



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET N° 11888

P. O. BOX 1599 WICHITA, KANSAS 67201
PHONE (316) 262-5861

Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Eff. Pay \_\_\_\_\_ Ft.

District G.T. BEND Date 10-21-87 Customer Order No. \_\_\_\_\_

COMPANY NAME Incline Resources Inc.

ADDRESS 1607 SW. 37th St. Topeka KS 66611 - 55

LEASE AND WELL NO. HELL #3 COUNTY NEMAHA STATE KS. Sec. 3 Twp. 8 Rge. 13E

Mail Invoice To \_\_\_\_\_ Co. Name \_\_\_\_\_ Address \_\_\_\_\_ No. Copies Requested \_\_\_\_\_

Mail Charts To \_\_\_\_\_ Co. Name \_\_\_\_\_ Address \_\_\_\_\_ No. Copies Requested \_\_\_\_\_

Formation Test No. \_\_\_\_\_ Interval Tested From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.

Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.

Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.

Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_

Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_

Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_

Drilling Contractor \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ I. D. \_\_\_\_\_ in.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Weight Pipe Length \_\_\_\_\_ I. D. \_\_\_\_\_ in.

Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Drill Pipe Length \_\_\_\_\_ I. D. \_\_\_\_\_ in.

Chlorides \_\_\_\_\_ P.P.M. Test Tool Length \_\_\_\_\_ ft. Tool Size \_\_\_\_\_ in.

Jars: Make \_\_\_\_\_ Serial Number \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size \_\_\_\_\_ in.

Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Surface Choke Size \_\_\_\_\_ in. Bottom Choke Size \_\_\_\_\_ in.

Main Hole Size \_\_\_\_\_ in. Tool Joint Size \_\_\_\_\_ in.

Blow: \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Chlorides \_\_\_\_\_ P.P.M. Sample Jars used \_\_\_\_\_ Remarks: \_\_\_\_\_

Time On Location 8:45 A.M. Time Pick Up Tool \_\_\_\_\_ A.M. Time Off Location 12:00 A.M.

Time Set Packer(s) \_\_\_\_\_ P.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] Signature of Customer or his authorized representative

Western Representative [Signature] Thank you

FIELD INVOICE

Table with 2 columns: Item and Amount. Items include Open Hole Test, Misrun, Straddle Test, Jars, Selective Zone, Safety Joint, Standby (\$400.00), Evaluation, Extra Packer, Circ. Sub., Mileage 5000ft @ \$48 (\$240.00), Fluid Sampler, Extra Charts, Insurance, Telecopier, and TOTAL.

TOTAL \$ 225.00