



P. O. BOX 793 PHONE 793-7903
GREAT BEND, KANSAS

WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET 21341

Formation Viola Elevation 1122 KB Eff. Pay _____ Ft.

District Augusta Date 2-27-75 Customer Order No. _____

COMPANY NAME Good Operating Inc

ADDRESS 514 UNION Center Bldg, Wichita, Kansas 67202

LEASE AND WELL NO. Wilson A #1 COUNTY Coffey STATE Kans Sec. 1 Twp. 21 Rge. 13E

Mail Inv. To Same Co. Name _____ Address _____ No. Copies Requested usual

Mail Charts To Same Co. Name _____ Address _____ No. Copies Requested usual

Formation Test No. 1 O.K. Misrun _____ Interval Tested From 2157 to 2165 Total Depth 2165

Size Main Hole 7 7/8 Rat Hole _____ Conv. _____ B.T. _____ Damaged _____ Yes _____ No Conv. _____ B.T. Damaged _____ Yes No

Top Packer Depth _____ Ft. Size _____ Bottom Packer Depth 2157 Ft. Size 6 3/4

Straddle _____ Conv. _____ B.T. _____ Damaged _____ Yes _____ No Packer Depth _____ Ft. Size _____

Tool Size 5 1/2 00 Tool Joint Size 4 1/2 FH Anchor Length 8 Ft. Size 5 1/2 00 Surface Choke Size 3/4 In. Bottom Choke Size 3/4 In.

RECORDERS Depth 2148 Ft. Clock No. 6859 Depth 2162 Ft. Clock No. 9102

Top Make Kuster Cap. 4200 No. 1559 Bottom Make Kuster Cap. 3150 No. 1565

Below Straddle: Depth _____ Rec. No. _____ Clock No. _____ Depth _____ Ft. Rec. No. _____ Clock No. _____

Time Set Packer 12:05 PM

Tool Open I.F.P. From 12:15 PM to 12:45 PM Hr. 30 Min. From (B) 62 P.S.I. To (C) 52 P.S.I.

Tool Closed I.C.I.P. From 12:45 PM to 1:15 PM Hr. 30 Min. (D) 156 P.S.I.

Tool Open F.F.P. From 1:15 PM to 1:45 PM Hr. 30 Min. From (E) 62 P.S.I. To (F) 62 P.S.I.

Tool Closed F.C.I.P. From 1:45 PM to 2:15 PM Hr. 30 Min. (G) 104 P.S.I.

Initial Hydrostatic Pressure (A) 1444 P.S.I. Final Hydrostatic Pressure (H) 1409 P.S.I. Maximum Temp. 93

INFORMATION

BLOW Very Weak Intermitted Blow about I.F.P
Weak Intermitted about F.F.P.

Did Well Flow Yes No _____ Recovery Total Ft. 30 Ft of D. lg Mud

Reversed Out Yes No _____ Mud Type chem Viscosity 75 Weight 9.2 Water Loss 8.0 cc. Chlorides 14.00

EXTRA EQUIPMENT: Type Circ. Sub. P.N Safety Joint _____ Jars: Size _____ In. Make _____ Ser. No. _____

Dual Packers NO Did Packers Hold? yes Did Tool Plug? NO Where? _____

DRILLING CONTRACTOR Triangle D. lg Co Length Drill Pipe 1799 ft. I.D. Drill Pipe 3.8 In. Tool Joint Size 4 1/2 FH

Length Weight Pipe _____ ft. I.D. Weight Pipe _____ In. Tool Joint Size _____ In. Length Drill Collars 336 ft. I.D. Drill Collars 2 1/4 In.

Tool Joint Size 4" H-90 In. Length D.S.T. Tool 30 ft.

Remarks Sled Tool 3 FT To Bottom

Inside Recorder Clock Quite
Read outside Recorder

COMPANY TERMS
Western Testing Co., Inc., shall not be liable for damage 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, or 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 10% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

INVOICE SECTION	
Open Hole Test	\$ 285.00
Straddle Test	\$
Jars	\$
Selective Zone	\$
Safety Joint	\$
Misrun	\$
Evaluation	\$
Packer	\$
Circ. Sub.	\$
Total	\$ 285.00

Test Approved By _____ Western Representative Forest Penell

Signature of Customer or his Authorized Representative _____ Operator's Time _____ Hrs.



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET 21342

P. O. BOX 793 PHONE 793-7903
GREAT BEND, KANSAS

Formation Simpson Elevation 1122 KB Eff. Pay _____ Ft.

District Augusta Date 2-27-75 Customer Order No. _____

COMPANY NAME Gear Operating Inc.

ADDRESS 514 UNION CENTER BLDG. WICHITA, KANSAS 67202

LEASE AND WELL NO. Wilson A #1 COUNTY COFFEY STATE KANSAS Sec. 1 Twp. 21 Rge. 13E

Mail Inv. To Same Co. Name _____ Address _____ No. Copies Requested Usual

Mail Charts To Same Co. Name _____ Address _____ No. Copies Requested Usual

Mail Charts To _____ Co. Name _____ Address _____ No. Copies Requested _____

Formation Test No. #2 O.K. Misrun _____ Interval Tested From 2163 to 2170 Total Depth 2170

Size Main Hole 7 7/8 Rat Hole _____ Conv. _____ B.T. _____ Damaged _____ Yes _____ No Conv. _____ B.T. Damaged _____ Yes No

Top Packer Depth _____ Ft. Size _____ Bottom Packer Depth 2163 Ft. Size 6 3/4

Straddle _____ Conv. _____ B.T. _____ Damaged _____ Yes _____ No Packer Depth _____ Ft. Size _____

Tool Size 5 1/2 Tool Joint Size 4 1/2 FH Anchor Length 8 Ft. Size 5 1/2 Surface Choke Size 3 1/4 In. Bottom Choke Size 3 1/4 In.

RECORDERS Depth 2157 Ft. Clock No. 6800 Depth 2167 Ft. Clock No. 9102

Top Make Kuster Cap. 4200 No. 1559 Inside Bottom Make Kuster Cap. 3150 No. 1565 Inside

Below Straddle: Depth _____ Rec. No. _____ Clock No. _____ Inside Depth _____ Ft. Rec. No. _____ Clock No. _____ Inside

Time Set Packer 9:25 PM

Tool Open I.F.P. From 9:30 PM to 10:00 PM Hr. 30 Min. From (B) 10 P.S.I. To (C) 10 P.S.I.

Tool Closed I.C.I.P. From 10:00 PM to 10:30 PM Hr. 30 Min. (D) 699 P.S.I.

Tool Open F.F.P. From 10:30 PM to 11:00 PM Hr. 30 Min. From (E) 20 P.S.I. To (F) 20 P.S.I.

Tool Closed F.C.I.P. From 11:00 PM to 11:30 PM Hr. 30 Min. (G) 699 P.S.I.

Initial Hydrostatic Pressure (A) 1043 P.S.I. Final Hydrostatic Pressure (H) 1043 P.S.I. Maximum Temp. 101

INFORMATION

BLOW Weak 1/4 in Blow shutout I.F.P. decreasing to a very weak

intermittent Blow shutout F.F.P.

Did Well Flow _____ Yes No _____ Recovery Total Ft. 20 FT OF THIN OILY MUD WITH SUCRAFOIL

Headge SUCRAFOIL ON TOOL

Reversed Out _____ Yes No _____ Mud Type Chena Viscosity 73 Weight 9.1 Water Loss 8.0 cc. Chlorides 1400

EXTRA EQUIPMENT: Type Circ. Sub. PIN Safety Joint NO Jars: Size _____ In. Make _____ Ser. No. _____

Dual Packers NO Did Packers Hold? yes Did Tool Plug? NO Where? _____

DRILLING CONTRACTOR Triangle Drilling Co Length Drill Pipe 1804 ft. I.D. Drill Pipe 3.8 In. Tool Joint Size 4 1/2 In.

Length Weight Pipe _____ ft. I.D. Weight Pipe _____ In. Tool Joint Size _____ In. Length Drill Collars 336 ft. I.D. Drill Collars 2 1/4 In.

Tool Joint Size 4" H-59 In. Length D.S.T. Tool 30 ft.

Remarks outside Recorder clock test

INVOICE SECTION

Open Hole Test	\$ 285.00
Straddle Test	\$
Jars	\$
Selective Zone	\$
Safety Joint	\$
Misrun	\$
Evaluation	\$
Packer	\$
Circ. Sub.	\$
Total	\$ 285.00

COMPANY TERMS

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All charges subject to 10% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By _____ Western Representative Forest Burnell

Signature of Customer or his Authorized Representative

Operator's Time _____ Hrs.



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GREAT BEND, KANSAS

WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET 21343

Formation Simpson Elevation 1122 KB Eff. Pay _____ Ft.

District Augusta Date 2-28-75 Customer Order No. _____
COMPANY NAME Gear Operating Inc.
ADDRESS 514 UNION CENTER Bldg Wichita, Kansas 67202
LEASE AND WELL NO. Wilson "A" #1 COUNTY Coffey STATE Kansas Sec. 1 Twp. 21 Rge. 13E
Mail Inv. To Same No. Copies Requested USUAL
Co. Name _____ Address _____
Mail Charts To Same No. Copies Requested USUAL
Address _____

Formation Test No. #3 O.K. Misrun _____ Interval Tested From 2165 to 2175 Total Depth 2175
Size Main Hole 7 3/8 Rat Hole _____ Conv. _____ B.T. _____ Damaged _____ Yes _____ No Conv. _____ B.T. Damaged _____ Yes No
Top Packer Depth _____ Ft. Size _____ Bottom Packer Depth 2165 Ft. Size 6 3/4
Straddle _____ Conv. _____ B.T. _____ Damaged _____ Yes _____ No Packer Depth _____ Ft. Size _____
Tool Size 5 1/2 00 Tool Joint Size 4 1/2 FH Anchor Length 10 Ft. Size 5 1/2 00 Surface Choke Size 3 1/4 In. Bottom Choke Size 3 1/4 In.

RECORDERS Depth 2169 Ft. Clock No. 6800 Depth 2172 Ft. Clock No. 6859
Top Make Kuster Cap. 4200 No. 1559 Inside _____ Bottom Make Kuster Cap. 3150 No. 1565 Inside _____
Below Straddle: Depth _____ Rec. No. _____ Clock No. _____ Outside _____ Depth _____ Ft. Rec. No. _____ Clock No. _____ Outside _____

Time Set Packer 8:10 AM
Tool Open I.F.P. From 8:15 AM to 8:45 AM Hr. 30 Min. From (B) 10 P.S.I. To (C) 31 P.S.I.
Tool Closed I.C.I.P. From 8:45 AM to 9:15 AM Hr. 30 Min. (D) 772 P.S.I.
Tool Open F.F.P. From 9:15 AM to 9:45 AM Hr. 30 Min. From (E) 62 P.S.I. To (F) 73 P.S.I.
Tool Closed F.C.I.P. From 9:45 AM to 10:15 AM Hr. _____ Min. (G) 772 P.S.I.
Initial Hydrostatic Pressure (A) 1045 P.S.I. Final Hydrostatic Pressure (H) 1043 P.S.I. Maximum Temp. _____

INFORMATION

BLOW Weak 2 1/2 IN Blow Throat Test
Did Well Flow _____ Yes No _____ Recovery Total Ft. 5 FT Then Drily Mud
120 FT OF Muddy Water

Reversed Out _____ Yes No _____ Mud Type Chem Viscosity 44 Weight 9.8 Water Loss 8.0 cc. Chlorides 1400
EXTRA EQUIPMENT: Type Circ. Sub. PIN Safety Joint _____ Jars: Size _____ In. Make _____ Ser. No. _____
Dual Packers NO Did Packers Hold? yes Did Tool Plug? NO Where? _____
DRILLING CONTRACTOR Triangle Drly Co Length Drill Pipe 1813 ft. I.D. Drill Pipe 3.8 In. Tool Joint Size 4 1/2 FH In.
Length Weight Pipe _____ ft. I.D. Weight Pipe _____ In. Tool Joint Size _____ In. Length Drill Collars 336 ft. I.D. Drill Collars 2 1/4 In.
Tool Joint Size 4" H-90 In. Length D.S.T. Tool 26 ft.

Remarks outside Recorder Drum Jam

INVOICE SECTION

Open Hole Test	\$ 285.00
Straddle Test	\$
Jars	\$
Selective Zone	\$
Safety Joint	\$
Misrun	\$
Evaluation	\$
Packer	\$
Circ. Sub.	\$
Total	\$ 285.00

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All charges subject to 10% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.
Test Approved By _____ Western Representative James Pennell
Signature of Customer or his Authorized Representative _____ Operator's Time _____ Hrs.