

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)</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	Darrah Oil Company, LLC
Well Name	WK UNIT 1-19
Doc ID	1726720

All Electric Logs Run

Dual induction
Micro
sonic
neutron

COPELAND

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
(620) 463-5161 (620) 793-3366
FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
HAYSVILLE, KS 67060
(316) 524-1225
(316) 524-1027 FAX

Invoice

Page: 1

INVOICE NUMBER:
C80134-IN

BILL TO:

**DARRAH OIL COMPANY LLC
PO BOX 2786
WICHITA, KS 67202-2786**

LEASE: **WK UNIT 1-19**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
05/16/2023	80134		05/09/2023	WK UNIT 1-19	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		NEW WELL				
115.00	MI	MILEAGE PICKUP		0.00	4.00	460.00
115.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	690.00
1.00	EA	PUMP CHARGE LONG STRING		0.00	1,650.00	1,650.00
140.00	SK	60/40 POZ MIX 2% GEL		0.00	13.35	1,869.00
75.00	EACH	DEFOAMER C41-P		0.00	4.00	300.00
75.00	LB	FLUID LOSS C-12		0.00	6.50	487.50
75.00	LB	FRICTION REDUCER C-37		0.00	4.25	318.75
900.00	LB	FINE SALT		0.00	0.30	270.00
700.00	LB	GILSONITE		0.00	0.80	560.00
5.00	EA	5 1/2" CENTRALIZER		0.00	65.00	325.00
1.00	EA	LATCH DOWN PLUG & BAFFLE		0.00	175.00	175.00
1.00	EA	INSERT FLOAT SHOE		0.00	285.00	285.00
500.00	GAL	MUD FLUSH		0.00	1.00	500.00
178.00	EA	BULK CHARGE		0.00	1.25	222.50

Continued

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
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Invoice

INVOICE NUMBER:
C80134-IN

BILL TO:
 DARRAH OIL COMPANY LLC
 PO BOX 2786
 WICHITA, KS 67202-2786

LEASE: WK UNIT 1-19

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
05/16/2023	80134		05/09/2023	WK UNIT 1-19	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
353.63	MI	353.63		0.00	1.10	388.99
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		8,501.74
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		CHSCO Sales Tax:		344.27
				Invoice Total:		<u><u>8,846.01</u></u>
		NET 30 DAYS				

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



New well

FIELD ORDER N° C 80134

BOX 438 - HAYSVILLE, KANSAS 67060
316-524-1225

DATE 9-May 20 23

IS AUTHORIZED BY: Darrah (NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL AS FOLLOWS Lease WK Unit Well No. 1-19 Customer Order No. _____

Sec. Twp. Range _____ County Chase Co State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owner's risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our Invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0001	115	Mileage P.U.	\$4.00	\$460.00
20.0002	115	Mileage P.T.	\$6.00	\$690.00
20.0007	1	Pump Charge Long String	\$1,650.00	\$1,650.00
20.1002	140	60/40 Poz 2% Gel	\$13.35	\$1,869.00
20.1008	75	C-41P per lb. Defoamer	\$4.00	\$300.00
20.1009	75	C-12 per lb. Fluid Loss	\$6.50	\$487.50
20.101	75	C-37 per lb. Friction Reducer	\$4.25	\$318.75
20.1015	900	Fine Salt per lb.	\$0.30	\$270.00
20.1016	700	Gilsonite per lb.	\$0.80	\$560.00
20.2001	5	5 1/2" Centralizer	\$65.00	\$325.00
20.2009	1	Latch Down Plug & Baffle	\$175.00	\$175.00
20.2012	1	Insert Float Shoe	\$285.00	\$285.00
20.1018	500	Mud Flush per gal	\$1.00	\$500.00
0	0		\$0.00	\$0.00
0	0		\$0.00	\$0.00
0	0		\$0.00	\$0.00
0	0		\$0.00	\$0.00
	178	Bulk Charge	\$1.25	\$222.50
	353.63	Bulk Truck Miles	\$1.10	\$388.99
		Process License Fee on Gallons		
TOTAL BILLING				\$8,501.74

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Joe S.

Station GB

Remarks _____ Well Owner, Operator or Agent

NET 30 DAYS

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

INVOICE NUMBER:
C60832-IN

BILL TO:
 DARRAH OIL COMPANY LLC
 PO BOX 2786
 WICHITA, KS 67202-2786

LEASE: WINEGARDNER 1-19

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
05/16/2023	60832		05/05/2023	WINEGARDNER 1-19	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		NEW WELL				
100.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	600.00
1.00	EA	PUMP CHARGE SURFACE		0.00	1,150.00	1,150.00
150.00	SK	COMMON CEMENT		0.00	16.75	2,512.50
9.00	SK	CALCIUM CHLORIDE		0.00	42.00	378.00
159.00	EA	BULK CHARGE		0.00	1.25	198.75
364.00	MI	BULK TRUCK - TON MILES		0.00	1.10	400.40
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		5,239.65
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		CHSCO Sales Tax:		216.79
		NET 30 DAYS		Invoice Total:		5,456.44

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

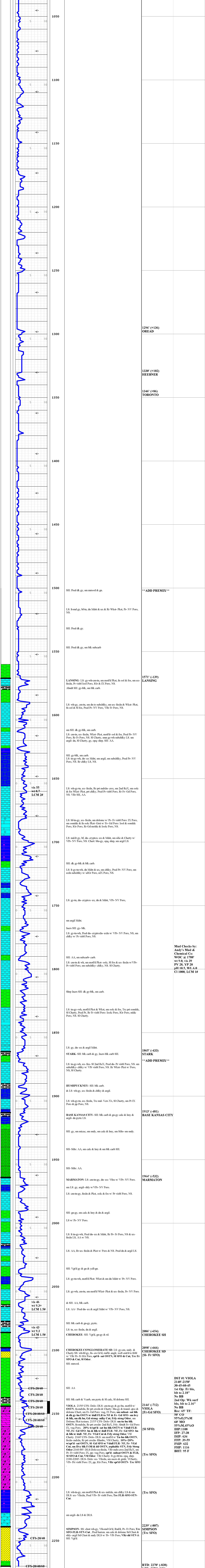
Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

COMPANY DARRAH OIL COMPANY, LLC LEASE WK UNIT #1-19 FIELD LOCATION 1026' FNL & 2396' FWL SECTION 19 TOWNSHIP 19S RANGE 06E COUNTY CHASE STATE KANSAS		ELEVATIONS KB 1432' GL 1424' Measurements Are All From KB API # 15-017-20932
CONTRACTOR DUKE DRILLING, Rig #2 SPUD 05/04/2023 COMP 05/09/2023 RTD 2270' LTD 2270' ELE. DIL. CDL/CNL/PE MEL/SONIC		CASING SURFACE 8.58" Set @ 210' w/ 240sks Common 3% cc. PRODUCTION 5 1/2" set @ 2265' w/ 115 sks
FORMATION TOPS		LOG
SAMPLES		CHRONOLOGY

FORMATION TOPS OREAD 1295' (+137) HEBNER 1328' (+104) TORONTO 1343' (+89) LANSING 1570' (-138) STARK 1863' (-431) BASE KANSAS CITY 1913' (-481) MARMATON 1964' (-532) CHEROKEE SH 2086' (-653) CHEROKEE CONGLSD 2098' (-666) VIOLA 2143' (-711) SIMPSON 2238' (-806) RTD/LTD 2270' (-838)	LOG 1295' (+137) 1328' (+104) 1343' (+89) 1570' (-138) 1863' (-431) 1913' (-481) 1964' (-532) 2086' (-653) 2098' (-666) 2143' (-711) 2238' (-806) 2270' (-838)	SAMPLES 1296' (+136) 1330' (+102) 1346' (+86) 1571' (-139) 1865' (-433) 1913' (-481) 1964' (-532) 2086' (-654) 2098' (-666) 2144' (-712) 2239' (-807) 2270' (-838)	CHRONOLOGY 05/04/2023- MIRU Duke Drilling, Rig #2, SPUD 12 1/4" hole @ 4:45 PM. DTD 225' & set 8.58" surface casing @ 210' w. 240 sks common 3% cc. Cement did circulate. 05/05/2023- WOC @ 225' @ 7 AM. 05/06/2023- Drlg @ 855' @ 7 AM. Displace mud system @ 1500'. 05/07/2023- Drlg @ 1722' @ 7 AM. 05/08/2023- DST #1 @ 2150' @ 7 AM. 05/09/2023- RTD 2270' @ 7 AM. Running open hole 3-1/2" Rm 5-1/2" production casing, set @ 2265' w/ 115 sks. Job complete @ 8:30 PM.
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REMARKS:
 Production casing was set on the Darrah Oil WK Unit #1-19 test well for further evaluation.
 Respectfully submitted,
 Roger L. Martin, Geologist



Mud Checks by:
 Andy's Mud & Chemical Co.
 WOC @ 1788'
 PV 28, YP 20
 pH 10.5, WL 6.0
 CI 1000, LCM 1#

1865' (-433) STARK
****ADD PREMIX****

1913' (-481) BASE KANSAS CITY

1964' (-532) MARMATON

2086' (-654) CHEROKEE SH

2098' (-666) CHEROKEE SD (SI- Fr SFO)

2144' (-712) VIOLA (Fr-Gd SFO)

2239' (-807) SIMPSON (Trc SFO)

RTD: 2270' (-838)
LTD: 2270' (-838)

DARRAH OIL WK UNIT #1-19
1026'FNL&2396'FWL
Sec.19-19S-06E
CHASE CO., KS
15-017-20932



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Darrah Oil
125 N Market Suite 1015
Wichita KS 67202
ATTN: Roger Martin

19-19S-6E/Chase
WK Unit #2-19
Job Ticket: 65036 **DST#: 1**
Test Start: 2023.05.08 @ 10:39:00

GENERAL INFORMATION:

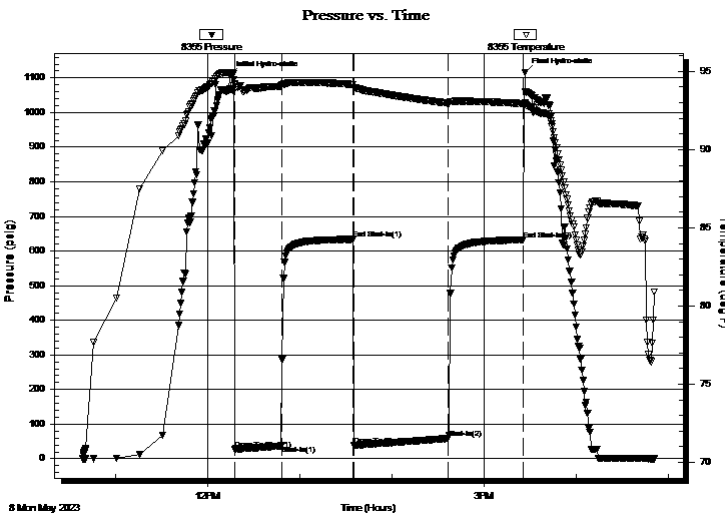
Formation: **Viola**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 12:17:45
Time Test Ended: 16:51:15
Interval: **2140.00 ft (KB) To 2150.00 ft (KB) (TVD)**
Total Depth: 2150.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Richie Samora
Unit No: 66
Reference Elevations: 1432.00 ft (KB)
1424.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8355

Press@RunDepth: 58.75 psig @ ft (KB) Capacity: 8000.00 psig
Start Date: 2023.05.08 End Date: 2023.05.08 Last Calib.: 1899.12.30
Start Time: 10:39:05 End Time: 16:51:14 Time On Btm: 2023.05.08 @ 12:14:45
Time Off Btm: 2023.05.08 @ 15:26:45

TEST COMMENT: 30-IF: Fair blow built to 2.18"
45-ISI: No blow back
60-FF: Weak surface blow built to 2.16"
45-FSI: No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1108.13	94.93	Initial Hydro-static
3	26.69	94.22	Open To Flow (1)
34	37.51	94.06	Shut-In(1)
80	633.70	94.16	End Shut-In(1)
81	38.81	93.99	Open To Flow (2)
142	58.75	92.97	Shut-In(2)
191	631.98	92.94	End Shut-In(2)
192	1115.81	92.97	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	MO 55%M 45%O	0.30
5.00	CO 95%O 5%M	0.02

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Darrah Oil

19-19S-6E/Chase

125 N Market Suite 1015
Wichita KS 67202

WK Unit #2-19

Job Ticket: 65036

DST#: 1

ATTN: Roger Martin

Test Start: 2023.05.08 @ 10:39:00

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: 39.00 sec/qt

Cushion Volume:

bbbl

Water Loss: in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	MO 55%M 45%O	0.295
5.00	CO 95%O 5%M	0.025

Total Length: 65.00 ft Total Volume: 0.320 bbl

Num Fluid Samples: 0

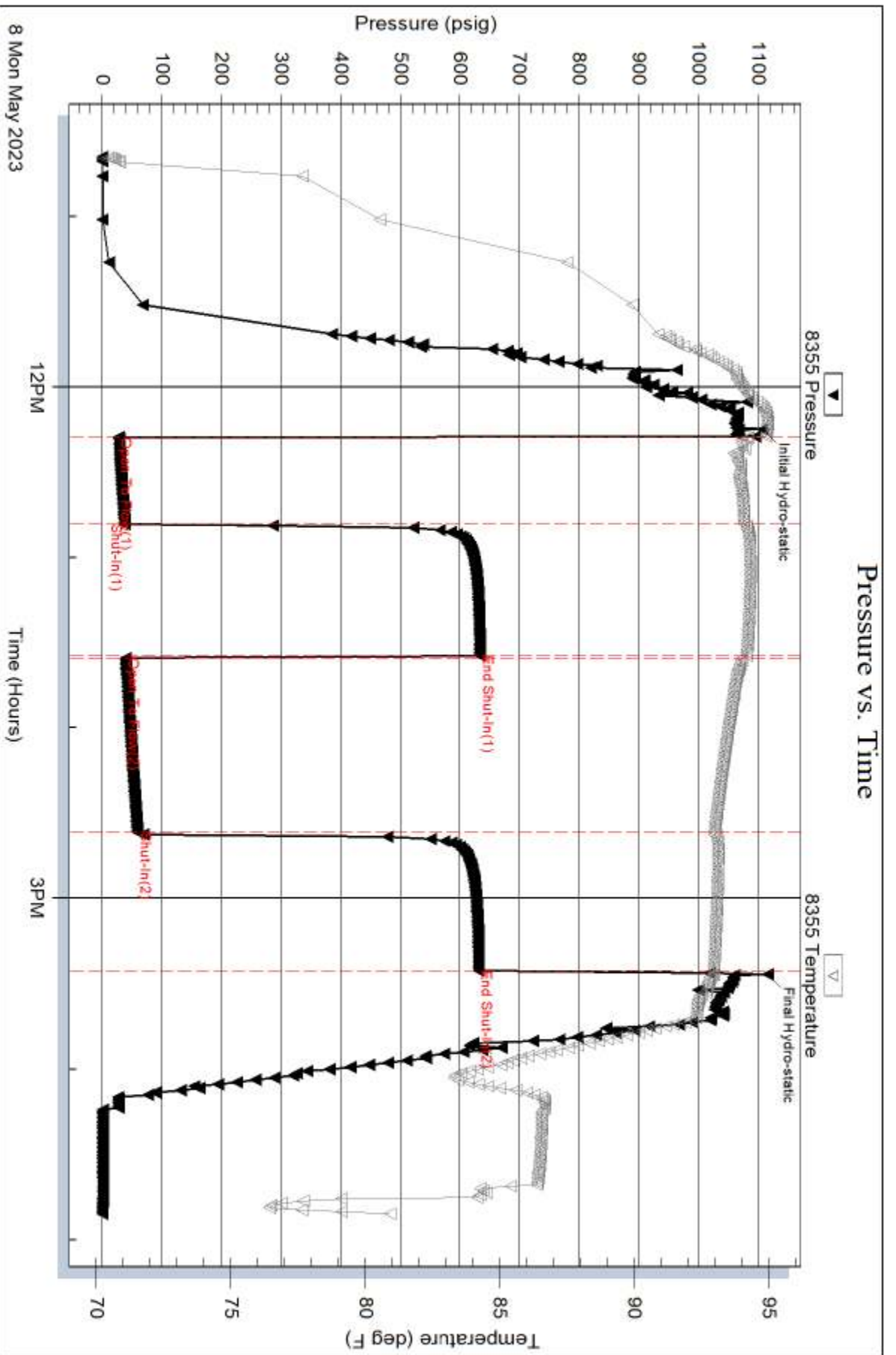
Num Gas Bombs: 0

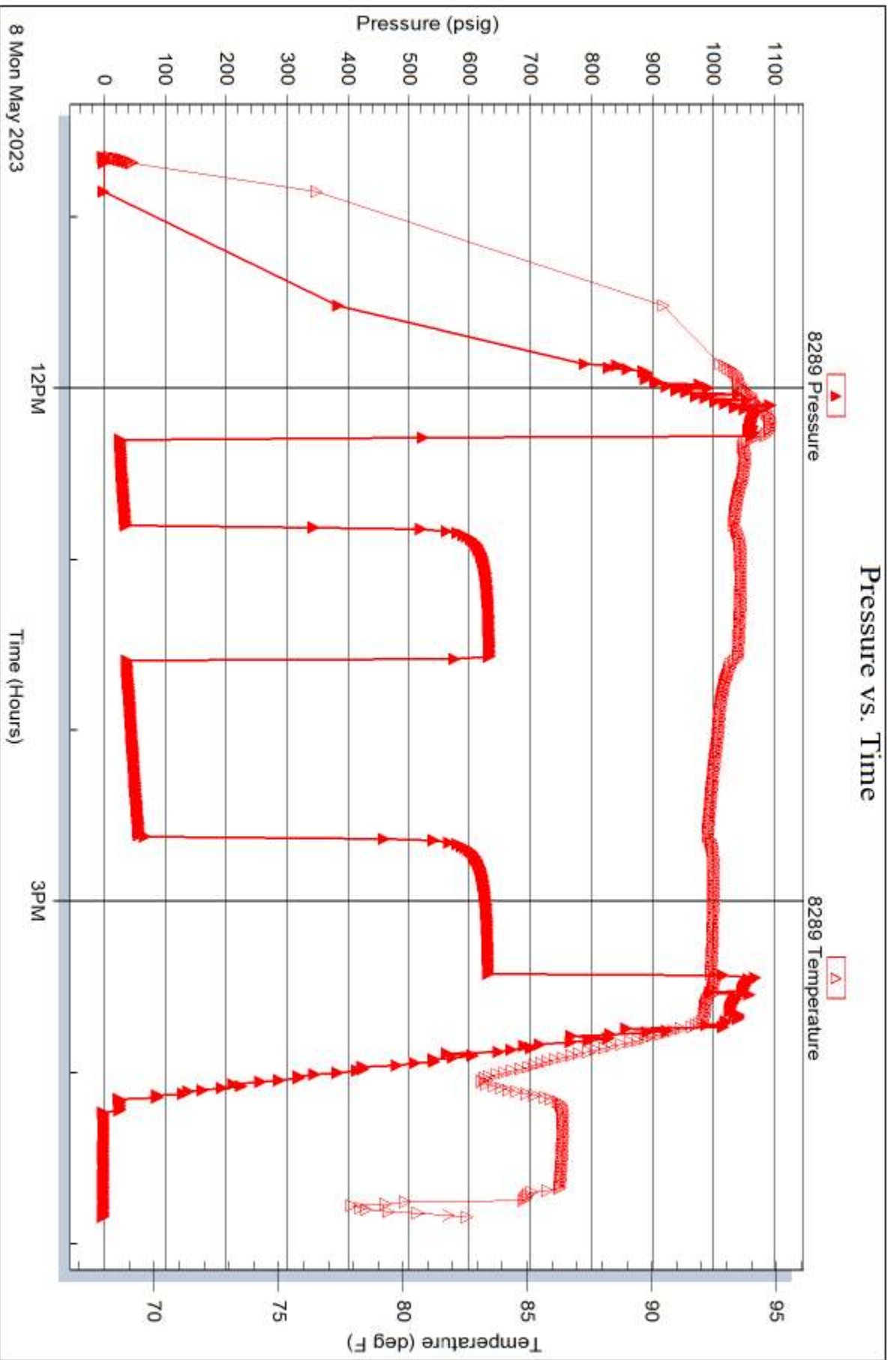
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:







**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Darrah Oil
125 N Market Suite 1015
Wichita KS 67202
ATTN: Roger Martin

19-19S-6E/Chase
WK Unit #2-19
Job Ticket: 65036 **DST#: 1**
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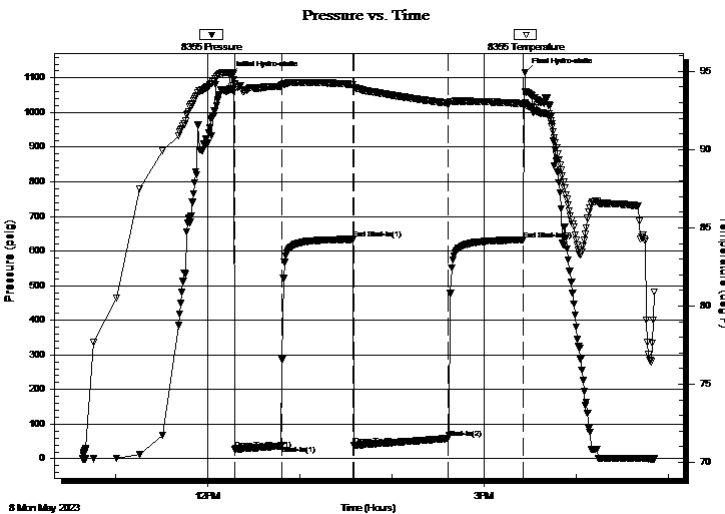
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Hole Diameter: 7.88 inches Hole Condition: Good
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Tester: Richie Samora
Unit No: 66
Reference Elevations: 1432.00 ft (KB)
1424.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8355

Press@RunDepth: 58.75 psig @ ft (KB) Capacity: 8000.00 psig
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Recovery

Length (ft)	Description	Volume (bbl)
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Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Darrah Oil

19-19S-6E/Chase

125 N Market Suite 1015
Wichita KS 67202

WK Unit #2-19

Job Ticket: 65036

DST#: 1

ATTN: Roger Martin

Test Start: 2023.05.08 @ 10:39:00

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: 39.00 sec/qt

Cushion Volume:

bbbl

Water Loss: in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	MO 55%M 45%O	0.295
5.00	CO 95%O 5%M	0.025

Total Length: 65.00 ft Total Volume: 0.320 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

