

Confidentiality Requested:

Yes No

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

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date _____

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--



10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

7-11-17
37
FIELD SERVICE TICKET
1718 27300 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>10-18-18</u> DISTRICT <u>Pratt</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER <u>Castro Exploration, Inc</u>		LEASE <u>Dunn</u> WELL NO.:							
ADDRESS		COUNTY <u>Crawford</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Matt Hanks Jr</u>							
AUTHORIZED BY		JOB TYPE: <u>2-42 1 1/2" Surface</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>7740</u>							<u>10/18</u>		
						ARRIVED AT JOB		AM/PM	<u>4:00</u>
						START OPERATION		AM/PM	
<u>77768</u>	<u>.5</u>					FINISH OPERATION		AM/PM	
						RELEASED		AM/PM	
						MILES FROM STATION TO WELL			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CC133</u>	<u>60/40 P22</u>	<u>SW</u>	<u>260</u>		<u>3,120.00</u>
					<u>24.00 = 52</u>
<u>CC132</u>	<u>Collar pipe</u>	<u>lb</u>	<u>65</u>	<u>24.00</u>	<u>1,560.00</u>
<u>CC139</u>	<u>Calcium chloride</u>	<u>lb</u>	<u>672</u>	<u>70.00</u>	<u>47,040.00</u>
<u>E10</u>	<u>P.U. RI</u>	<u>M</u>	<u>70</u>		<u>315.00</u>
<u>E101</u>	<u>Heavy eq. man</u>	<u>hr</u>	<u>140</u>		<u>1,050.00</u>
<u>E113</u>	<u>Post + labor</u>	<u>hr</u>	<u>780</u>		<u>1,960.00</u>
<u>CC200</u>	<u>Depth charge 0-500'</u>	<u>4hr</u>	<u>1</u>		<u>1,000.00</u>
<u>CC240</u>	<u>blended trim</u>	<u>SW</u>	<u>260</u>		<u>364.00</u>
<u>5003</u>	<u>Supervisor</u>	<u>EA</u>	<u>1</u>		<u>175.00</u>
SUB TOTAL					<u>8,930.00</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>4,643.65</u>

SERVICE REPRESENTATIVE <u>Mike Mattel</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
---	--

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer Cystell: Exploration, Inc.	Lease No.	Date 10/23/2018
Lease Dunn	Well # 2-24	
Field Order # 17359	Station Pristicks	Casing
Type Job 242/PTA	Depth	County Comanche
	Formation	State KS
		Legal Description 24-33-17W

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Drill Pipe 4 1/2"	Depth	From	To	Pre Pad	Max		5 Min.
Depth 870	Volume	From	To	Pad	Min		10 Min.
Volume 12.3	Max Press	From	To	Frac	Avg		15 Min.
Max Press	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Well Connection	Packer Depth	From	To	Flush Water	Gas Volume		Total Load
Plug Depth 638							

Customer Representative Rick Popp	Station Manager Justin Westermans	Treater Darin Franklin
Service Units 92911 33708 19843 70955 19862		
Driver Names Darin Ed Ed Daria Daria		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
3:30pm					ON LOCATION / SAFETY MEETING
					200 SK 60/40 P02, 4% GEL, 1/4" #CF
					13.78 PPG, 1.43 VISC, 6.92 WATER
					870' - 50 SK
4:30pm	200		18	5	18 WATER
	200		13	5	13 SLURRY
	200		6	5	6 WATER
					260' - 80 SK
	100		20	5	20 bbbs SLURRY
	100		1	5	1 WATER
					60' - 20 SK
	30		5	3	5 SLURRY
					REH - 30 SK
	0		7	3	7 bbbs SLURRY
					MID - 20 SK
	0		5	3	5 bbbs SLURRY

Job Complete / Darin & crew




Comments

Drilling Contractor: WW Drilling, LLC, Rig #14








































































Logging Unit: GeoDynamic #3
 Logging Engineer: Dan Pittman
 Mobile: (580) 216-5744

Instruments calibrated 10/12/2018 where 1% methane equals 100 units of total gas.
























ROCK TYPES

 Anhy  Bent  Brec  Cht  Clyst  Coal	 Congl  Dol  Gyp  Igne  Lmst  Meta	 Mrlst  Salt  Shale  Shcol  Shgy  Slstst	 Ss  Till  sdy sh  calc sh  shale  carb sh
--	---	---	---

ACCESSORIES

MINERAL  Anhy  Arggrn  Arg  Bent  Bit  Brecfrag  Calc  Carb  Chtdk  Chtlt  Dol  Feldspar  Ferrpel  Ferr  Glau  Gyp  Hvymin  Kaol  Marl	 Minxl  Nodule  Phos  Pyr  Salt  Sandy  Silt  Sil  Sulphur  Tuff FOSSIL  Algae  Amph  Belm  Bioclst  Brach  Bryozoa  Cephal  Coral	 Crin  Echin  Fish  Foram  Fossil  Gastro  Oolite  Ostra  Pelec  Pellet  Pisolite  Plant  Strom STRINGER  Anhy  Arg  Bent  Coal  Dol	 Gyp  Ls  Mrst  Slststrg  Ssstrg TEXTURE  Boundst  Chalky  Cryxln  Earthy  Finexln  Grainst  Lithogr  Microxln  Mudst  Packst  Wackest
--	--	--	--


OTHER SYMBOLS

POROSITY TYPE  Earthy  Fenest  Fracture  Inter  Moldic  Organic  Pinpoint  Vuggy	SORTING  Well  Moderate  Poor ROUNDING  Rounded  Subrnd  Subang	 Angular OIL SHOWS  Even  Spotted  Ques  Dead	INTERVALS  Core  Dst EVENTS  Rft  Sidewall
---	--	--	---

Curve Track 1

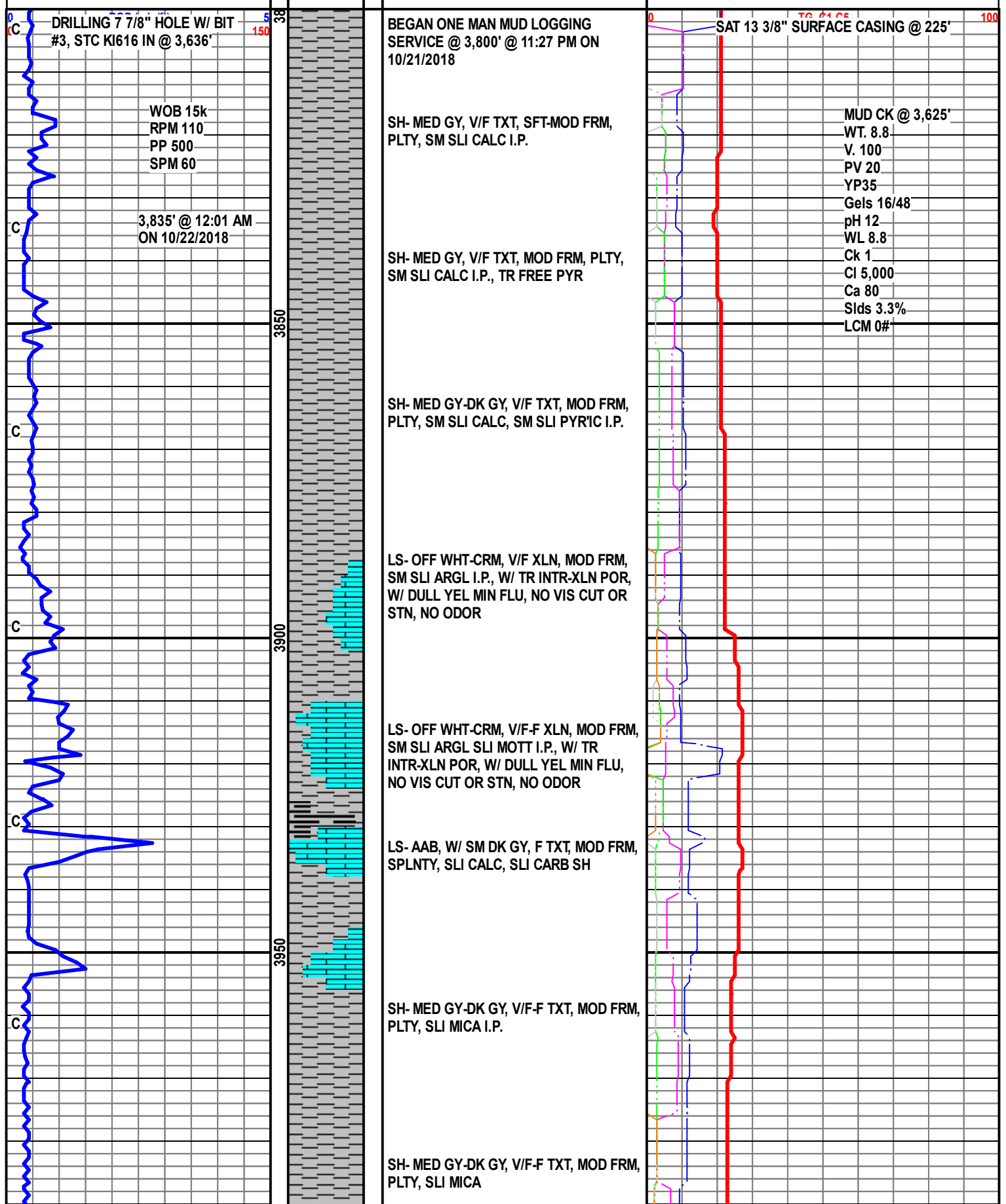
ROP (min/ft) 
 Gamma (API) 

TG, C1-C5

TG (units) 
 C1 (units) 
 C2 (units) 
 C3 (units) 
 C4 (units) 
 C5 (units) 

Depth
 % Lithology
 Oil Shows

Geological Descriptions



DRILLING 7 7/8" HOLE W/ BIT #3, STC KI616 IN @ 3,636'

WOB 15k
 RPM 110
 PP 500
 SPM 60

3,835' @ 12:01 AM ON 10/22/2018

BEGAN ONE MAN MUD LOGGING SERVICE @ 3,800' @ 11:27 PM ON 10/21/2018

SH- MED GY, V/F TXT, SFT-MOD FRM, PLTY, SM SLI CALC I.P.

SH- MED GY, V/F TXT, MOD FRM, PLTY, SM SLI CALC I.P., TR FREE PYR

SH- MED GY-DK GY, V/F TXT, MOD FRM, PLTY, SM SLI CALC, SM SLI PYR'IC I.P.

LS- OFF WHT-CRM, V/F XLN, MOD FRM, SM SLI ARGL I.P., W/ TR INTR-XLN POR, W/ DULL YEL MIN FLU, NO VIS CUT OR STN, NO ODOR

LS- OFF WHT-CRM, V/F-F XLN, MOD FRM, SM SLI ARGL SLI MOTT I.P., W/ TR INTR-XLN POR, W/ DULL YEL MIN FLU, NO VIS CUT OR STN, NO ODOR

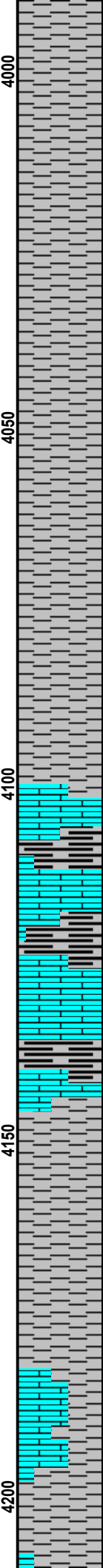
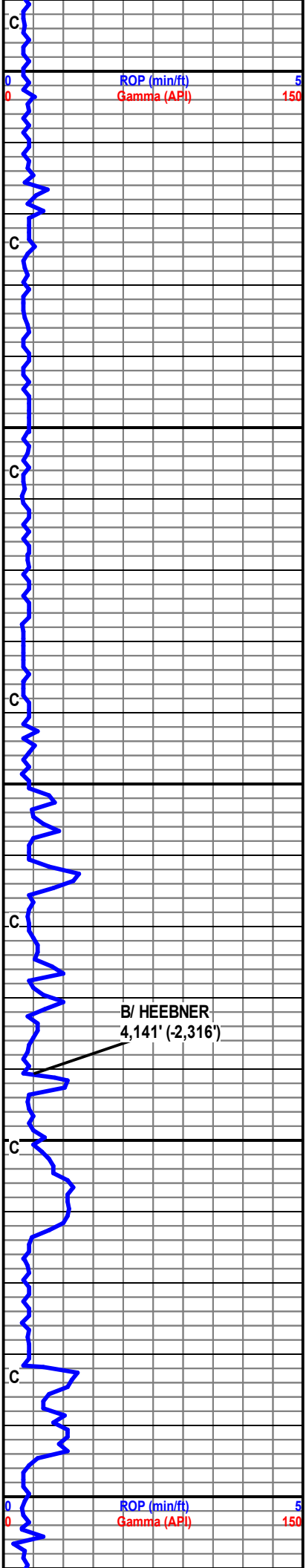
LS- AAB, W/ SM DK GY, F TXT, MOD FRM, SPLNTY, SLI CALC, SLI CARB SH

SH- MED GY-DK GY, V/F-F TXT, MOD FRM, PLTY, SLI MICA I.P.

SH- MED GY-DK GY, V/F-F TXT, MOD FRM, PLTY, SLI MICA

SAT 13 3/8" SURFACE CASING @ 225'

MUD CK @ 3,625'
 WT. 8.8
 V. 100
 PV 20
 YP35
 Gels 16/48
 pH 12
 WL 8.8
 Ck 1
 CI 5,000
 Ca 80
 Slds 3.3%
 LCM 0#



SH- MED GY-DK GY, V/F-F TXT, MOD FRM, PLTY, SM SLI CALC I.P.

SH- MED GY-DK GY, V/F-F TXT, SFT-MOD FRM, PLTY, SM SLI CALC I.P., FNLY MICA

SH- AAB

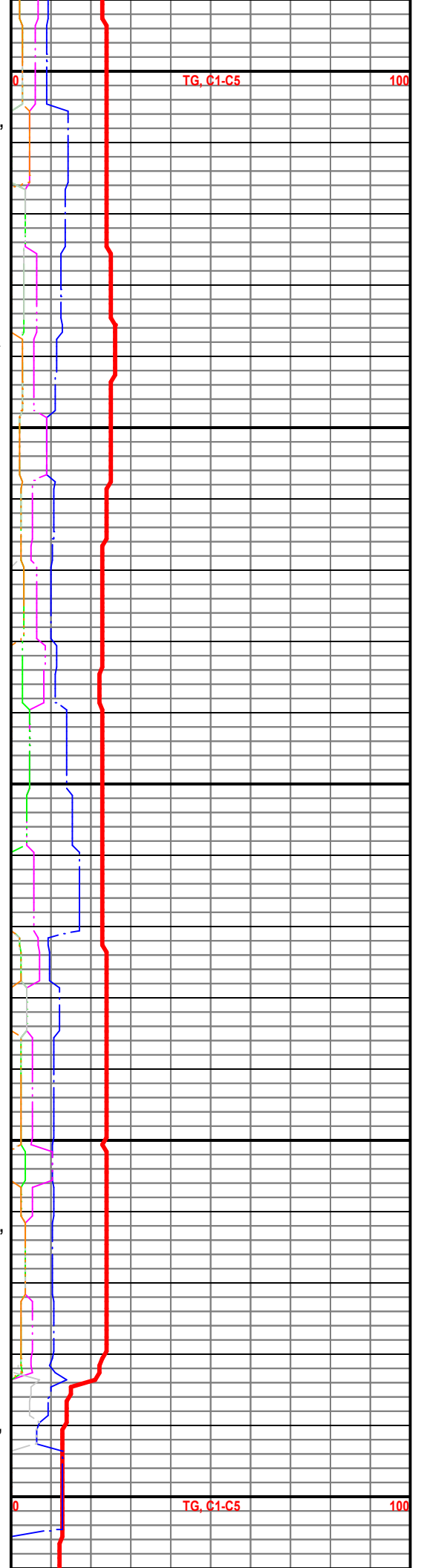
LS- TN-BUFF, V/F XLN, MOD FRM, SM SLI ARGL I.P., SLI MOTT I.P., TR INTR-XLN POR, W/ DULL YEL MIN FLU, NO VIS CUT OR STN, NO ODOR

SH- DK GY-BLK, F TXT, MOD FRM, BLKY, SLI CALC I.P., SM SLI PYR'IC, CARB

SH- AAB

SH- MED GY-DK GY, V/F-F TXT, MOD FRM, PLTY, SMS LI CALC I.P., FNLY MICA

LS- CRM-TN, V/F-F XLN, MOD FRM, SM SLI MOTT I.P., W/ TR INTR-XLN POR, W/ DULL YEL MIN FLU, NO VIS CUT OR STN, NO ODOR



SH- MED GY-DK GY, V/F-F TXT, SFT-MOD
FR, PLTY, SM SLI CALC I.P., FNLY MICA

SH- MED GY-DK GY, V/F-F TXT, MOD FRM,
PLTY, SM SLI PYRIC I.P., FNLY MICA

SH- MED GY-DK GY, V/F-F TXT, MOD FRM,
PLTY, FNLY MICA

SH- AAB

LS- OFF WHT-CRM, V/F XLN, MOD FRM,
SM SLI ARGL I.P., W/ TR CRINS I.B., W/
DULL YEL MIN FLU, NO VIS CUT OR STN,
NO ODOR

LS- WHT-OFF WHT, V/F-F XLN, MOD FRM,
SM S/CHLKY I.P., W/ TR INTR-XLN POR,
W/ DULL YEL MIN FLU, NO VIS CUT OR
STN, NO ODOR

LS OFF WHT-CRM, V/F XLN, MOD
FRM-FRM, SM SLI MOTT I.P., W/ TR-PR
INTR-XLN POR, W/ DULL YEL MIN FLU,
NO VIS CUT OR STN, NO ODOR

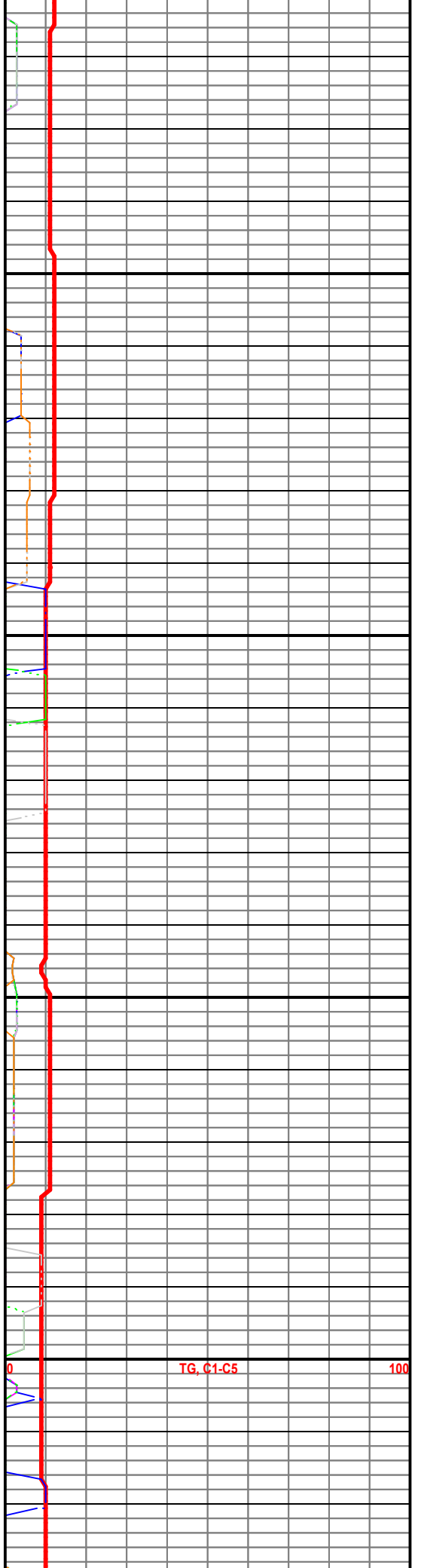
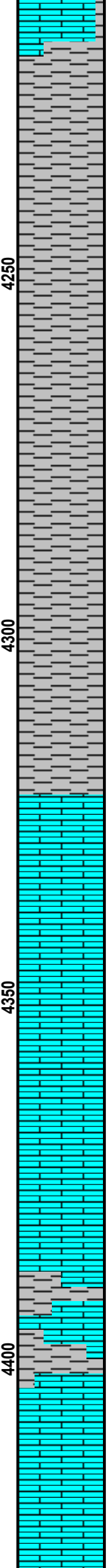
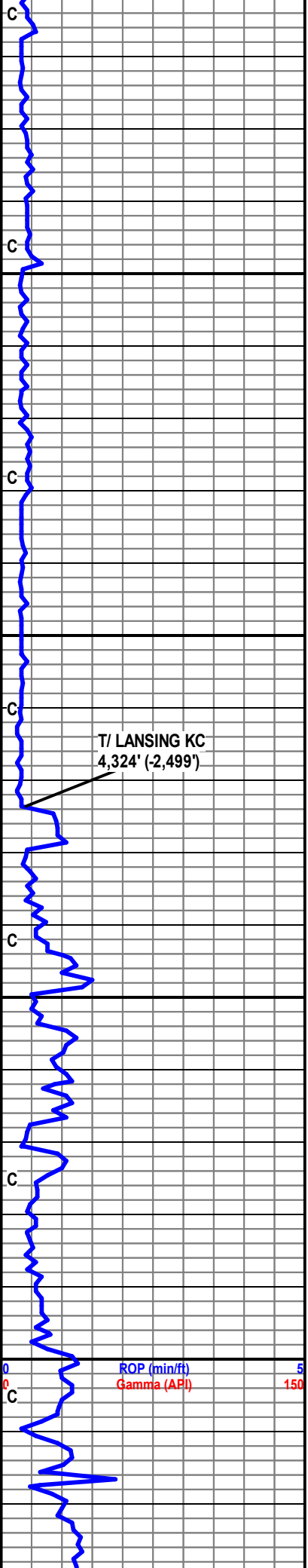
LS- OFF WHT-CRM, V/F-F XLN, MOD FRM,
SLI ARGL I.P., SM SLI FOSS W/ TR CRINS
I.P., W/ DULL YEL MIN FLU, NO VIS CUT
OR STN, NO ODOR

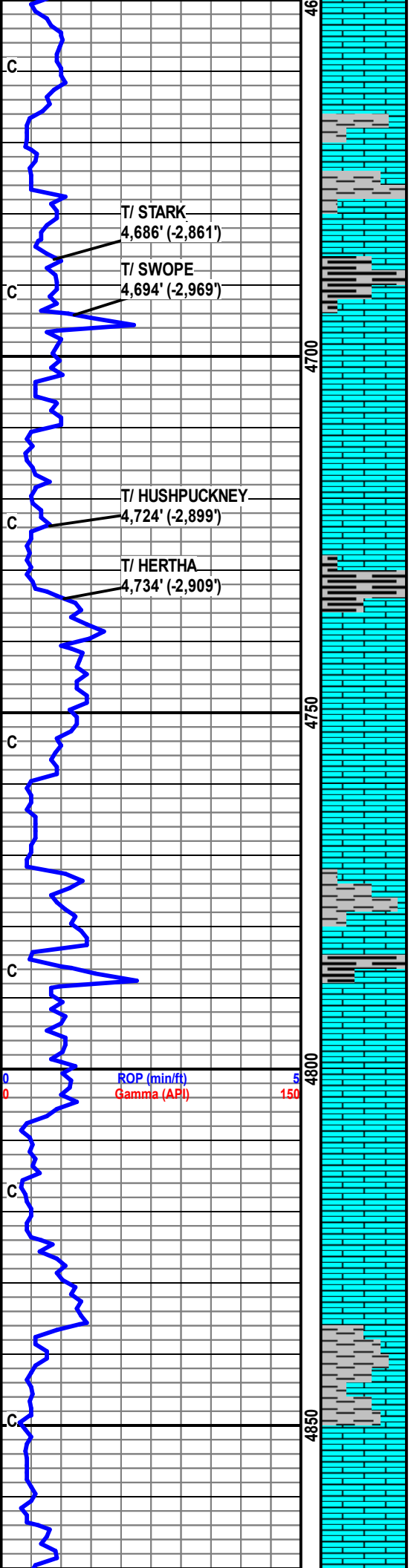
T/ LANSING KC
4,324' (-2,499')

ROP (min/ft)
Gamma (API)

TG, C1-C5

100





LS- CRM-TN, V/F XLN, MOD FRM, SM HD, PRED DNS, W/ PR INTR-XLN POR, W/ DULL YEL MIN FLU, NO VIS CUT OR STN, NO ODOR

LS- TN-BUFF, V/F-F XLN, MOD FRM, SLI ARGL I.P., W/ TR INTR-XLN POR, W/ DULL YEL MIN FLU, NO VIS CUT OR STN, NO ODOR

LS- TN-BUFF, V/F XLN, MOD FRM, SM SLI OOL'IC, MOTT, W/ TR INTR-XLN POR, W/ DULL YEL MIN FLU, NO VIS CUT OR STN, NO ODOR

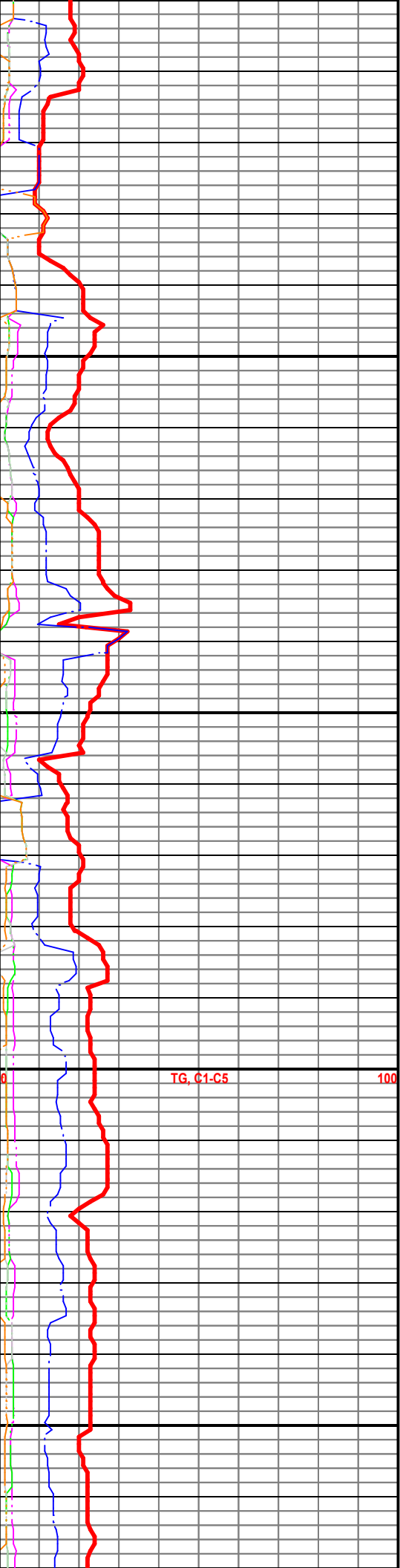
SH- DK GY-BLK, BLKY, MOD FRM, SLI CALC, CARB

LS- TN-BUFF-LT BRN, F XLN, MOD FRM, W/ ABDT PP VUG POR, W/ DULL YEL MIN FLU, NO VIS CUT OR STN, NO ODOR

SH- MED GY-DK GY, SPLNTY, SM SLI CALC, SM SLI CARB I.P, W/ SM TN-BUFF, V/F- XLN, MOD FRM, SLI ARGL, MOTT LS, W/ TR INTR-XLN POR, W/ DULL YEL MIN FLU, NO VIS CUT OR STN, NO ODOR

LS- CRM-TN, V/F XLN, MOD FRM, BR TTL, W/ TR INTR-XLN POR, W/ MOD BRT YEL FLU, W/ SLOW STRMNG CUT, SLI OLS, FNT OIL ODOR

SH- MED GY-DK GY, V/F YXY, MOD FRM, PLTY, SM SLI CALC I.P.,



SH- DK GY-BLK, F TXT, MOD FRM, BLKY,
SM SLI CALC, CARB

SH- MED GY-DK GY, F YXY, MOD FRM,
PLTY, SLI CALC

LS- BUFF-LT BRN, F XLN, MOD FRM,
MOTT SM SLI ARGL W/ TR DK SH I.B., NO
VIS FLU, NO VIS CUT OR STN, NO ODOR

LS- OFF WHT-CRM, F XLN, MOD FRM, SM
S/CHLKY I.P., W/ TR INTR-XLN POR, W/
DULL YEL MIN FLU, NO VIS CUT OR STN,
NO ODOR

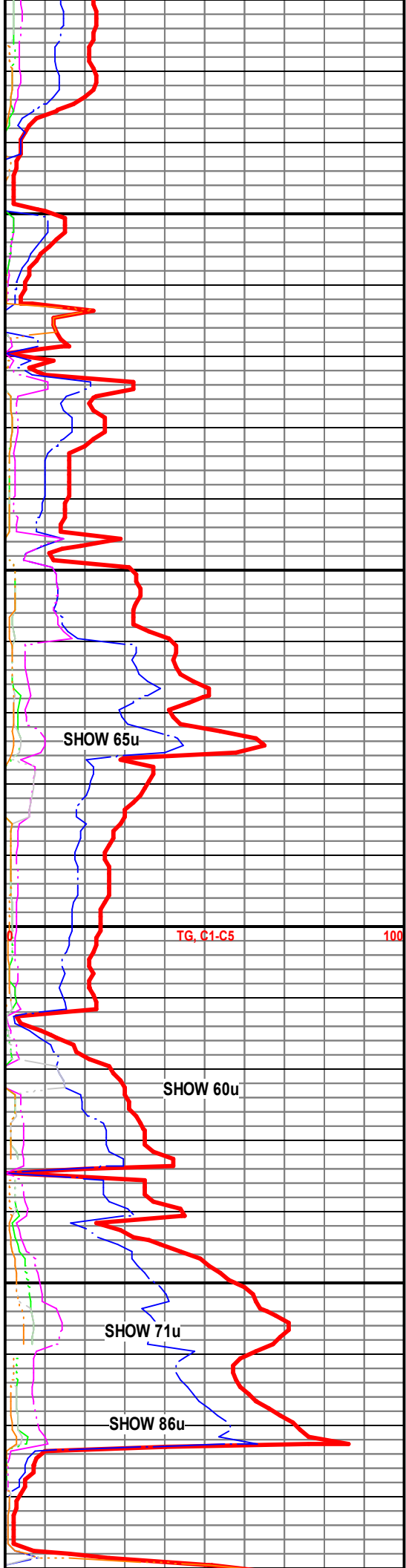
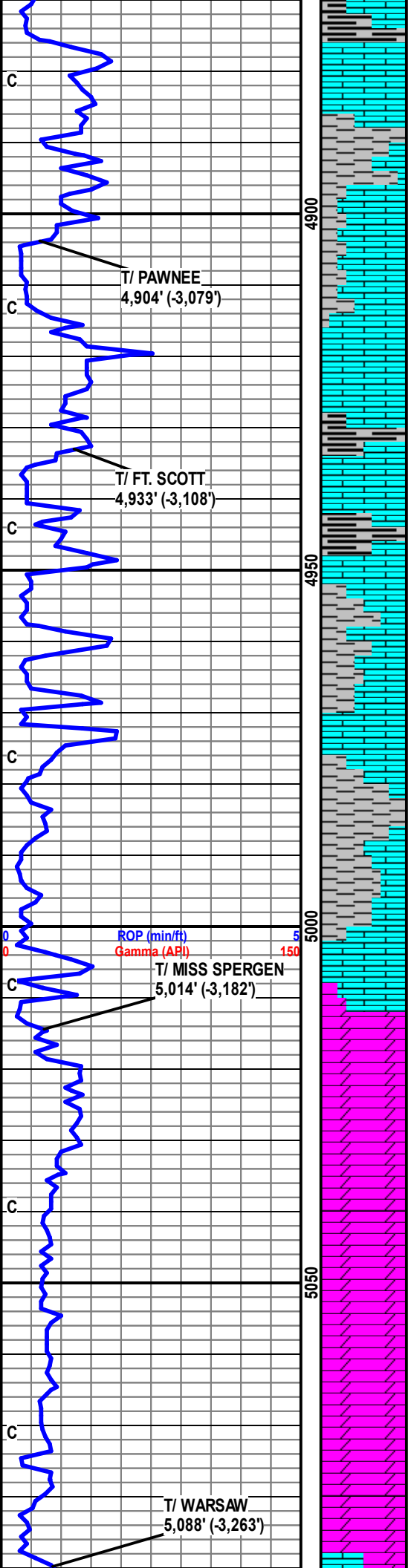
LS- OFF WHT-CRM-TN, MOD FRM, BR TTL,
W/ SM PP VUG POR, W/ TR INTR-XLN
POR, W/ SM MOD BRT YEL FLU, SLI
STRMNG CUT, FNT OIL ODOR, W/ ABDT
MED GY, SMTH, F TXT, PLTY SH

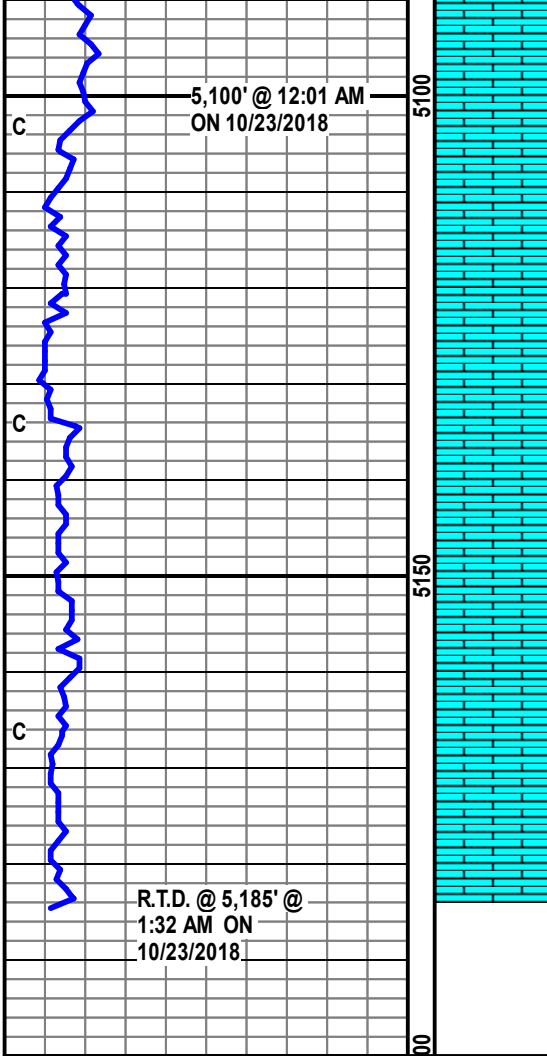
SH- MED GY-DK GY, F TXT, MOD FRM,
PLTY, SM SLI CALC

DOLO- WHT-OFF WHT, V/F-F XLN, FRI,
SUC TXT, W/ GD INTR-XLN POR, W/ MOD
BRT WHT FLU, W/ GD STRMNG CUT, NO
VIS STN, FNT OIL ODOR

DOLO- OFF WHT-LT BRN, V/F XLN, MOD
FRM, SM SLI FRI I.P., SUC TXT, SLI MOTT
I.P., W/ FR INTR-XLN POR, W/ BRT YEL
FLU, GD STRMNG CUT, STRNG OIL ODOR

DOLO- TN- LT BRN, V/F XLN, MOD FRM,
SLI FRI I.P., MOTT, W/ FR INTR-XLN POR,
W/ BRT YEL FLU, GD STRMNG CUT SLI
LOS, FNT OIL ODOR





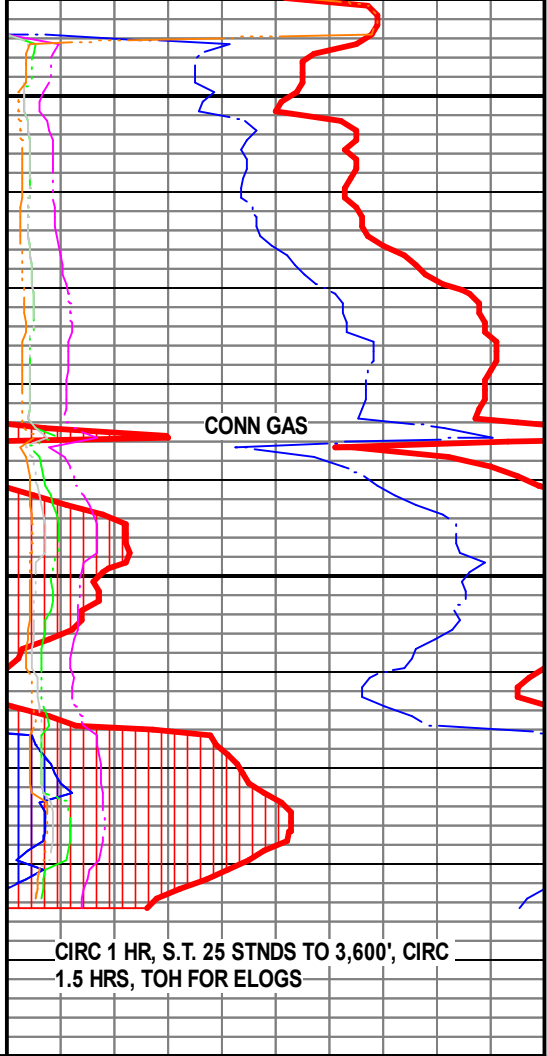
LS- WHT-OFF WHT, V/F XLN, MOD FRM,
PRED DNS, BRTTL, W/ PR INTR-XLN
POR, W/ MOD BRT YEL MIN FLU, NO VIS
CUT OR STN, NO ODOR

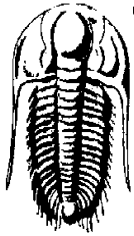
LS- WHT-OFF WHT, V/F-F XLN, MOD FRM,
BRTTL, SM SLI CHRTY, W/ PR IINTR-XLN
POR, W/ MOD BRT YEL MIN FLU, NO VIS
CUT OR STN, NO ODOR

LS- AAB

LS- WHT-OFF WHT, V/F-F XLN, MOD FRM,
W/ SM SHRP LT CHRT I.B., W/ DULL YEL
MIN FLU, NO VIS CUT OR STN, NO ODOR

THANKS FOR CHOOSING GEODYNAMIC
WELL LOGGING, INC.





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Castelli Exploration
6908 NW 112th
Oklahoma City, OK 73162
ATTN: Rick Popp

24-33S-17W Comanche

Dunn 2-24

Job Ticket: 63838 **DST#: 1**
Test Start: 2018.10.23 @ 22:11:00

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 02:16:47
 Time Test Ended: 08:28:47
 Interval: **5030.00 ft (KB) To 5080.00 ft (KB) (TVD)**
 Total Depth: 5185.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Straddle (Initial)
 Tester: Leal Cason
 Unit No: 74
 Reference Elevations: 1825.00 ft (KB)
 1814.00 ft (CF)
 KB to GR/CF: 11.00 ft

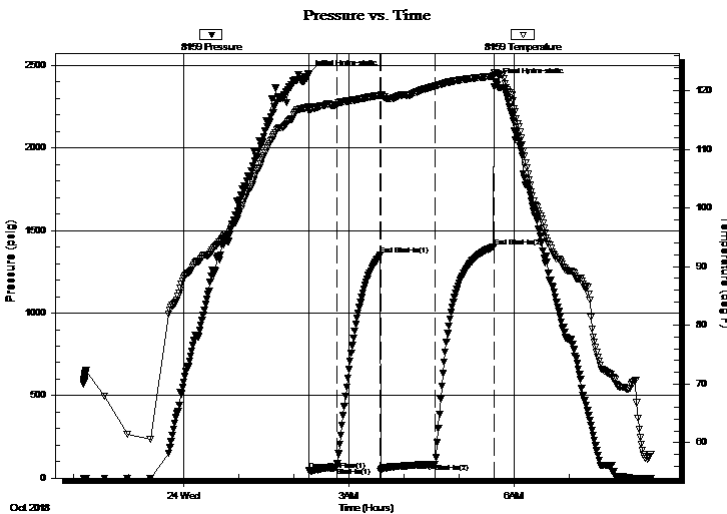
Serial #: 8159

Outside

Press@RunDepth: 86.98 psig @ 5031.00 ft (KB) Capacity: psig
 Start Date: 2018.10.23 End Date: 2018.10.24 Last Calib.: 2018.10.24
 Start Time: 22:11:00 End Time: 08:28:47 Time On Btm: 2018.10.24 @ 02:16:17
 Time Off Btm: 2018.10.24 @ 05:39:47

TEST COMMENT: IF: Strong Blow , BOB in 2 minutes, Built to 86 inches
 IS: No Blow Back
 FF: Strong Blow , BOB Immediate, Built to 232 inches
 FS: No Blow Back

PRESSURE SUMMARY



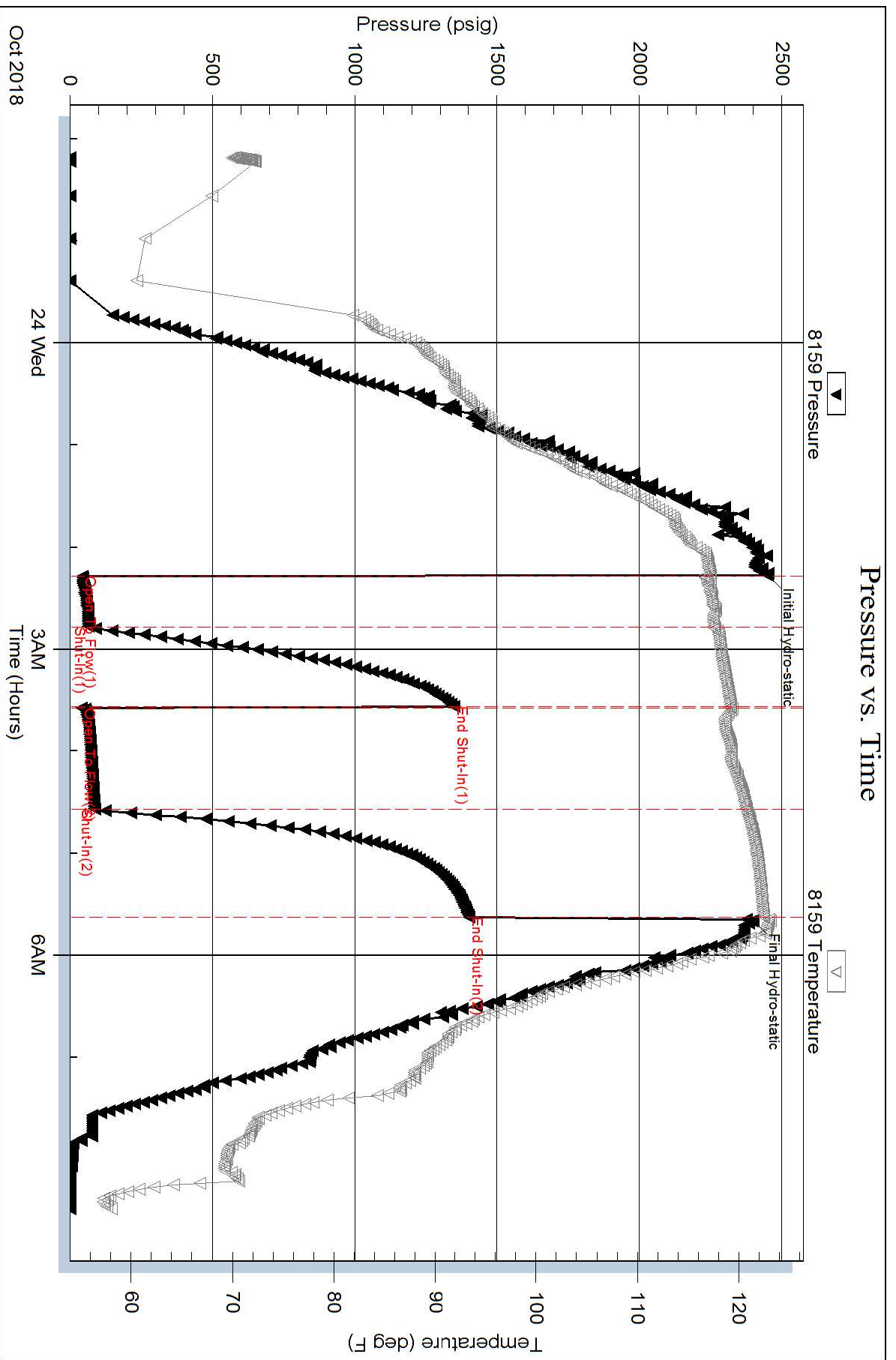
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2448.70	117.19	Initial Hydro-static
1	44.72	116.58	Open To Flow (1)
31	64.24	117.60	Shut-In(1)
78	1350.58	119.19	End Shut-In(1)
79	39.96	119.12	Open To Flow (2)
138	86.98	120.75	Shut-In(2)
202	1402.88	122.50	End Shut-In(2)
204	2399.82	123.10	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	3751 GIP	0.00
125.00	GOWCM 5%G 5%O 5%W 85%M	0.71

Gas Rates

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



P.O. # _____

3 BUCKETS RATHOLE DRILLING

NO 5981

ORDERED BY

P.O. Box 5252
Enid, Oklahoma 73702
Phone (580) 233-9850
Fax (580) 233-4588

Date 9-24-18

Zm

Bill To Castelli

Lease Dunn #2-24

Address _____

Legal SE/4 Sec 24-33s-17W

County Comanche Co KS

Rig WW Drilling

DESCRIPTION	AMOUNT	
Furnish Men & Equipment To drill 41' of 30" conrd hole & cellar bobcat to remove dirt off Loc		
Materials Furnished 41' of 20" conrd pipe 5'x5' steel cellar form welder & cap 4 1/2 yds of 8st grout 2% cc Ks trip Permits		
	as bid	\$5700 00
Operator _____	Total	\$5700 00

Approved By [Signature]