

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
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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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JERRY GREEN
 CONSULTING GEOLOGIST
 4350 Keystone
 Hays, KS 67801
 PHONE: 785-625-5155

GEOLOGIST'S REPORT
 DRILLING TIME AND SAMPLE LOG

COMPANY CASTLE RESOURCES, INC.

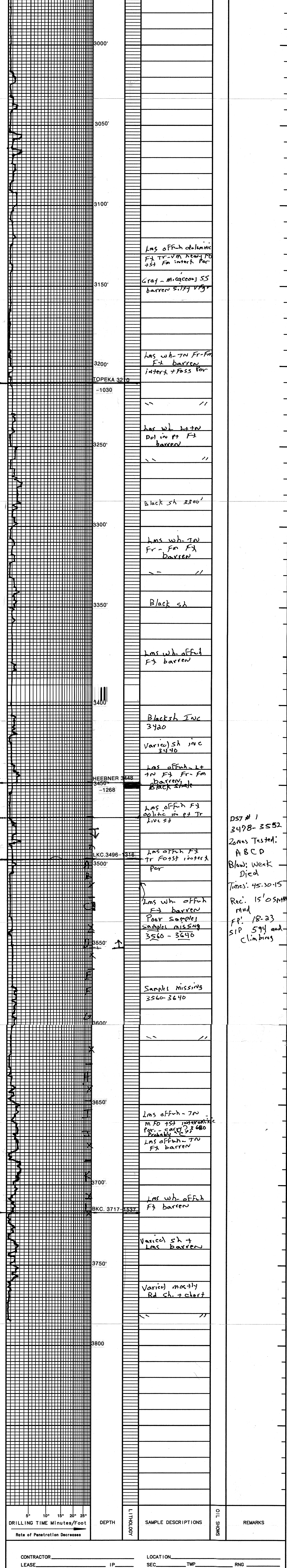
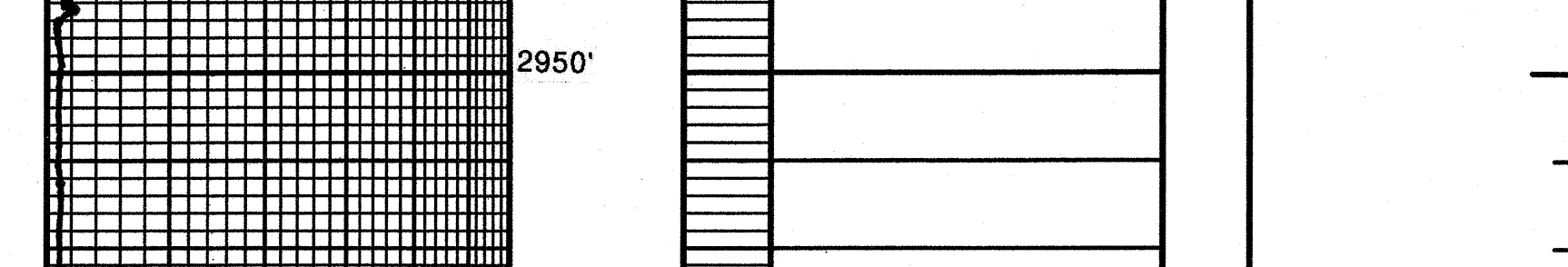
LEASE # WERTH#1
 FIELD WC
 LOCATION C-NE-SW
 SEC 3 TWP 13S R6E 18W
 COUNTY ELLIS STATE KS
 CONTRACTOR WHITE KNIGHT DRILG
 SPUD 11-10-22 COME 11-15-22
 RTD 3785 LTD 3784
 MUD UP 2900 TYPE MUD CHEM.
 ELEVATIONS
 KB 2180'
 DF
 GL 2175'
 Measurements Are All From KB
 CASING
 SURFACE @ 207'
 PRODUCTION
 ELECTRICAL SURVEYS
 STACKMICRO

SAMPLES SAVED FROM 2900' TO ID.
 DRILLING TIME KEPT FROM 2900' TO ID.
 SAMPLES EXAMINED FROM 2900' TO ID.
 GEOLOGICAL SUPERVISION FROM 2900' TO ID.
 GEOLOGIST ON WELL 2900'

FORMATION TOPS	LOG	SAMPLES
AMHY		1446-734
TOPEKA	3210-1030	3210-1030
HEEBNER	3468-1268	3468-1268
LKC	3496-1316	3496-1316
BKC	3716-1536	3717-1537

REMARKS: All parties involved recommended that this well be plugged.
 respectfully submitted

LEGEND



DRILLING TIME Minutes/Foot
 Rate of Penetration Decreases

DEPTH: 5" 10" 15" 20" 25"

LITHOLOGY

SAMPLE DESCRIPTIONS

OIL SHOWS

REMARKS

CONTRACTOR _____ LOCATION _____
 LEASE _____ IP _____ SEC _____ TWP _____ RNG _____
 ELEVATION _____ RTD _____ COUNTY _____ STATE _____



Services, Inc.

TICKET 35643

CHARGE TO: Castle Resources
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Amis, KS
 2. Ness City, KS
 3.
 4.

WELL/OBJECT NO. #2 LEASE North COUNTY/PARISH Ellis STATE KS CITY
 TICKET TYPE SERVICE SALES CONTRACTOR White Knight Drilling RIG NAME/NO. Rig 2 SHIPPED VIA CT DELIVERED TO
 WELL TYPE Oil WELL CATEGORY Development JOB PURPOSE Cement Surface Pipe WELL PERMIT NO.
 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #113	5	mi			7.00	35.00
576.5		1			Pump Charge - Shallow Surface	1	EA			110.00	110.00
216		1			A-Air	3	gal			42.00	126.00
325		2			Standard Cement	150	SKS			15.00	2250.00
278		2			Calcium Chloride	7	SKS			48.00	280.00
279		2			Bentonite Gel	6	SKS			40.00	240.00
581		2			Service Charge Cement	150	SKS			2.00	300.00
582		2			Minimum Drwyge Charge	1	EA			350.00	350.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 X

DATE SIGNED TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 41681.00
 TOTAL 4883.92

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 OPERATOR [Signature] APPROVAL [Signature]
 Thank You!

CUSTOMER Castle Resources

WELL NO. #1

LEASE Werth

JOB TYPE Surface

TICKET NO. 35643

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1450							On location, set up trucks
	1545							320' 4 5/8" Irrigation Pipe
	1600							Break Circulation
								Hook up to Swift
	1605	4	5					Start water ahead
		4						Start Cement
		4	36					Finish Cement, start Displ.
	1615	4	45					Cmt Circulating to Surface
		4	48 1/2					Fin Displacement
	1620							Shut Down, Shut in.
								Release Truck
								Wash up
								Rack up
	1645							Job Complete
								Thanks
								Jon, Joe, Brett

JOB LOG

SWIFT Services, Inc.

DATE 11-15-22 PAGE NO.

CUSTOMER *Castro Resources* WELL NO. *#1* LEASE *North* JOB TYPE *PTA* TICKET NO. *35651*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>1100</i>							<i>On location</i>
								<i>- Rotary PTA</i>
		<i>5</i>	<i>13</i>			<i>300</i>		<i>1st plug @ 1500 pump 50 sx cmt</i>
		<i>5</i>	<i>26</i>			<i>300</i>		<i>2nd plug @ 500 pump 100 sx cmt</i>
		<i>5</i>	<i>13</i>			<i>300</i>		<i>3rd plug @ 250 pump 50 sx cmt</i>
		<i>2</i>	<i>3</i>			<i>0</i>		<i>4th plug @ 40 pump 100 sx cmt</i>
		<i>2</i>	<i>8</i>			<i>0</i>		<i>plug Rn hole - 30 sx cmt</i>
	<i>1400</i>							<i>Job Complete</i>
								<i>Thanks David, Scott & Brett</i>



DRILL STEM TEST REPORT

Prepared For: **Castle Resources Inc**

PO Box 583
Russell KS 67665+0583

ATTN: Jerry Green

Werth #1

3-13s-18w Ellis,KS

Start Date: 2022.11.14 @ 17:15:00

End Date: 2022.11.14 @ 22:59:32

Job Ticket #: 70003 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2022.11.15 @ 09:47:05



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Castle Resources Inc
PO Box 583
Russell KS 67665+0583
ATTN: Jerry Green

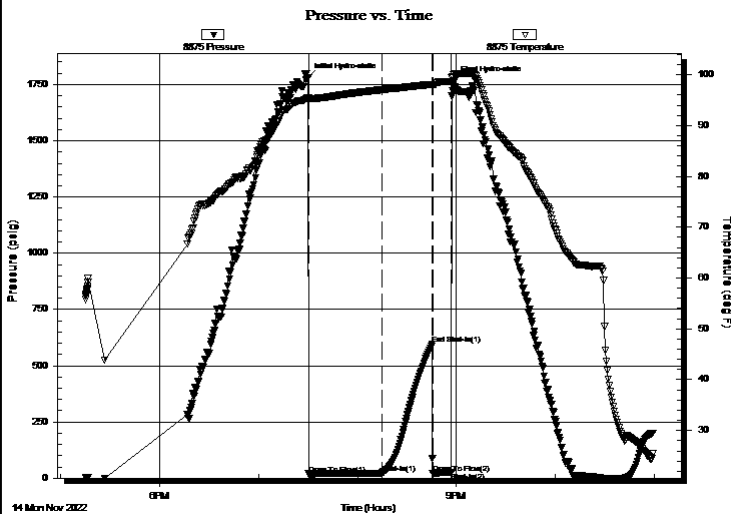
3-13s-18w Ellis,KS
Werth #1
Job Ticket: 70003 **DST#: 1**
Test Start: 2022.11.14 @ 17:15:00

GENERAL INFORMATION:

Formation: **LKC C**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 19:30:12
Time Test Ended: 22:59:32
Interval: **3478.00 ft (KB) To 3552.00 ft (KB) (TVD)**
Total Depth: 3785.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Reference Elevations: 2180.00 ft (KB)
2175.00 ft (CF)
KB to GR/CF: 5.00 ft
Test Type: Conventional Straddle (Initial)
Tester: Spencer J Staab
Unit No: 84

Serial #: 8875 **Inside**
Press@RunDepth: 22.64 psig @ 3481.00 ft (KB) Capacity: psig
Start Date: 2022.11.14 End Date: 2022.11.14 Last Calib.: 2022.11.14
Start Time: 17:15:01 End Time: 22:59:32 Time On Btm: 2022.11.14 @ 19:30:02
Time Off Btm: 2022.11.14 @ 20:58:42

TEST COMMENT: 45-IF-Surface to 1" Died @ 25 mins
30-ISI-No Return
5-IF-No Blow Flushed No Help



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1782.03	95.47	Initial Hydro-static
1	18.98	95.00	Open To Flow (1)
45	22.64	97.03	Shut-In(1)
76	594.44	98.09	End Shut-In(1)
76	22.31	98.02	Open To Flow (2)
87	24.48	98.69	Shut-In(2)
89	1765.50	100.07	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	OSM 100%M	0.21

Gas Rates

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



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

Castle Resources Inc
PO Box 583
Russell KS 67665+0583
ATTN: Jerry Green

3-13s-18w Ellis,KS
Werth #1
Job Ticket: 70003 **DST#: 1**
Test Start: 2022.11.14 @ 17:15:00

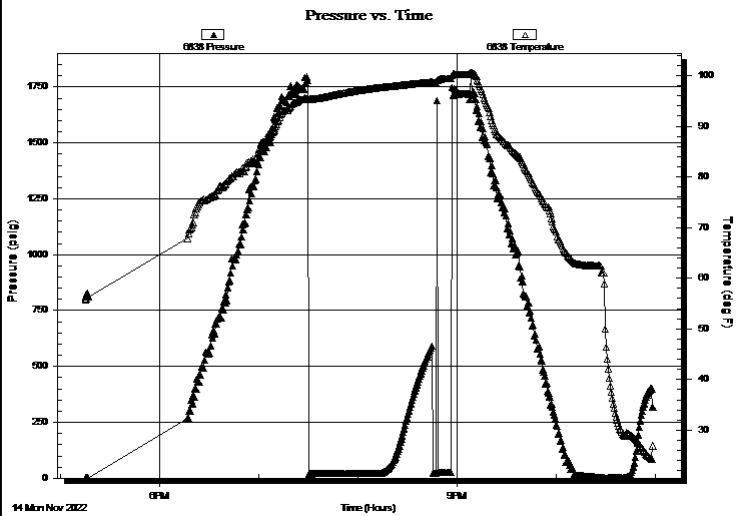
GENERAL INFORMATION:

Formation: LKC C		Test Type: Conventional Straddle (Initial)
Deviated: No Whipstock: ft (KB)		Tester: Spencer J Staab
Time Tool Opened: 19:30:12		Unit No: 84
Time Test Ended: 22:59:32		
Interval: 3478.00 ft (KB) To 3552.00 ft (KB) (TVD)		Reference Elevations: 2180.00 ft (KB)
Total Depth: 3785.00 ft (KB) (TVD)		2175.00 ft (CF)
Hole Diameter: 7.88 inchesHole Condition: Fair		KB to GR/CF: 5.00 ft

Serial #: 6838 Inside

Press@RunDepth: psig @ 3481.00 ft (KB)	Capacity: psig
Start Date: 2022.11.14 End Date: 2022.11.14	Last Calib.: 2022.11.14
Start Time: 17:15:01 End Time: 22:58:52	Time On Btm:
	Time Off Btm:

TEST COMMENT: 45-IF-Surface to 1" Died @ 25 mins
30-ISI-No Return
5-IF-No Blow Flushed No Help



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

Recovery		
Length (ft)	Description	Volume (bbl)
15.00	OSM 100%M	0.21

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



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Castle Resources Inc
 PO Box 583
 Russell KS 67665+0583
 ATTN: Jerry Green

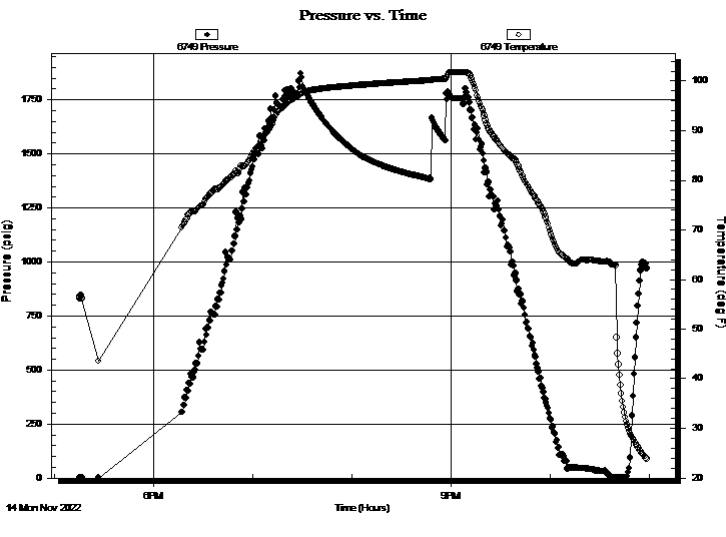
3-13s-18w Ellis,KS
Werth #1
 Job Ticket: 70003 **DST#: 1**
 Test Start: 2022.11.14 @ 17:15:00

GENERAL INFORMATION:

Formation: **LKC C**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Straddle (Initial)
 Time Tool Opened: 19:30:12 Tester: Spencer J Staab
 Time Test Ended: 22:59:32 Unit No: 84
 Interval: **3478.00 ft (KB) To 3552.00 ft (KB) (TVD)**
 Reference Elevations: 2180.00 ft (KB)
 Total Depth: 3785.00 ft (KB) (TVD) 2175.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 5.00 ft

Serial #: 6749 Below (Straddle)
 Press@RunDepth: psig @ 3556.00 ft (KB) Capacity: psig
 Start Date: 2022.11.14 End Date: 2022.11.14 Last Calib.: 2022.11.14
 Start Time: 17:15:01 End Time: 22:58:52 Time On Btm:
 Time Off Btm:

TEST COMMENT: 45-IF-Surface to 1" Died @ 25 mins
 30-ISI-No Return
 5-IF-No Blow Flushed No Help



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

Length (ft)	Description	Volume (bbl)
15.00	OSM 100%M	0.21

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Castle Resources Inc
PO Box 583
Russell KS 67665+0583
ATTN: Jerry Green

3-13s-18w Ellis,KS
Werth #1
Job Ticket: 70003 **DST#: 1**
Test Start: 2022.11.14 @ 17:15:00

Tool Information

Drill Pipe:	Length: 3455.00 ft	Diameter: 3.82 inches	Volume: 48.98 bbl	Tool Weight:	2200.00 daN
Heavy Wt. Pipe:	Length: ft	Diameter: 2.75 inches	Volume: - bbl	Weight set on Packer:	25000.00 daN
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose:	59000.00 daN
			<u>Total Volume:</u>	Tool Chased	ft
Drill Pipe Above KB:	4.00 ft			String Weight: Initial	53000.00 daN
Depth to Top Packer:	3478.00 ft			Final	53000.00 daN
Depth to Bottom Packer:	3552.00 ft				
Interval between Packers:	74.00 ft				
Tool Length:	335.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3452.00	
Shut In Tool	5.00			3457.00	
Hydraulic tool	5.00			3462.00	
Gap Sub	4.00			3466.00	
Safety Joint	3.00			3469.00	
Packer	5.00			3474.00	27.00 Bottom Of Top Packer
Packer	4.00			3478.00	
Stubb	1.00			3479.00	
Perforations	1.00			3480.00	
Change Over Sub	1.00			3481.00	
Recorder	0.00	6838	Inside	3481.00	
Recorder	0.00	8875	Inside	3481.00	
Drill Pipe	63.00			3544.00	
Change Over Sub	1.00			3545.00	
Perforations	2.00			3547.00	
Blank Off Sub	1.00			3548.00	
T S Packer	4.00			3552.00	74.00 Tool Interval
Packer	0.00			3552.00	
Stubb	1.00			3553.00	
Perforations	2.00			3555.00	
Change Over Sub	1.00			3556.00	
Recorder	0.00	6749	Below	3556.00	
Drill Pipe	223.00			3779.00	
Change Over Sub	1.00			3780.00	
Perforations	3.00			3783.00	
Bullnose	3.00			3786.00	234.00 Bottom Packers & Anchor

Total Tool Length: 335.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources Inc
 PO Box 583
 Russell KS 67665+0583
 ATTN: Jerry Green

3-13s-18w Ellis,KS
Werth #1
 Job Ticket: 70003 **DST#: 1**
 Test Start: 2022.11.14 @ 17:15:00

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: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 7000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	OSM 100%M	0.213

Total Length: 15.00 ft Total Volume: 0.213 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: 1.5#LCM

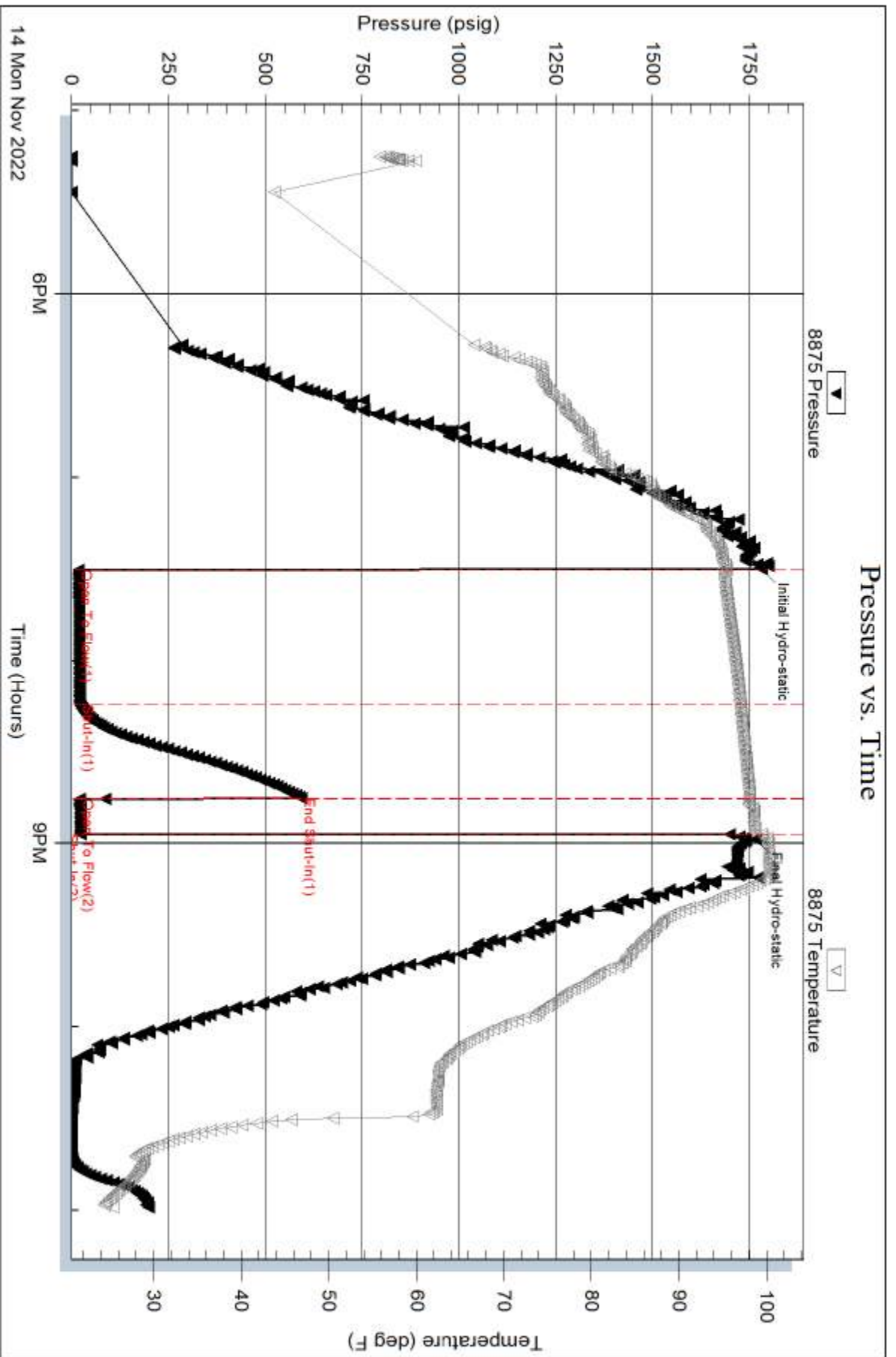
Serial #: 8875

Inside

Castle Resources Inc

Well #1

DST Test Number: 1



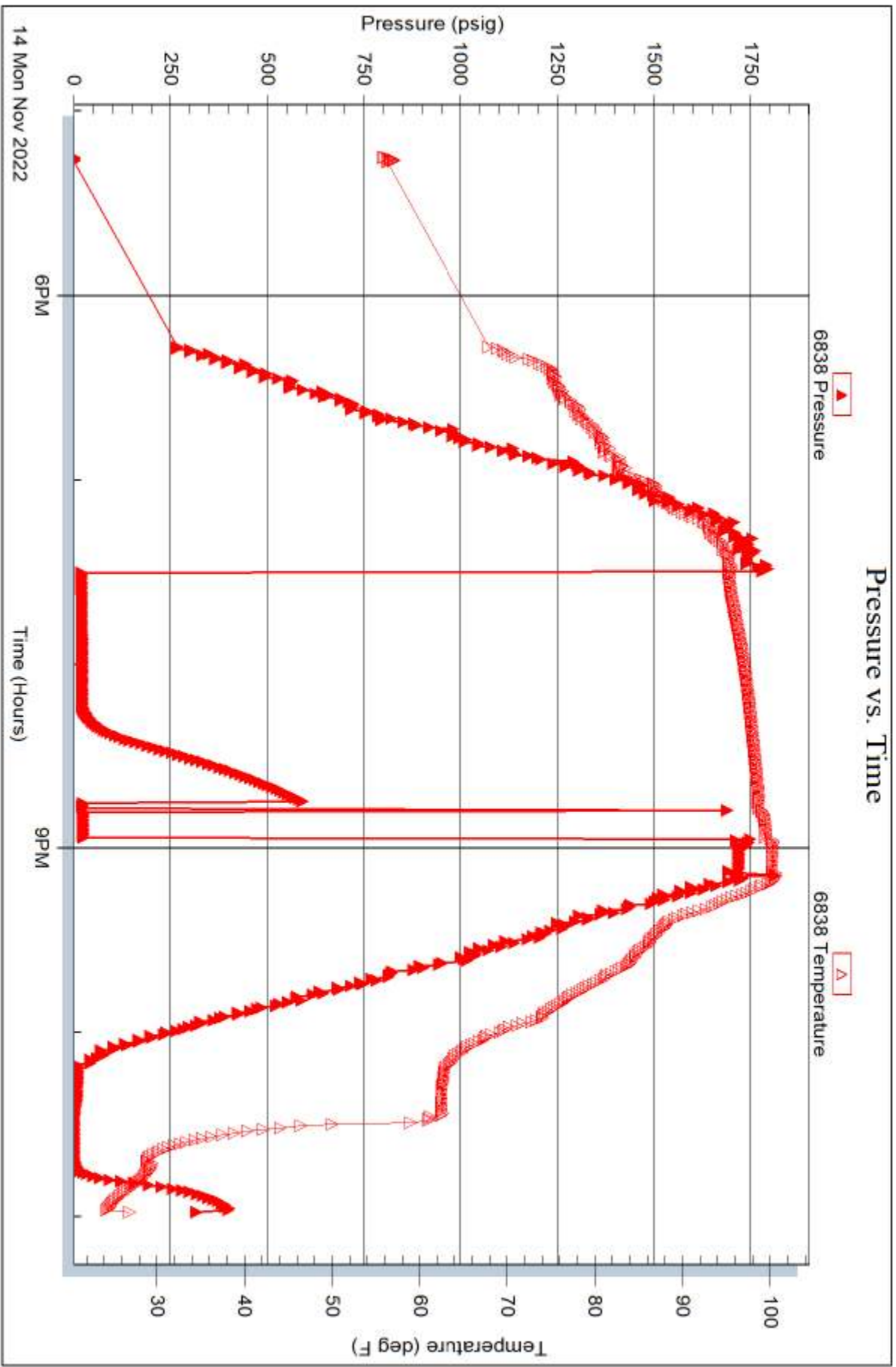
Serial #: 6838

Inside

Castle Resources Inc

Worth #1

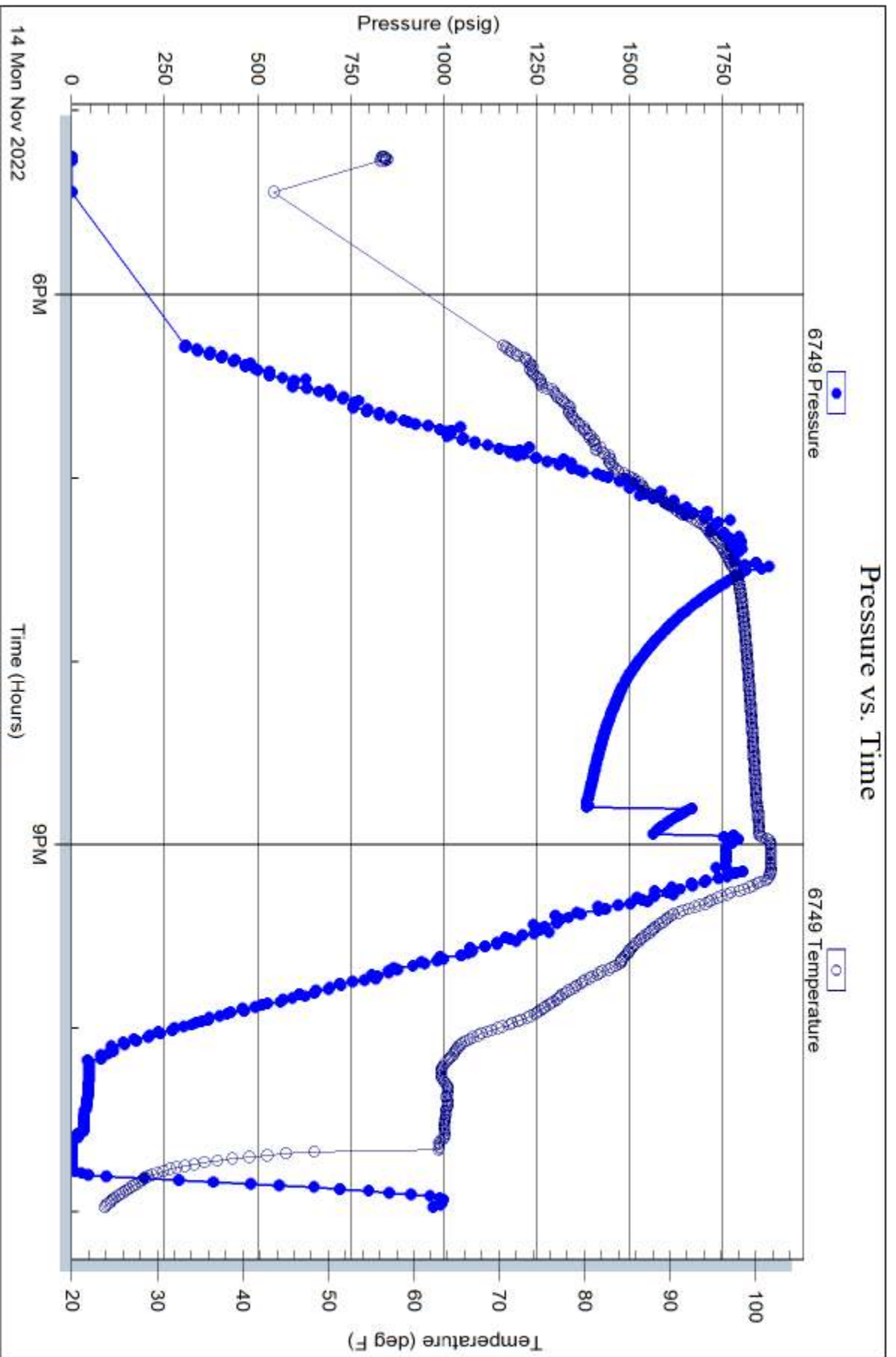
DST Test Number: 1



Triobite Testing, Inc

Ref. No: 70003

Printed: 2022.11.15 @ 09:47:06





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. **70003**

Well Name & No. Worth #1 Test No. 1 Date 11/14/2022
 Company Castle Resources Inc Elevation 2180 KB 2175 GL
 Address PO BOX 583 Russell Ks 67665 +0583
 Co. Rep / Geo Jerry Green Rig White Knight
 Location: Sec. 3 Twp 13s Rge. 18w Co. Ellis State Ks

Interval Tested 3478' - 3552' Zone Tested Lans C
 Anchor Length 74' 233' tail Drill Pipe Run 3455' Mud Wt. 8.9
 Top Packer Depth 3478' Drill Collars Run - Vis 50
 Bottom Packer Depth 3552' Wt. Pipe Run - WL 8.8
 Total Depth 3785' Chlorides 7000 ppm System LCM 1 1/2#
 Blow Description 77-Surface to 1"; 29ied @ 25 mins
SD- No Return
77- No Blow, Flushed; No help

Rec	Feet of	%gas	%oil	%water	%mud
<u>15'</u>	<u>OSM</u>			<u>100</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 15' BHT 98° Gravity - API RW - @ - °F Chlorides - ppm
 Initial Hydrostatic 1782 Test 1800 Ruined Shale Packer
 Initial Flow 18 to 22 Jars Ruined Packer
 Initial Shut-In 594 Circ Sub Hotel
 Final Flow 22 to 24 Hourly Standby EM Tool Successful
 Final Shut-In Mileage 1627 28 Accessibility
 Final Hydrostatic 1765 Sampler Gas Sample
 T- On Location 15:00 Straddle 800 Sub Total 0
 Initial Flow 45 T-Started 17:15 Shale Packer Total 2628
 Initial Shut-In 30 T-Open 19:26 Extra Packer Tool Loaded 11/14 @ 23.30
 Final Flow 5 ↑ T-Pulled 20:51 Extra Recorder MP/DST Disc't
 Final Shut-In 22:56 T-Out 22:56 Day Standby

Comments _____

Approved By _____ Our Representative Spencer J. Staal

TriLOBITE TESTING INC. shall not be liable for damage of any kind of 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.