

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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# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071

Home Office P.O. Box 32 Russell, KS 67665

No. 4159

Fax 785-324-1041

Date	7-12-24	Sec.	13	Twp.	17	Range	22	County	NESS	State	KS	On Location		Finish	4:30 PM
------	---------	------	----	------	----	-------	----	--------	------	-------	----	-------------	--	--------	---------

Location Brownell #w 5s 2E

Lease	<u>Albers</u>	Well No.	<u>1-13</u>	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor	<u>Double D</u>			Charge To	<u>SANGUINE Resources LLC</u>
Type Job	<u>SURFACE</u>			Street	<u>2604 E 23rd</u>
Hole Size	<u>12 1/4</u>	T.D.	<u>229</u>	City	<u>Hays</u> State <u>Ks 67663</u>
Csg.	<u>8 5/8</u>	Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tbg. Size		Depth		Cement Amount Ordered	<u>150 M 80/20 3-2</u>
Tool		Depth			
Cement Left in Csg.	<u>15'</u>	Shoe Joint			
Meas Line		Displace	<u>13.6</u>		

**EQUIPMENT**

Pumptrk	<u>17</u>	No.	<u>17</u>	Cementer	<u>Bill</u>	Common	<u>120</u>
				Helper		Poz. Mix	<u>30</u>
Bulktrk		No.		Driver	<u>NICK</u>	Gel.	<u>3</u>
Bulktrk		No.		Driver	<u>CORY</u>	Calcium	<u>0</u>

**JOB SERVICES & REMARKS**

Remarks:		Hulls	
Bat Hole		Salt	
House Hole		Flowseal	
Centralizers		Kol-Seal	
Baskets		Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
<u>pipe out e 229</u>		Sand	
<u>160 M</u>		Handling	<u>159</u>
<u>pump plug 13 1/2 bbls</u>		Mileage	
<u>Cent did CIRC</u>		<b>FLOAT EQUIPMENT</b>	
<u>Phub down 4:30</u>		Guide Shoe	
		Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	

Pumptrk Charge Surface  
Mileage 38

X Signature [Signature]

Thanks

Tax	
Discount	
Total Charge	

# ANKS 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 1281  
 LOCATION Horiz  
 FOREMAN Jace

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-20	3607	Albers #1-13	13	17	22	Ness

CUSTOMER Sanguine Resources, LLC  
 MAILING ADDRESS 2609 E 2380 Street  
 CITY Hays STATE KS ZIP CODE 67601

TRUCK #	DRIVER	TRUCK #	DRIVER
103	CK		
201	JT		

JOB TYPE PTA HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting & set up on DD. Plogged as ordered.  
1) 1590' 50sx  
2) 870' 80sx  
3) 270' 50sx  
4) 60' 20 RH 30sx MH 20sx  
250sx Thank you.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PROD1	1	PUMP CHARGE <u>PTA</u>	\$950 <sup>00</sup>	\$950 <sup>00</sup>
MILE1	53	MILEAGE	\$1.50	\$314 <sup>50</sup>
MILE2	11.12 tons	ton mileage delivery	\$884 <sup>04</sup>	\$884 <sup>04</sup>
CEN10	250 sx	Class A 60/40 4 bag 1/4# lb used	\$17 <sup>35</sup>	\$4337 <sup>50</sup>
			sub total	\$6,516 <sup>04</sup>
			less 5% disc.	\$325 <sup>80</sup>
			sub total	\$6,190 <sup>24</sup>
			SALES TAX	267.84
			ESTIMATED TOTAL	6458.08

AUTHORIZATION Burke 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.



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Sanguine Resources LLC

**13-17S-22W Ness, KS**

2604 E 23rd St.  
Hays, KS 67601

**Albers #1-13**

Job Ticket: 71979

**DST#: 1**

ATTN: Sean Deenihan

Test Start: 2024.07.17 @ 09:06:00

## GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:08:00

Time Test Ended: 14:15:15

Test Type: Conventional Bottom Hole (Initial)

Tester: Dustin Day

Unit No: 70

**Interval: 4190.00 ft (KB) To 4285.00 ft (KB) (TVD)**

Reference Elevations: 2285.00 ft (KB)

Total Depth: 4285.00 ft (KB) (TVD)

2278.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 7.00 ft

**Serial #: 8525 Inside**

Press@RunDepth: 37.10 psig @ 4191.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2024.07.17 End Date: 2024.07.17

Last Calib.: 2024.07.17

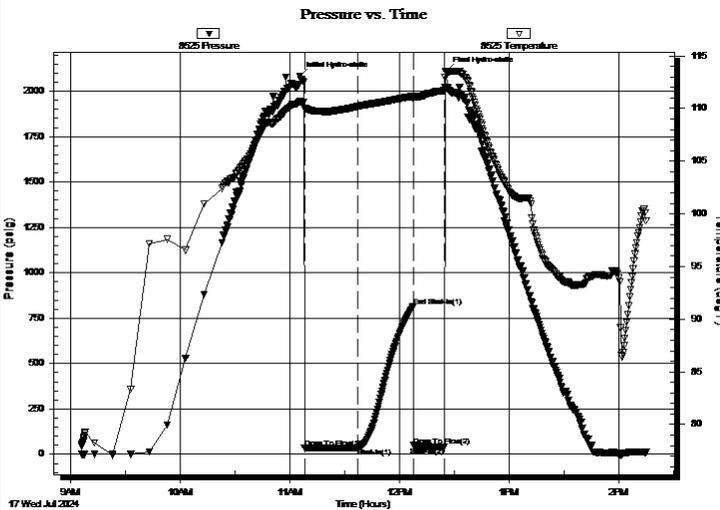
Start Time: 09:06:05 End Time: 14:15:14

Time On Btm: 2024.07.17 @ 11:05:30

Time Off Btm: 2024.07.17 @ 12:25:30

**TEST COMMENT:** IF-30- Built to 1.47"  
SI1-30- No return  
FF-17- Built to .85"  
Pull tool

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2083.65	110.66	Initial Hydro-static
3	35.02	109.99	Open To Flow (1)
32	37.10	110.20	Shut-In(1)
62	815.82	111.16	End Shut-In(1)
63	48.90	110.92	Open To Flow (2)
80	41.60	111.70	Shut-In(2)
80	2110.70	113.44	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
40.00	OCM 10% oil 90% mud	0.29

## Gas Rates

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





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

Sanguine Resources LLC

**13-17S-22W Ness, KS**

2604 E 23rd St.  
Hays, KS 67601

**Albers #1-13**

Job Ticket: 71979

**DST#: 1**

ATTN: Sean Deenihan

Test Start: 2024.07.17 @ 09:06:00

### 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: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 5.40 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3300.00 ppm

Filter Cake: 1.00 inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
40.00	OCM 10% oil 90% mud	0.288

Total Length: 40.00 ft

Total Volume: 0.288 bbl

Num Fluid Samples: 0

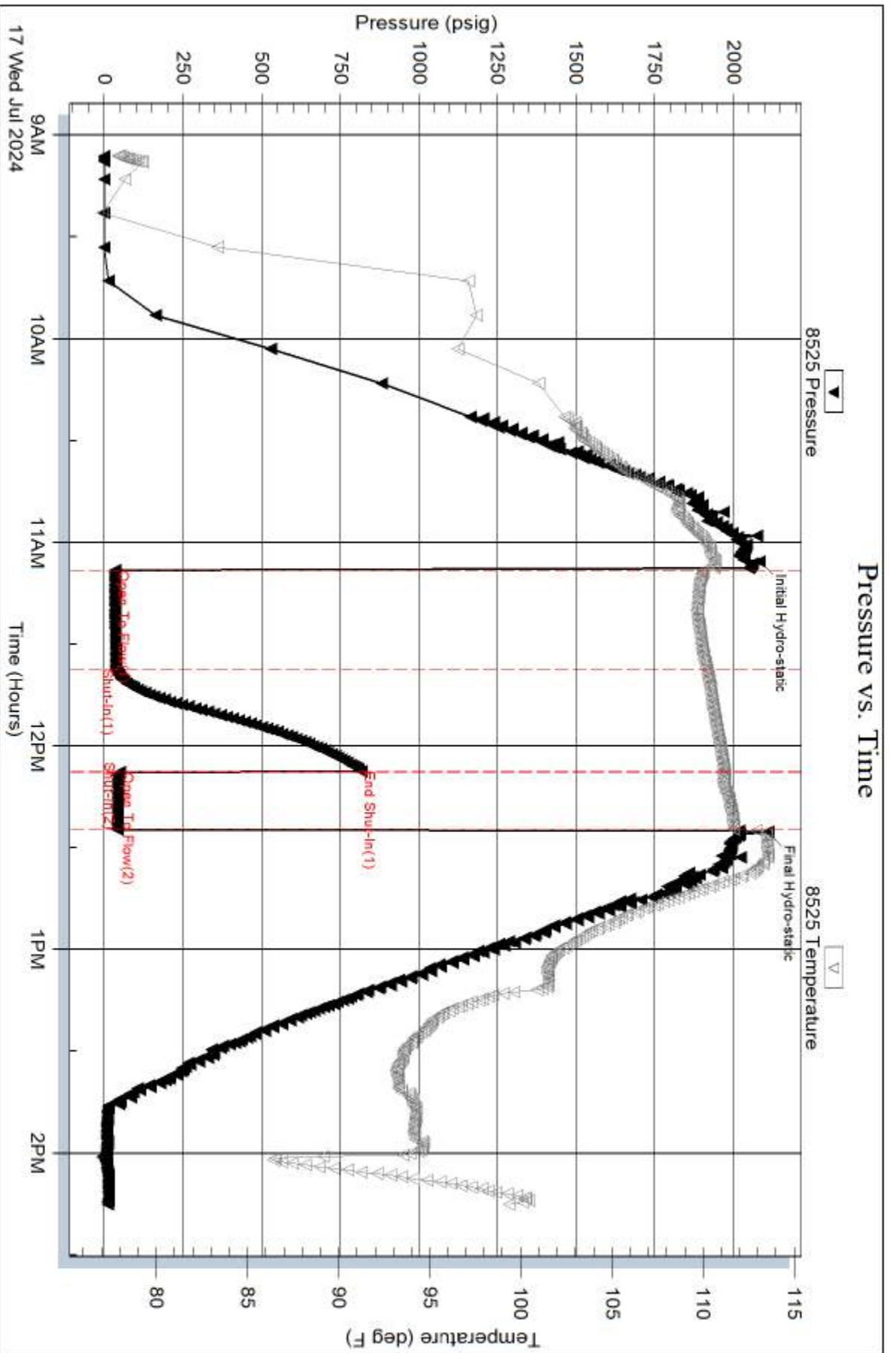
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 2# LCM

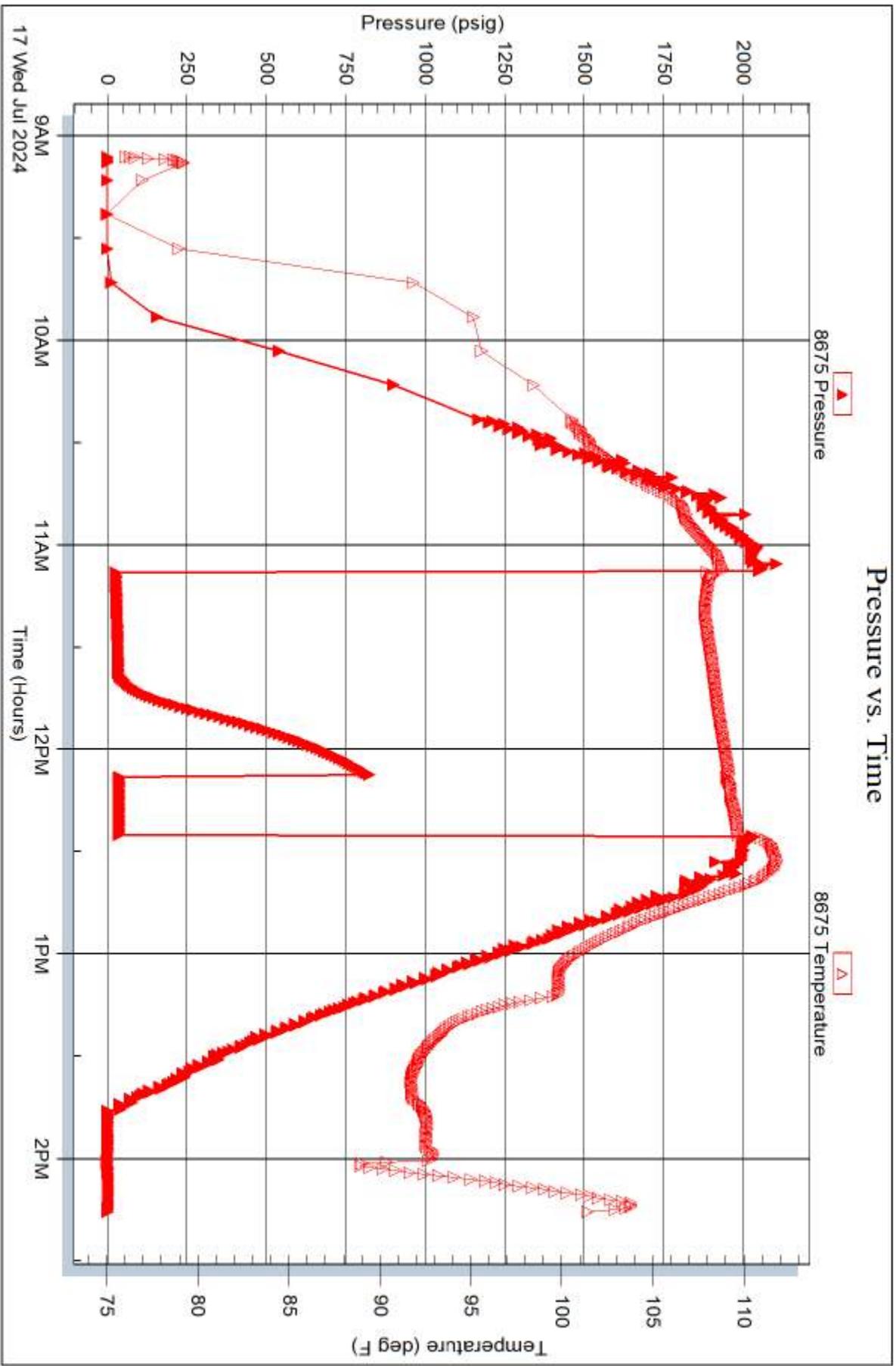


Serial #: 8675

Outside Sanguine Resources LLC

Albers #1-13

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 71979

Printed: 2024.07.17 @ 15:46:24



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Sanguine Resources LLC

**13-17S-22W Ness, KS**

2604 E 23rd St.  
Hays, KS 67601

**Albers #1-13**

Job Ticket: 71980

**DST#: 2**

ATTN: Sean Deenihan

Test Start: 2024.07.17 @ 20:50:00

## GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:39:00

Time Test Ended: 02:06:00

Test Type: Conventional Bottom Hole (Reset)

Tester: Dustin Day

Unit No: 70

**Interval: 4280.00 ft (KB) To 4293.00 ft (KB) (TVD)**

Reference Elevations: 2285.00 ft (KB)

Total Depth: 4293.00 ft (KB) (TVD)

2278.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 7.00 ft

**Serial #: 8675 Outside**

Press@RunDepth: 31.87 psig @ 4281.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2024.07.17

End Date:

2024.07.18

Last Calib.:

2024.07.18

Start Time: 20:50:05

End Time:

02:05:59

Time On Btm:

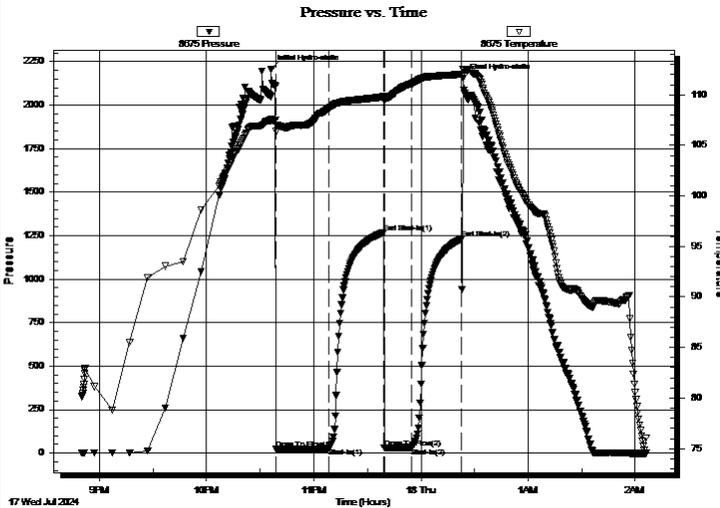
2024.07.17 @ 22:36:15

Time Off Btm:

2024.07.18 @ 00:23:30

**TEST COMMENT:** If-30- Built to 1.09"  
SI1-30- No return  
FF-15- Built to .28"  
SI2-30- No return

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2207.74	107.54	Initial Hydro-static
3	23.12	106.37	Open To Flow (1)
32	26.77	108.63	Shut-In(1)
63	1267.33	109.80	End Shut-In(1)
64	31.28	109.41	Open To Flow (2)
79	31.87	111.07	Shut-In(2)
107	1230.90	112.03	End Shut-In(2)
108	2155.22	112.48	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
30.00	SOCM 5% oil 95% oil	0.15

\* Recovery from multiple tests

## Gas Rates

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





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

Sanguine Resources LLC

**13-17S-22W Ness, KS**

2604 E 23rd St.  
Hays, KS 67601

**Albers #1-13**

Job Ticket: 71980

**DST#: 2**

ATTN: Sean Deenihan

Test Start: 2024.07.17 @ 20:50:00

### 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: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 5.40 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3300.00 ppm

Filter Cake: 1.00 inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
30.00	SOCM 5% oil 95% oil	0.148

Total Length: 30.00 ft      Total Volume: 0.148 bbl

Num Fluid Samples: 0

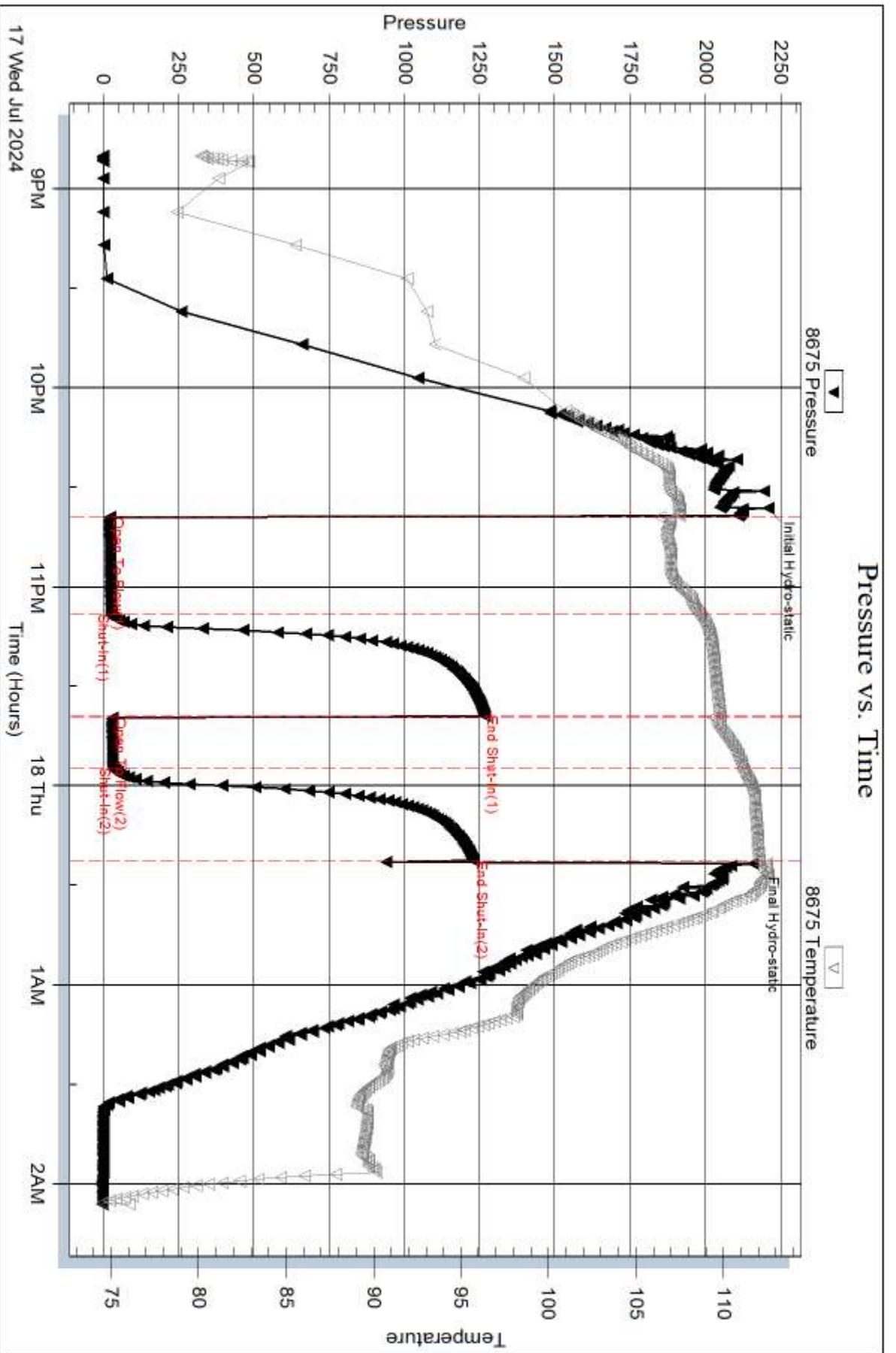
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



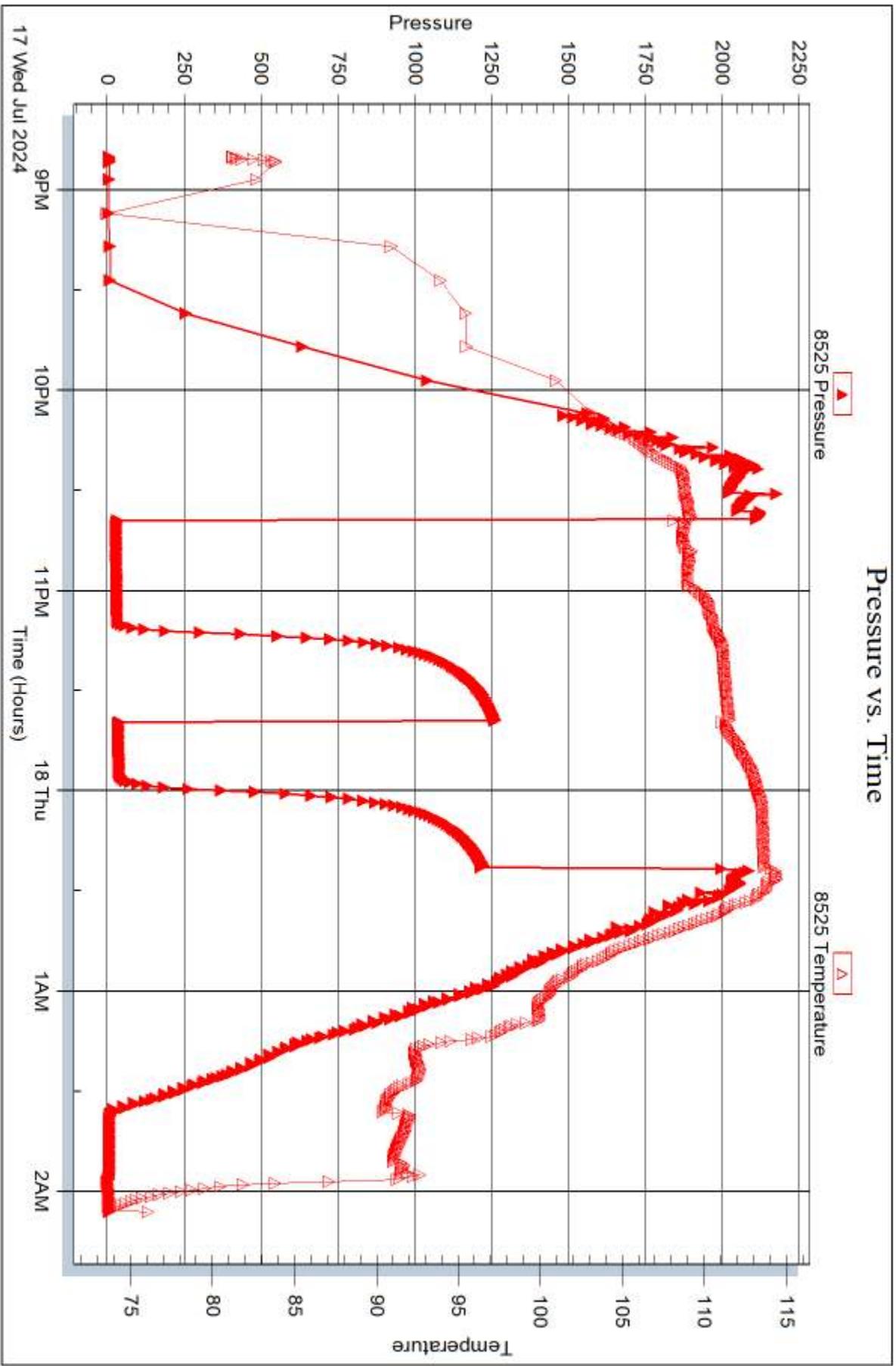
Serial #: 8525

Inside

Sanguine Resources LLC

Albers #1-13

DST Test Number: 2



Triobite Testing, Inc

Ref. No: 71980

Printed: 2024.07.18 @ 06:19:07



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Sanguine Resources LLC

**13-17S-22W Ness, KS**

2604 E 23rd St.  
Hays, KS 67601

**Albers #1-13**

Job Ticket: 71981

**DST#: 3**

ATTN: Sean Deenihan

Test Start: 2024.07.18 @ 15:05:00

## GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 16:57:00

Time Test Ended: 20:45:45

Test Type: Conventional Straddle (Reset)

Tester: Dustin Day

Unit No: 70

**Interval: 4282.00 ft (KB) To 4330.00 ft (KB) (TVD)**

Reference Elevations: 2285.00 ft (KB)

Total Depth: 4350.00 ft (KB) (TVD)

2278.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 7.00 ft

**Serial #: 8675 Outside**

Press@RunDepth: 414.07 psig @ 4288.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2024.07.18

End Date:

2024.07.18

Last Calib.:

2024.07.18

Start Time: 15:05:05

End Time:

20:45:44

Time On Btm:

2024.07.18 @ 16:54:45

Time Off Btm:

2024.07.18 @ 18:42:15

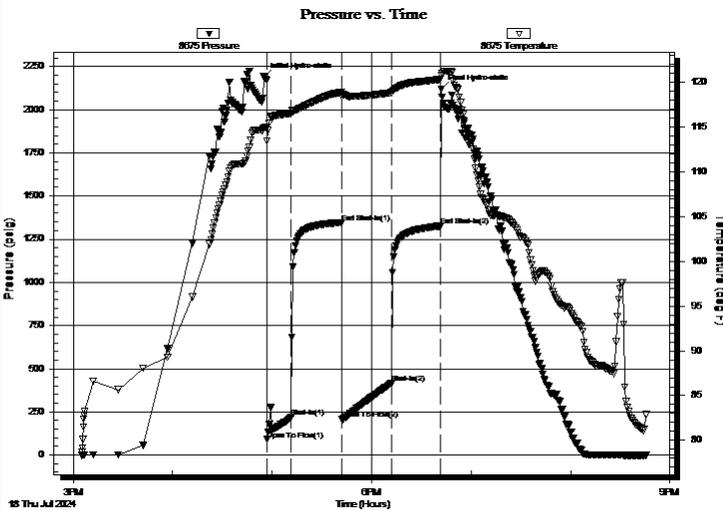
**TEST COMMENT:** Hit bridge 100' off bottom, worked through it

IF-15- BOB in 6 min, built to 28.31"

SI1-30- WSB

FF-30- BOB in 6 min, built to 53.55"

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2190.03	114.90	Initial Hydro-static
3	89.58	113.46	Open To Flow (1)
17	218.41	116.56	Shut-In(1)
47	1346.39	118.92	End Shut-In(1)
48	209.18	118.42	Open To Flow (2)
77	414.07	118.85	Shut-In(2)
107	1326.10	120.35	End Shut-In(2)
108	2119.78	120.77	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
380.00	GMCW 5% gas 5% mud 90% w ater	5.06
384.00	MW 50% mud 50% w ater	5.39
60.00	mud 100%	0.84

## Gas Rates

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

\* Recovery from multiple tests







**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

Sanguine Resources LLC

**13-17S-22W Ness, KS**

2604 E 23rd St.  
Hays, KS 67601

**Albers #1-13**

Job Ticket: 71981

**DST#: 3**

ATTN: Sean Deenihan

Test Start: 2024.07.18 @ 15:05:00

### 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:

15500 ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.00 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 7200.00 ppm

Filter Cake: 1.00 inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
380.00	GMCW 5% gas 5% mud 90% w ater	5.057
384.00	MW 50% mud 50% w ater	5.387
60.00	mud 100%	0.842

Total Length: 824.00 ft

Total Volume: 11.286 bbl

Num Fluid Samples: 0

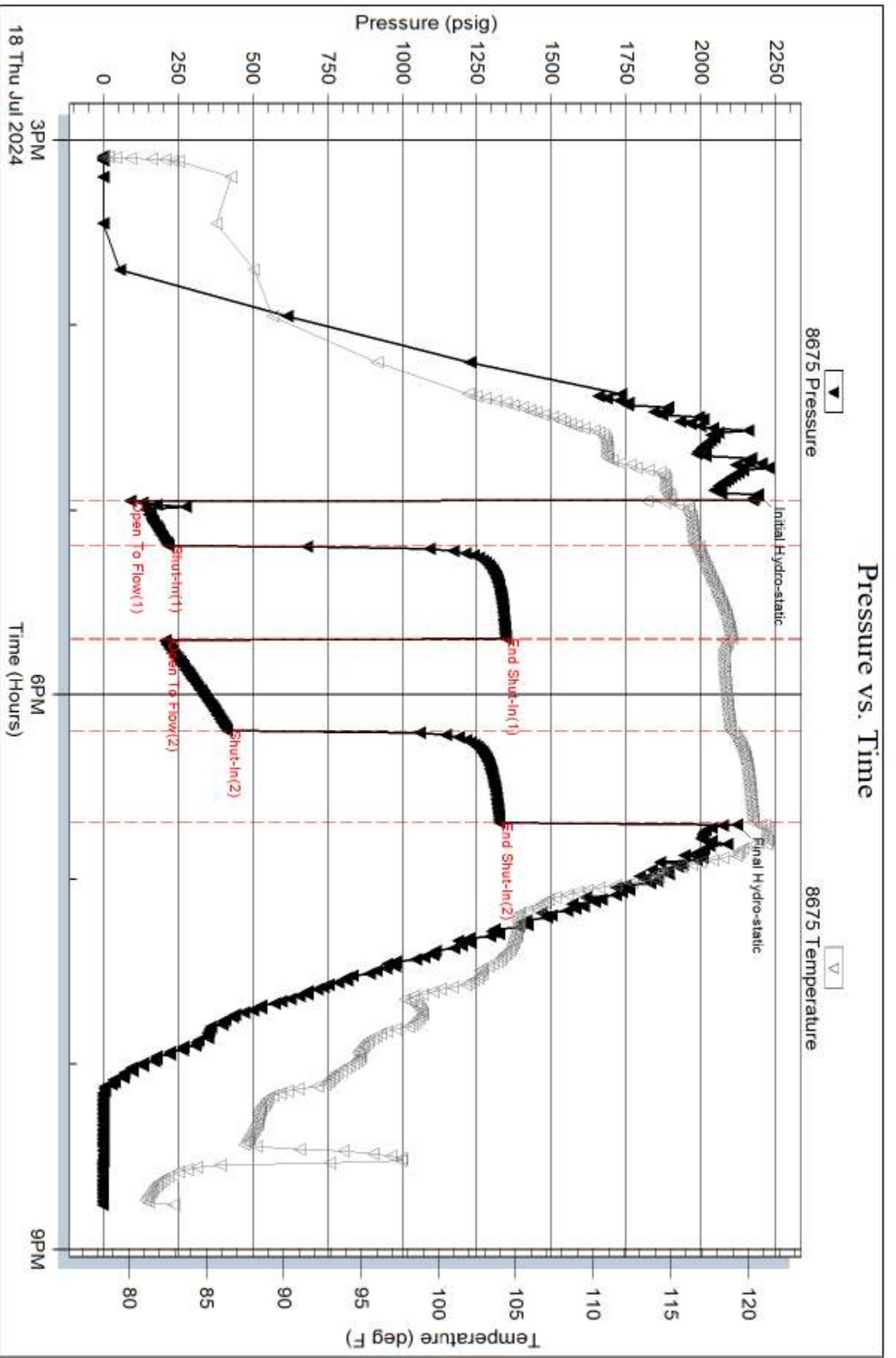
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 2# LCM



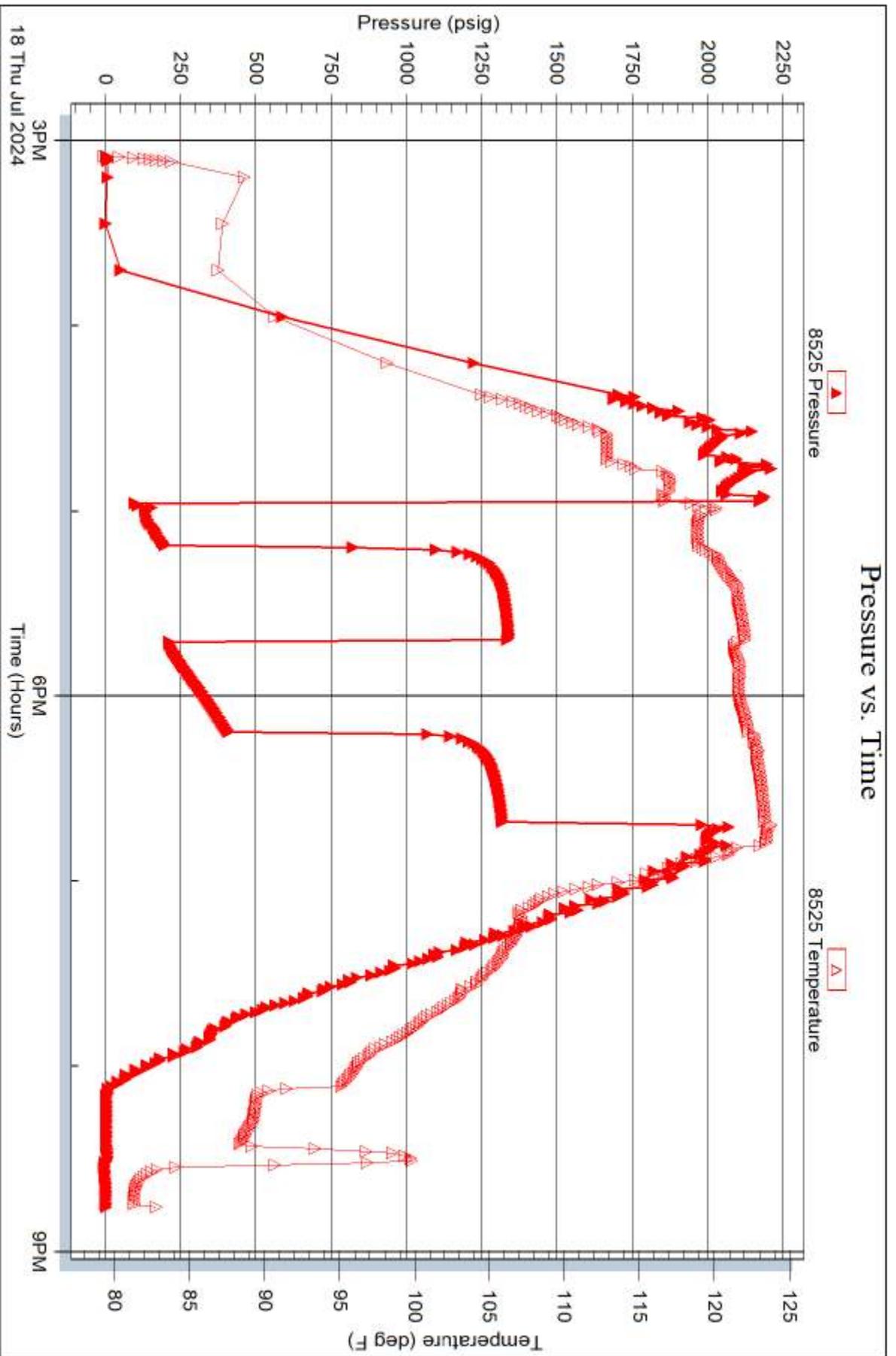
Serial #: 8525

Inside

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