



23-21-13E

WESTERN TESTING CO., INC.

FORMATION TESTING

TICKET 25425

P. O. BOX 793 PHONE 793-7903

GREAT BEND, KANSAS

Formation Simp Elevation 168113 Eff. Pay _____ Ft.

Date 1-9-75 Customer Order No. _____

COMPANY NAME Gear Operating Co

ADDRESS _____

LEASE AND WELL NO. Hilson #1 COUNTY Coffey STATE Ks Sec 23 Twp 21s Rge 13E

Mail Inv. To Same No. Copies Requested 1

Mail Charts To Same Address _____ No. Copies Requested 5

Address _____

Formation Test No. 2 O.K. Misrun Interval Tested From 2220 to 2228 Total Depth 2228

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 6 3/4 Bottom Packer Depth 2220 Ft. Size 6 3/4

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

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

RECORDERS Depth 2221 Ft. Clock No. 10167 Depth 2224 Ft. Clock No. 10168

Top Make Ruster Cap. 4250 No. 1051 Inside Outside Bottom Make Ruster Cap. 4200 No. 3354 Inside Outside

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

Time Set Packer 9:58 P.M.

Tool Open I.F.P. From 10:00 M. to 10:30 M. - Hr. 30 Min. From (B) 22 P.S.I. To (C) 30 P.S.I.

Tool Closed I.C.I.P. From 10:30 M. to 11:00 M. - Hr. 30 Min. (D) 740 P.S.I.

Tool Open F.F.P. From 11:00 M. to 12:00 M. - Hr. 60 Min. From (E) 59 P.S.I. To (F) 65 P.S.I.

Tool Closed F.C.I.P. From 12:00 M. to 12:30 A.M. - Hr. 30 Min. (G) 711 P.S.I.

Initial Hydrostatic Pressure (A) 1123 P.S.I. Final Hydrostatic Pressure (H) 1104 P.S.I. Maximum Temp. 98

INFORMATION

BLOW Heak thruout test

Did Well Flow Yes No Recovery Total Ft. 115 Muddy water with few specks of oil on top of fluid

Reversed Out Yes No Mud Type Chem Viscosity 75 Weight 9.6 Water Loss 7.2 cc. Chlorides 1200

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

Dual Packers No Did Packers Hold? Yes Did Tool Plug? No Where? _____

DRILLING CONTRACTOR Longfield Length Drill Pipe 1845 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 360 ft. I.D. Drill Collars 2 1/4 In.

Tool Joint Size 4 H90 In. Length D.S.T. Tool 23 ft.

Remarks _____

INVOICE SECTION

Open Hole Test	\$ <u>285.00</u>
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Misrun	\$ _____
Evaluation	\$ _____
Packer	\$ _____
Circ. Sub.	\$ _____
Total	\$ <u>285.00</u>

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.

Test Approved By [Signature] Western Representative Norman Allen Operator's Time _____ Hrs.



23-21-13E

WESTERN TESTING CO., INC.

FORMATION TESTING

TICKET 25424

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

Formation Simp Elevation 1168KFB Eff. Pay - Ft.

District Augusta Date 1-9-74 Customer Order No. -

COMPANY NAME Gear Operating Co.

ADDRESS 514 Union Center

LEASE AND WELL NO. Thilson #1 COUNTY Coffey STATE Ks Sec 23 Twp 21S Rge 18E

Mail Inv. To Same Co. Name - Address - No. Copies Requested 1

Mail Charts To Same Address - No. Copies Requested 5

Formation Test No. 1 O.K. X Misrun - Interval Tested From 2217 to 2225 Total Depth 2225

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

Top Packer Depth - Ft. Size - Bottom Packer Depth 2217 Ft. Size 6 3/4

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

Tool Size 4 1/2 200 Tool Joint Size 3 1/2 IF Anchor Length 8 Ft. Size 4 1/2 200 Surface Choke Size 3/4 In. Bottom Choke Size 3/4 In.

RECORDERS Depth 2218 Ft. Clock No. 10167 Depth 2221 Ft. Clock No. 10168

Top Make Kuster Cap. 4250 No. 1051 Inside Outside Bottom Make Kuster Cap. 4200 No. 3354 Inside Outside

Below Straddle: Depth - Rec. No. - Clock No. - Depth - Ft. Rec. No. - Clock No. - Inside Outside

Time Set Packer 11:53 AM

Tool Open I.F.P. From 11:55 M. to 12:25 M. Hr. 30 Min. From (B) 20 P.S.I. To (C) 20 P.S.I.

Tool Closed I.C.I.P. From 12:25 M. to 12:55 M. Hr. 30 Min. (D) 760 P.S.I.

Tool Open F.F.P. From 12:55 M. to 1:25 M. Hr. 30 Min. From (E) 40 P.S.I. To (F) 40 P.S.I.

Tool Closed F.C.I.P. From 1:25 M. to 1:55 AM Hr. 30 Min. (G) 750 P.S.I.

Initial Hydrostatic Pressure (A) 1122 P.S.I. Final Hydrostatic Pressure (H) 1112 P.S.I. Maximum Temp. 98

INFORMATION

BLOW 2 break throat test

Did Well Flow - Yes X No Recovery Total Ft. 30 Slightly muddy water w/ few specks of oil on log fluid

Reversed Out - Yes X No Mud Type Chem Viscosity 75 Weight 9.6 Water Loss 7.2 cc. Chlorides 1200

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 Drilling Co. Length Drill Pipe 1842 ft. I.D. Drill Pipe 3.8 In. Tool Joint Size 4 1/2 FH

Length Weight Pipe - ft. I.D. Weight Pipe - Tool Joint Size - In. Length Drill Collars 360 ft. I.D. Drill Collars 2 1/4 In.

Tool Joint Size 4 1/2 200 In. Length D.S.T. Tool 23 ft.

Remarks

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 [Signature] Western Representative Norman Alb

Signature of Customer or his Authorized Representative

Operator's Time _____ Hrs.