



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

WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET No 20073

Formation Dampson Elevation 1030 GL Eff. Pay _____ Ft.

District Augusta Date 4-12-74 Customer Order No. _____

COMPANY NAME Brinson & Spined Oil Co.
ADDRESS 800 Vickers St. B.T. Bldg, Wichita, Kansas, 67202

LEASE AND WELL NO. Thomsen "B" #6 COUNTY Coffey STATE Kansas Sec. 10 Twp 21S Rge. 14E

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 OK Misrun Interval Tested From 1960 to 1970 Total Depth 1970

Size Main Hole 6 1/2 Rat Hole _____ Conv. — B.T. — Damaged Yes — No B.T. Damaged Yes — No

Top Packer Depth _____ Ft. Size _____ Bottom Packer Depth 1968 Ft. Size 5 1/2

Straddle NO 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 10 Ft. Size 4 1/2 OD Surface Choke Size 3 1/4 In. Bottom Choke Size 3 1/4 In.

RECORDERS Depth 1964 Ft. Clock No. 8476 Inside _____ Outside _____

Top Make Kuster Cap. 4200 No. 1051 Inside _____ Outside _____

Bottom Make Kuster Cap. 4000 No. 3351 Inside _____ Outside _____

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

Time Set Packer 12:42 AM

Tool Open I.F.P. From 12:45 AM to 1:30 AM Hr. 45 Min. From (B) 10 P.S.I. To (C) 10 P.S.I.

Tool Closed I.C.I.P. From 1:30 AM to 1:45 AM Hr. 15 Min. (D) 452 P.S.I.

Tool Open F.F.P. From _____ M. to _____ M. Hr. _____ Min. From (E) _____ P.S.I. To (F) _____ P.S.I.

Tool Closed F.C.I.P. From _____ M. to _____ M. Hr. _____ Min. (G) _____ P.S.I.

Initial Hydrostatic Pressure (A) 1037 P.S.I. Final Hydrostatic Pressure (H) 1016 P.S.I. Maximum Temp. 99

INFORMATION

BLOW Weak Blow @ 5 min

Did Well Flow Yes No Recovery Total Ft. 10 FT of Fluid 5 FT of Watery with
smear of oil 5 FT of Watery Drlg mud with smear of oil
in Tool

Reversed Out Yes No Mud Type chem Viscosity 40 Weight 10 Water Loss 18 cc. Chlorides _____

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

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

DRILLING CONTRACTOR Alco Drlg Co. Length Drill Pipe 1818 ft. I.D. Drill Pipe 2.7 In. Tool Joint Size 3 1/2 IF In.

Length Weight Pipe _____ ft. I.D. Weight Pipe _____ In. Tool Joint Size _____ In. Length Drill Collars 92 ft. I.D. Drill Collars 2 1/4 In.

Tool Joint Size 3 1/2 IF In. Length D.S.T. Tool 26 ft.

Remarks _____

INVOICE SECTION

Open Hole Test	\$ <u>255.00</u>
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Misrun	\$ _____
Evaluation	\$ _____
Packer	\$ _____
Circ. Sub.	\$ _____
Total	\$ <u>255.00</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 Forest Purnell

Signature of Customer or his Authorized Representative

Operator's Time _____ Hrs.