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

WESTERN TESTING CO., INC.
FORMATION TESTING

OK

TICKET Nº 6711

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. McDill #1 COUNTY Leavenworth STATE Ks. Sec. 19 Twp. 9S Rge. 21E

Mail Invoice To Same McDill #1 Leavenworth County No. Copies Requested 1
Co. Name Address

Mail Charts To _____ No. Copies Requested _____
Address

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 _____

Mud Type _____ Viscosity _____ Drill Collar Length _____ I. D. _____ in.

Weight _____ Water Loss _____ cc. Weight Pipe Length _____ I. D. _____ in.

Chlorides _____ P.P.M. Drill Pipe Length _____ I. D. _____ in.

Jars: Make _____ Serial Number _____ Test Tool Length _____ ft. Tool Size _____ in.

Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size _____ in.

Surface Choke Size _____ in. Bottom Choke Size _____ in.

Main Hole 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

RECEIVED
OCT 8 - 1980

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____

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 Bill Iversen Bill Iversen
Signature of Customer or his authorized representative

Western Representative Norman Alk

FIELD INVOICE

Open Hole Test	$ _____
Misrun	$ _____
Straddle Test	$ _____
Jars	$ _____
Selective Zone	$ _____
Safety Joint	$ _____
Standby 24 hrs @	$ 300.00
Evaluation	$ _____
Extra Packer	$ _____
Circ. Sub.	$ _____
Mileage 180 @	$ 135.00
Fluid Sampler	$ _____
Extra Charts	$ _____
TOTAL	$ 435.00