



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET N^o 6711

P. O. BOX 1599 PHONE (316) 838-0601
WICHITA, KANSAS 67201

Elevation _____ Formation _____ Eff. Pay _____ Ft. _____

District Augusta Date 10-6-80 Customer Order No. _____
COMPANY NAME Ram Petroleum Corp.
ADDRESS 8th Floor Vickers KSB&T Bldg Wichita, Ks 67202
LEASE AND WELL NO. 285 Dill #1 COUNTY Leavenworth STATE Ks. Sec. 19 Twp 9S Rge 21E
Mail Invoice To Same as well #1 Co. Name _____ Address _____ No. Copies Requested 1
Mail Charts To _____ Address _____ No. Copies Requested _____

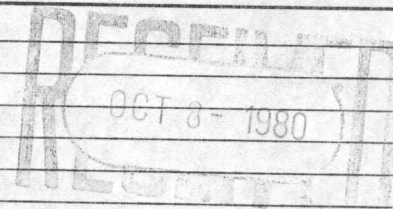
Formation Test No. _____	Interval Tested from _____	ft. to _____	ft. _____	Total Depth _____	ft. _____
Packer Depth _____	ft. _____	Size _____	in. _____	Packer Depth _____	ft. _____
Packer Depth _____	ft. _____	Size _____	in. _____	Packer Depth _____	ft. _____
Depth of Selective Zone Set _____				Size _____	in. _____

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. _____
Jars: Make _____	Serial Number _____	Anchor Length _____	ft. _____
Did Well Flow? _____	Reversed Out _____	Surface Choke Size _____	in. _____
		Main Hole Size _____	in. _____
		Bottom Choke Size _____	in. _____
		Tool Joint Size _____	in. _____

Blow: _____

Recovered _____ ft. of
Recovered _____ ft. of
Recovered _____ ft. of
Recovered _____ ft. of
Recovered _____ ft. of

Remarks: Standby



On location 9:00 AM 10-6-80 - Released 10-7-80 9:00 AM

Time Set Packer(s) _____	A.M. _____	Time Started Off Bottom _____	A.M. _____	Maximum Temperature _____
Initial Hydrostatic Pressure _____	P.M. _____	(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 Bill Dusen
Signature of Customer or his authorized representative

Western Representative Norman Alb

FIELD INVOICE

Open Hole Test	\$ _____
Misrun	\$ _____
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Standby	\$ <u>300.00</u>
Evaluation	\$ _____
Extra Packer	\$ _____
Circ. Sub.	\$ _____
Mileage	\$ <u>135.00</u>
Fluid Sampler	\$ _____
Extra Charts	\$ _____
TOTAL	\$ <u>435.00</u>