



P. O. BOX 793 PHONE 793-7903

GREAT BEND, KANSAS

Formation KC Elevation 1766 KB Eff. Pay \_\_\_\_\_ Ft.

District Hill City Date 9-23-79 Customer Order No. \_\_\_\_\_

COMPANY NAME Glen Rupe ADDRESS 222 Brown Dr., Wichita KS

LEASE AND WELL NO. Potter B-1 COUNTY Ellis STATE KS Sec. 20 Twp. 11S Rge. 16W

Mail Inv. To \_\_\_\_\_ Co. Name \_\_\_\_\_ Address \_\_\_\_\_ No. Copies Requested Reg

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

Formation Test No. 1 O.K.  Misrun  Interval Tested From 3050 to 3093 Total Depth 3093

Size Main Hole 7 7/8 Rat Hole \_\_\_\_\_ Conv. B.T.M. Damaged Yes  No Conv.  B.T. Damaged Yes  No

Packer Depth 3045 Ft. Size 6 1/4 Packer Depth 3050 Ft. Size 6 1/4

Straddle Yes  No  Conv.  B.T. Damaged Yes  No

Tool Size 5200 Tool Jt. Size 4 1/2 XH Anchor Length 43 Ft. Size 5 1/2 00

RECORDERS Depth 3083 Ft. Clock No. 9727 Depth 3088 Ft. Clock No. 6893

Top Make Kuster Cap. 4500 No. 3086 Inside Outside Bottom Make Kuster Cap. 4150 No. 2604 Inside Outside

Below Straddle: Depth \_\_\_\_\_ Clock No. \_\_\_\_\_ Outside Inside

Top Make \_\_\_\_\_ Cap. \_\_\_\_\_ No. \_\_\_\_\_ Outside Inside Bottom Make \_\_\_\_\_ Cap. \_\_\_\_\_ No. \_\_\_\_\_ Outside Inside

Time Set Packer 10:00 P M

Tool Open I.F.P. From 10:05 M. to 10:35 M. - Hr. 30 Min. From (B) 19 P.S.I. To (C) 35 P.S.I.

Tool Closed I.C.I.P. From 10:55 M. to 11:05 M. - Hr. 30 Min. (D) 532 P.S.I.

Tool Open F.F.P. From 11:05 M. to 11:35 M. - Hr. 30 Min. From (E) 40 P.S.I. To (F) 45 P.S.I.

Tool Closed F.C.I.P. From 11:35 M. to 12:05 PM - Hr. 30 Min. (G) 497 P.S.I.

Initial Hydrostatic Pressure (A) 1670 P.S.I. Final Hydrostatic Pressure (H) 1660 P.S.I.

SURFACE Size Choke 3/8 In. Max. Press. P.S.I. \_\_\_\_\_ Time \_\_\_\_\_ Description of Flow \_\_\_\_\_

INFORMATION \_\_\_\_\_ M. \_\_\_\_\_

\_\_\_\_\_ 1 M. \_\_\_\_\_

\_\_\_\_\_ M. \_\_\_\_\_

BLOW Weak Blow for 45 mins Bottom Choke Size 3/4 In.

Did Well Flow  Yes  No Recovery Total Ft. 25 FT oil cut mud

10% Oil - Grind out.

Reversed Out  Yes  No Mud Type Starch Viscosity 35 Weight 93 Water Loss 103 cc. Maximum Temp. 108 °F

Type Circ. Sub. Plug Safety Joint No Jars: Size \_\_\_\_\_ Make \_\_\_\_\_ Ser. No. \_\_\_\_\_

EXTRA EQUIPMENT: Dual Packers yes Did Packer Hold? yes Did Tool Plug? NO Where? \_\_\_\_\_

Length Drill Pipe 3195 ft. I.D. Drill Pipe 3.8 in. Length Weight Pipe 935 ft. I.D. Weight Pipe 2.9 in. Length Drill Collars \_\_\_\_\_ ft.

I. D. Drill Collars \_\_\_\_\_ in. Length D.S.T. Tool 603 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	\$ <u>240.00</u>
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Misrun	\$ _____
Evaluation	\$ _____
Total	\$ <u>240.00</u>

Test Approved By William G. Clark Western Representative Jane Worth  
Signature of Customer or his Authorized Representative Operator's Time \_\_\_\_\_ Hrs.



WESTERN TESTING CO., INC.

FORMATION TESTING

TICKET 17560

P. O. BOX 793 PHONE 793-7903

GREAT BEND, KANSAS

Formation KC Elevation 1766 KB Eff. Pay \_\_\_\_\_ Ft.

District Hill City Date 9-24-73 Customer Order No. \_\_\_\_\_

COMPANY NAME Glen Rupe ADDRESS 222 Brown Bldg. Wichita, KS

LEASE AND WELL NO. POTTER B-1 COUNTY Ellis STATE KS Sec 20 Twp 11 Rgd 16W

Mail Inv. To \_\_\_\_\_ Co. Name Same Address \_\_\_\_\_ No. Copies Requested REG

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

Formation Test No. 2 O.K.  Misrun  Interval Tested From 3123 to 3183 Total Depth 3183

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

Packer Depth 3118 Ft. Size 6 3/4 Packer Depth 3123 Ft. Size 6 3/4

Straddle  Yes  No  Conv.  B.T.  Damaged  Yes  No

Tool Size 5 1/2 OD Tool Jt. Size 4 1/2 x 14 Anchor Length 60 Ft. Size 5 1/2 OD

RECORDERS Depth 3173 Ft. Clock No. 9727 Depth 3168 Ft. Clock No. 6893

Top Make KUSTER Cap 4500 No. 3086  Inside  Outside Bottom Make KUSTER Cap 4150 No. 2604  Inside  Outside

Below Straddle: Depth \_\_\_\_\_ Clock No. \_\_\_\_\_ Outside \_\_\_\_\_ Inside \_\_\_\_\_

Top Make \_\_\_\_\_ Cap \_\_\_\_\_ No. \_\_\_\_\_ Outside \_\_\_\_\_ Bottom Make \_\_\_\_\_ Cap \_\_\_\_\_ No. \_\_\_\_\_ Outside \_\_\_\_\_

Time Set Packer 10:30 P.M.

Tool Open I.F.P. From 10:35 M. to 11:05 M. Hr. 30 Min. From (B) 153 P.S.I. To (C) 462 P.S.I.

Tool Closed I.C.I.P. From 11:05 M. to 11:35 M. Hr. 30 Min. (D) 1276 P.S.I.

Tool Open F.F.P. From 11:35 M. to 12:05 M. Hr. 30 Min. From (E) 509 P.S.I. To (F) 613 P.S.I.

Tool Closed F.C.I.P. From 12:05 M. to 12:35 M. Hr. 30 Min. (G) 1230 P.S.I.

Initial Hydrostatic Pressure (A) 1680 P.S.I. Final Hydrostatic Pressure (H) 1670 P.S.I.

SURFACE Size Choke 3/8 In. Max. Press. P.S.I. \_\_\_\_\_ Time \_\_\_\_\_ Description of Flow \_\_\_\_\_

INFORMATION \_\_\_\_\_ M. \_\_\_\_\_ M. \_\_\_\_\_ M. \_\_\_\_\_

BLOW STRONG BLOW Bottom Choke Size 3/4 In.

Did Well Flow Yes  No \_\_\_\_\_ Recovery Total Ft. 1140' Salt wtr.

Reversed Out  Yes  No Mud Type starch Viscosity 39 Weight 9.8 Water Loss 10 cc. Maximum Temp 112 °F

Type Circ. Sub. Plug Safety Joint N/D Jars: Size \_\_\_\_\_ Make \_\_\_\_\_ Ser. No. \_\_\_\_\_

EXTRA EQUIPMENT: Dual Packers yes Did Packer Hold? yes Did Tool Plug? \_\_\_\_\_ Where? \_\_\_\_\_

Length Drill Pipe 2268 ft. I.D. Drill Pipe 3.8 in. Length Weight Pipe 835 ft. I.D. Weight Pipe 2.7 in. Length Drill Collars \_\_\_\_\_ ft.

I. D. Drill Collars \_\_\_\_\_ in. Length D.S.T. Tool 80 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	\$ <u>340</u>
Straddle Test	\$ _____
<del>Reverse</del> out	\$ <u>20</u>
Selective Zone	\$ _____
Safety Joint	\$ _____
Misrun	\$ _____
Evaluation	\$ _____
Total	\$ <u>360</u>

Test Approved By William G. Clark  
Signature of Customer or his Authorized Representative

Western Representative Gene W. Smith  
Operator's Time \_\_\_\_\_ Hrs.