

BEE FORMATION TESTING CO.

P. O. BOX 491

№ 1802

GREAT BEND, KANSAS

DATE 7-17-56

CUSTOMER'S ORDER NO. _____

NAME OF COMPANY C.R.A.

ADDRESS TO MAIL INVOICE Box 765 Great Bend, KS.

ADDRESS TO MAIL PRESSURE CHARTS Same

LEASE Copeland WELL NO. 1 COUNTY STAFFORD STATE KS.

TESTER William M. Blake APPROVED J.A. Jusse

DRILL STEM TEST NO. 1 SUCCESSFUL NO. _____ MIS-RUN NO. _____ FORMATION TESTED Viola

SIZE HOLE 7 7/8 TOOL JT. 4 1/2 F.H.

RUBBER SIZE 6 3/4 - 2 7/8 - 30 TEST TOOL SIZE 4 7/8

PACKER SET AT 4100 ANCHOR SIZE 4 1/2

TOTAL DEPTH WELL 4140 LENGTH ANCHOR 40'

PRESSURE RECORDER CAP. 3500 - 3500 DRILL PIPE RUN: DRY yes WITH FLUID _____

RESULTS:

PACKER SET 7:40 A.M. TOOL OPEN 7:45 A.M. TOOL OPEN 30 MIN HRS.

BLOW Weak Blow For 9 MIN. + Died.

By-passed Tool Weak Blow For 6 MIN. + Died.

RECOVERY 35 FT. Drlg. Mud.

SHUT IN PRESSURE TIME 20 MIN. MUD WT. 10.3 VIS. 52 WATER LOSS 9.6

BHP 0 IFP 0 FFP 0 HYDROSTATIC HEAD 2250

EXTRA EQUIPMENT Jars + Safety Joint JARS yes NO. 183 SIZE S.R. Bowen

OPERATOR TIME _____ TOOL RENTAL TIME _____

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SHALL NOT BE LIABLE FOR DAMAGE OF ANY KIND TO THE PROPERTY OR PERSONNEL OF THE PARTY FOR WHOM A TEST IS MADE, OR FROM ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH OR IN THE COURSE OF THE USE OF ITS EQUIPMENT, ALL OF WHICH LOSS OR DAMAGE IS ASSUMED BY THE CUSTOMER. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT THE COST OF THE PARTY FOR WHOM TEST IS MADE.



