

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](mailto: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	Arcadian Resources, LLC
Well Name	ELI UNIT 30-1
Doc ID	1743840

All Electric Logs Run

DIL
DUCP
MEL
GRCBL



# Sean Deenihan

## Petroleum Geologist

### GEOLOGIST'S REPORT

#### DRILLING TIME AND SAMPLE LOG

COMPANY **Arcadian Resources, LLC**  
 LEASE **Eli Unit #30-1**

ELEVATIONS  
 KB 3703'

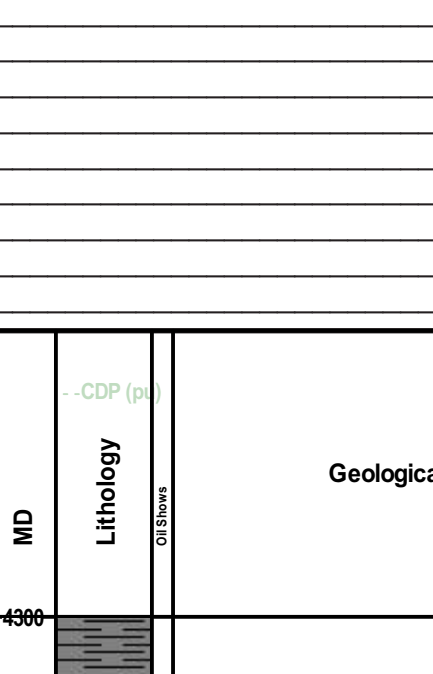
FIELD \_\_\_\_\_  
 LOCATION **1100' FSL & 100' FWL**  
 SEC **30** TWPSP **2S** RGE **41W**  
 COUNTY **Cheyenne** STATE **Kansas**  
 CONTRACTOR **Double D Drilling**  
 SPUD **8/31/23** COMP **9/6/23**  
 RTD **5120'** LTD **5120'**  
 MUD UP **3600'** TYPE MUD **Chemical**

SAMPLES SAVED FROM **3800'** TO **RTD**  
 DRILLING TIME KEPT FROM **3800'** TO **RTD**  
 SAMPLES EXAMINED FROM **3400'** TO **RTD**  
 GEOLOGICAL SUPERVISION FROM **3400'**

CONDUCTOR \_\_\_\_\_  
 SURFACE **8-5/8"** at **391'**  
 PRODUCTION **5.5"**

CASING \_\_\_\_\_  
 ELECTRICAL \_\_\_\_\_  
 REFERENCE WELL \_\_\_\_\_  
 CND/DIL \_\_\_\_\_  
 MIC/CLSON \_\_\_\_\_

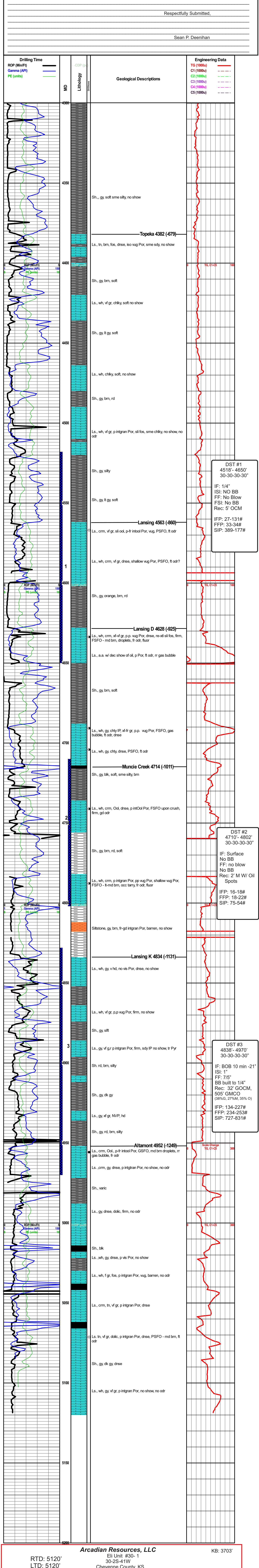
Formation	Sample Tops	E-log Tops	Struct. Fes.
Topeka		4382 (-679)	
Lansing		4563 (-860)	
Lansing K		4834 (-1131)	
Altamont		4952 (-1249)	



REMARKS The Eli Unit #30-1 had a few oil shows and encouraging DST results. Therefore, the decision was made to complete this well for commercial oil production.

Respectfully Submitted,

Sean P. Deenihan



**Arcadian Resources, LLC**  
 Eli Unit #30- 1  
 30-2S-41W  
 Cheyenne County, KS

RTD: 5120'  
 LTD: 5120'

KB: 3703'





**HURRICANE SERVICES INC**

Remit To: Hurricane Services, Inc.  
250 N. Water, Suite 200  
Wichita, KS 67202  
316-303-9515

Customer:  
ARCADIAN RESOURCES LLC  
313 E KANSAS ST  
GLEN ELDER, KS 67446

Invoice Date: 8/31/2023  
Invoice #: 0370819  
Lease Name: ELI  
Well #: 30-1 (New)  
County: Cheyenne, Ks  
Job Number: WP4668  
District: Oakley

Date/Description	HRS/QTY	Rate	Total
Surface	0.000	0.000	0.00
H-325	300.000	22.500	6,750.00
Light Eq Mileage	110.000	2.000	220.00
Heavy Eq Mileage	220.000	4.000	880.00
Ton Mileage	1,634.000	1.500	2,451.00
Depth Charge 0'-500'	1.000	1,000.000	1,000.00
Cement Blending & Mixing	300.000	1.400	420.00
Service Supervisor	1.000	275.000	275.00

*BJ*

**Total** 11,996.00

**TERMS:** Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

**SALES TAX:** Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

**WE APPRECIATE YOUR BUSINESS!**



Customer	Arcadian Resources	Lease & Well #	ELI Unit #30-1	Date	8/31/2023
Service District	Oakley KS	County & State	Cheyenne KS	Legals S/T/R	30-2S-41W
Job Type	Surface	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	Legals S/T/R New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Job #
					Ticket #
					WP 4668

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
947	John	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
537-520	Jose V	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
194-530	Christen	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
		<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

**Comments**


Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
CP015	H-325	sack	300.00	\$6,750.00
M015	Light Equipment Mileage	mi	110.00	\$220.00
M010	Heavy Equipment Mileage	mi	220.00	\$880.00
M020	Ton Mileage	tm	1,634.00	\$2,451.00
D010	Depth Charge: 0'-500'	job	1.00	\$1,000.00
C060	Cement Blending & Mixing Service	sack	300.00	\$420.00
R061	Service Supervisor	day	1.00	\$275.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?

	Total Taxable	\$ -	Tax Rate:		Net:	\$11,996.00
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely	State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.				Sale Tax:	\$ -
					Total:	\$ 11,996.00
	HSI Representative: <i>John Polley</i>					

**TERMS:** Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/4% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X \_\_\_\_\_ CUSTOMER AUTHORIZATION SIGNATURE









416 Main Street  
 P.O. Box 225  
 Victoria, KS 67671  
 Office (785) 639-3949  
 24 Hour Service Line (785) 639-7269

# Invoice

Date	Invoice #
9/7/2023	1061

Please Pay from this Invoice.  
 Remit Payment to:  
 416 Main Street PO BOX 225  
 Victoria, KS 67671  
 Billing Questions-Call Tianna at  
 (785) 639-3949  
 Email: franksoilfield@yahoo.com

KCC License Number  
 35469

Bill To
Arcadian Resources 313 E. Kansas St Glen Elder, KS 67446

County/State	Lease/Well#	Terms	Job Type
Cheyenne County, KS	Eli 30-1	Net 30	Top to Bottom

Description	Quantity	Rate	Amount
Pump Charge	1	2,500.00	2,500.00
Mileage	125	6.50	812.50
35.23 tons at 125 miles	4,403.75	1.50	6,605.63
Class A 10% salt, 5 Kolseal	200	27.00	5,400.00T
60/40 8% gel 1/4# Flo-Seal	550	17.95	9,872.50T
5-1/2" Guide Shoe AFU	1	600.00	600.00T
5-1/2" Latchdown Plug & Assembly	1	695.00	695.00T
5-1/2" Turbalizer Centralizers	15	108.00	1,620.00T
5-1/2" Basket	5	385.00	1,925.00T
51/2 Stop Ring	5	35.00	175.00T
Mud Flush	500	1.00	500.00T
KCL	6	30.00	180.00T
Discount		-1,544.28	-1,544.28

*W Thank you!*

*RD*

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

*We appreciate your business and look forward to serving you again!*

<b>Subtotal</b>	\$29,341.35
<b>Sales Tax (8.5%)</b>	\$1,693.13
<b>Balance Due</b>	\$31,034.48

# FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269  
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1061  
 LOCATION Hoxie  
 FOREMAN Tom Williams

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-7-23	35252	ELI 30-1	30	2	41	Cheyenne
CUSTOMER <u>Arcadian Resources</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			103 Tom W			
CITY STATE ZIP CODE			201 Otrick			
			21301 Jack T			

JOB TYPE Top to Bottom HOLE SIZE \_\_\_\_\_ HOLE DEPTH 5120' CASING SIZE & WEIGHT 5 1/2" 17#  
 CASING DEPTH 5113.70 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting + ran float equipment set up on double P.  
Hooked up head - circular mix 1000 gal KCL 500 gal mud flush +  
1000 gal KCL mix 550 sp like followed by 200 sp OWL wash clean +  
displace plug with 110 Bobs. Landed plug + released at 5:30 am  
Rack up make off  
Good cement circulation

30 RH 20 MH - 500 down hole Thanks Tom + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL004	1	PUMP CHARGE Top to Bottom	\$2500.00	\$2500.00
M001	125	MILEAGE	\$6.50	\$812.50
M002	35.23 tons	Top Mileage Delivery	\$6,105.62	\$6,105.62
CB031	200 sp	Class A 10% salt 5# KCl/sol	\$27.00	\$5400.00
CB021	550 sp	60/40 50 gal 1/4" floccul	\$17.95	\$9872.50
FE033	1	5 1/2" AFU guide shoe	\$400.00	\$400.00
FE036	1	5 1/2" hatch down plug Assy	\$195.00	\$195.00
FE014	15	5 1/2" turboized	\$108.00	\$1620.00
FE022	5	5 1/2" basket	\$385.00	\$1925.00
FE102	5	5 1/2" stop ring	\$35.00	\$175.00
CP013	500 gal	Mud Flush	\$1.00	\$500.00
CP014	6 gal	KCL	\$30.00	\$180.00
			Subtotal	\$30,986.62
			less 5% disc	\$1,549.23
			Subtotal	\$29,341.39
			SALES TAX	1693.13
			ESTIMATED TOTAL	31034.48

AUTHORIZATION Bonnie Baker TITLE Pusher DATE 9-7-23

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.



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Arcadian Resources, LLC

**30-2-41 Cheyenne, KS**

313 E Kansas St  
Glen Elder, KS 67446

**Eli Unit#30-1**

Job Ticket: 70443

**DST#: 3**

ATTN: Sean Deenihan

Test Start: 2023.09.05 @ 16:19:00

## GENERAL INFORMATION:

Formation: **LKC "K"- Marmaton**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 18:25:00

Time Test Ended: 23:08:45

Test Type: Conventional Bottom Hole (Reset)

Tester: Nathan Aneas

Unit No: 71

**Interval: 4838.00 ft (KB) To 4970.00 ft (KB) (TVD)**

Reference Elevations: 3702.00 ft (KB)

Total Depth: 4970.00 ft (KB) (TVD)

3696.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 6.00 ft

**Serial #: 8353**

**Inside**

Press@RunDepth: 252.96 psig @ 4839.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2023.09.05

End Date:

2023.09.05

Last Calib.:

2023.09.05

Start Time: 16:19:01

End Time:

23:08:45

Time On Btm:

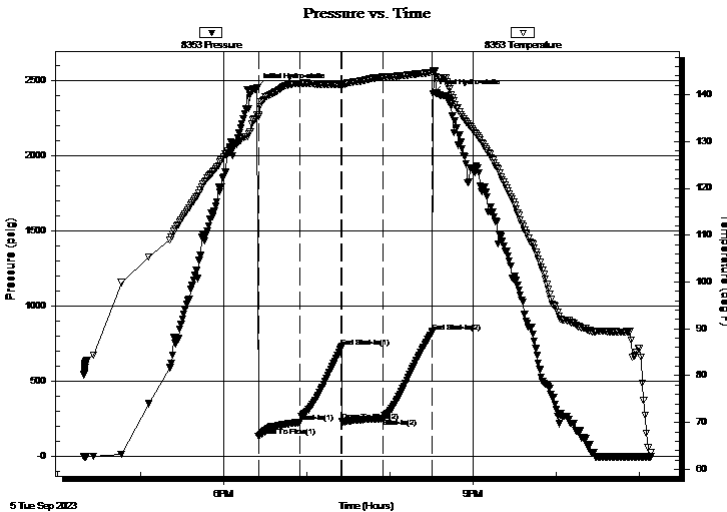
2023.09.05 @ 18:24:15

Time Off Btm:

2023.09.05 @ 20:31:15

**TEST COMMENT:** 30:IF- Fair surface blow , BOB in 10 min, final is 21"  
30:IS- Weak surface blow in 15 min, final built to 1"  
30:FF- Weak surface blow , built to 4 1/2" in 10 min, final is 7 1/2"  
30:FS- Weak surface blow , built to 1/4" and stayed for final

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2455.01	135.60	Initial Hydro-static
1	133.96	135.30	Open To Flow (1)
31	227.23	142.35	Shut-In(1)
61	726.94	142.29	End Shut-In(1)
62	233.50	142.19	Open To Flow (2)
91	252.96	143.74	Shut-In(2)
127	830.85	144.69	End Shut-In(2)
127	2415.50	145.17	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
32.00	GMCO 80%M 15%G 5%O	0.16
505.00	GMCO 38%G 35%O 27%M	7.08

## Gas Rates

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

\* Recovery from multiple tests







**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Arcadian Resources, LLC

**30-2-41 Cheyenne, KS**

313 E Kansas St  
Glen Elder, KS 67446

**Eli Unit#30-1**

Job Ticket: 70443

**DST#: 3**

ATTN: Sean Deenihan

Test Start: 2023.09.05 @ 16:19:00

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

35.6 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbbl

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

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1300.00 ppm

Filter Cake: 2.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
32.00	GMCO 80%M 15%G 5%O	0.157
505.00	GMCO 38%G 35%O 27%M	7.084

Total Length: 537.00 ft

Total Volume: 7.241 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

