well Name & No. Preston Unit 1 Test No. 1 Date 04/08/18  
 Company John O Farmer Inc Elevation 1280 KB 1272 GL  
 Address PO BOX 352 Russel, KS 67665  
 Co. Rep / Geo. Austin Klaus Rig Discovery 2  
 Location: Sec. 24 Twp. 15 S Rge. 11 E Co. Lyon State KS

Interval Tested 2742 - 2753 Zone Tested Hunter  
 Anchor Length 11 Drill Pipe Run 2441 Mud Wt. 8.9  
 Top Packer Depth 2737 Drill Collars Run 0 Vis 49  
 Bottom Packer Depth 2742 Wt. Pipe Run 311 WL 8.6  
 Total Depth 2753 Chlorides 600 ppm System LCM 2

Blow Description IF: weak Blow, Built to 3 inches  
ISI: NO Blow Back  
FF: Fair Blow, Built to 8 inches  
FST: NO Blow Back

Rec	Feet of	%gas	%oil	%water	%mud
<u>20</u>	<u>McW</u>			<u>80%</u>	<u>20%</u>
<u>311</u>	<u>Water</u>				

Rec Total 331 BHT 110 Gravity N/C API RW .6 @ 39 °F Chlorides 19000 ppm

(A) Initial Hydrostatic 1346  Test 1050 T-On Location 21:00  
 (B) First Initial Flow 24  Jars \_\_\_\_\_ T-Started 21:23  
 (C) First Final Flow 78  Safety Joint \_\_\_\_\_ T-Open 22:39  
 (D) Initial Shut-In 959  Circ Sub \_\_\_\_\_ T-Pulled 01:40  
 (E) Second Initial Flow 79  Hourly Standby \_\_\_\_\_ T-Out 03:41  
 (F) Second Final Flow 170  Mileage (390) 390 Comments Loaded Tools  
 (G) Final Shut-In 966  Sampler \_\_\_\_\_ @ 20:15 on 04/10  
 (H) Final Hydrostatic 1345  Straddle \_\_\_\_\_ 2 days motel  
 Ruined Shale Packer \_\_\_\_\_  
 Ruined Packer \_\_\_\_\_

Initial Open 30  Shale Packer \_\_\_\_\_  
 Initial Shut-In 30  Extra Packer \_\_\_\_\_  
 Final Flow 60  Extra Recorder \_\_\_\_\_  
 Final Shut-In 60  Day Standby 2.5d 4.5h Sub Total 1600  
 Accessibility \_\_\_\_\_ Total 3040  
 Sub Total 1440 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.