



WESTERN TESTING CO., INC.

FORMATION TESTING

TICKET N^o 20475P. O. BOX 1599 PHONE (316) 262-5861
WICHITA, KANSAS 67201Elevation 1490 KB Formation Miss Eff. Pay Ft.District GREAT Bend Date 6-30-94 Customer Order No. COMPANY NAME Range Oil Company, Inc.ADDRESS 125 N. MARKET 1120 KSB-T Bldg, WICHITA, KS 67202LEASE AND WELL NO. Penner #1 COUNTY McPherson STATE KS Sec. 14 Twp. 18^s Rge. 1^wMail Invoice To SAME Co. Name Address No. Copies Requested RegMail Charts To SAME Co. Name Address No. Copies Requested RegFormation Test No. 1 Interval Tested From ft. to ft. Total Depth ft.Packer Depth ft. Size 6 5/8 in. Packer Depth ft. Size in.Packer Depth ft. Size 6 5/8 in. Packer Depth ft. Size in.Depth of Selective Zone Set Top Recorder Depth (Inside) ft. Recorder Number 10270 Cap. 4150Bottom Recorder Depth (Outside) ft. Recorder Number 13550 Cap. 4175Below Straddle Recorder Depth ft. Recorder Number Cap. Drilling Contractor GLAUES DRILLING Drill Collar Length I. D. in.Mud Type Chemical Viscosity 48 Weight Pipe Length I. D. in.Weight 9.8 Water Loss cc. Drill Pipe Length I. D. 3.8 in.Chlorides P.P.M. Test Tool Length 20 ft. Tool Size 5 1/2 in.Jars: Make Serial Number Anchor Length ft. Size 5 1/2 in.Did Well Flow? Reversed Out Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 H in.Blow: FF-FF-Recovered ft. of Recovered ft. of Recovered ft. of Recovered ft. of Recovered ft. of Chlorides P.P.M. Sample Jars used Remarks: Called To Loc AT 12 PM did notTEST, released AT 12:45 AM Time On Location 2:45 A.M. Time Pick Up Tool A.M. Time Off Location A.M. Time Set Packer(s) A.M. Time Started Off Bottom A.M. Maximum Temperature P.M. Initial Hydrostatic Pressure (A) P.S.I.Initial Flow Period Minutes (B) P.S.I. to (C) P.S.I.Initial Closed In Period Minutes (D) P.S.I.Final Flow Period Minutes (E) P.S.I. to (F) P.S.I.Final Closed In Period Minutes (G) P.S.I.Final Hydrostatic Pressure (H) P.S.I.

COMPANY TERMS

Western Testing Co., Inc. shall not be liable for damages of any kind to the 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, of its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid at cost by the party for whom the test is made.

All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By Signature of Customer or his authorized representative Western Representative Ray Schwach THANK
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FIELD INVOICE

Open Hole Test	\$	
Misrun	\$	
Straddle Test	\$	
Jars	\$	
Selective Zone	\$	
Safety Joint	\$	
Standby	\$	<u>400.00</u>
Evaluation	\$	
Extra Packer	\$	
Circ. Sub.	\$	
Mileage	\$	
Fluid Sampler	\$	
Extra Charts	\$	
Insurance	\$	
Telecopier	\$	
TOTAL	\$	<u>400.00</u>