



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
APR 07 2011

Test Ticket

15589

NO. 042074

BY:

Well Name & No. Berkgen #1 Test No. 1 Date 4-4-11
 Company Blake Exploration Elevation 2874 KB 2864 GL
 Address 201 S. Main Bogue, KS 67625
 Co. Rep / Geo. Mike Davignon Rig Murfin 21
 Location: Sec. 5 Twp. 14S Rge. 32W Co. Logan State KS

Interval Tested 4030 4085 Zone Tested LKC H-I
 Anchor Length 55 Drill Pipe Run 3802 Mud Wt. 9.0
 Top Packer Depth 4025 Drill Collars Run 238 Vis 45
 Bottom Packer Depth 4030 Wt. Pipe Run — WL 8.0
 Total Depth 4085 Chlorides 3800 ppm System LCM 1.5
 Blow Description IF: 1/4 blow built to 9 in 30 min.
IJ: No return.
FF: Surface blow built to 8 in 60 min.
FS: No return.

Rec	Feet of	%gas	%oil	%water	%mud
<u>155</u>	<u>WCM oil spots</u>		<u>40</u>	<u>60</u>	
<u>124</u>	<u>MLW</u>		<u>60</u>	<u>40</u>	
<u>62</u>	<u>MLW</u>		<u>90</u>	<u>100</u>	

Rec Total 341 BHT 115 Gravity — API RW .20 @ 67 °F Chlorides 38,000 ppm
 (A) Initial Hydrostatic 2092 Test 1225.00 T-On Location 3:40
 (B) First Initial Flow 25 Jars _____ T-Started 4:16
 (C) First Final Flow 127 Safety Joint _____ T-Open 6:06
 (D) Initial Shut-In 327 Circ Sub NIC T-Pulled 10:06
 (E) Second Initial Flow 139 Hourly Standby _____ T-Out 12:15
 (F) Second Final Flow 177 Mileage 70-87.50 Comments _____
 (G) Final Shut-In 324 Sampler _____
 (H) Final Hydrostatic 2038 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Extra Recorder _____ Sub Total 8
 Day Standby _____ Total 1312.50
 Accessibility _____ MP/DST Disc't _____
 Sub Total 1312.50

Approved By [Signature] Our Representative [Signature] 87

Trilobite Testing Inc. shall not be liable for damaged of any kind of 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 for at cost by the party for whom the test is made.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 042075

RECEIVED

APR 07 2011

Well Name & No. Berkgen #1 BY: _____ Test No. 2 Date 4-4-11
 Company Blake Exploration Elevation 2874 KB 2864 GL _____
 Address 201 S. Main Bogue, KS 67625
 Co. Rep / Geo. Mike DuVignon Rig Martin 21
 Location: Sec. 5 Twp. 14S Rge. 32W Co. Logan State KS

Interval Tested 4100 4122 Zone Tested LKC J
 Anchor Length 22 Drill Pipe Run 3863 Mud Wt. 9.4
 Top Packer Depth 4095 Drill Collars Run 238 Vis 53
 Bottom Packer Depth 4100 Wt. Pipe Run _____ WL 7.2
 Total Depth 4122 Chlorides 4000 ppm System LCM 2
 Blow Description FF: surface blow died in 15 min.
FS: NO return.
FF: No blow.
FS: —

Rec	Feet of	%gas	%oil	%water	%mud
<u>5</u>	<u>mud oil spots</u>			<u>100</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 5 BHT 108 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic <u>2154</u>	<input checked="" type="checkbox"/> Test <u>1225.00</u>	T-On Location <u>18:40</u>
(B) First Initial Flow <u>23</u>	<input type="checkbox"/> Jars _____	T-Started <u>19:30</u>
(C) First Final Flow <u>24</u>	<input type="checkbox"/> Safety Joint _____	T-Open <u>21:14</u>
(D) Initial Shut-In <u>111</u>	<input checked="" type="checkbox"/> Circ Sub <u>W/L</u>	T-Pulled <u>22:04</u>
(E) Second Initial Flow <u>24</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>00:10</u>
(F) Second Final Flow <u>26</u>	<input checked="" type="checkbox"/> Mileage <u>70-87.50</u>	Comments _____
(G) Final Shut-In _____	<input type="checkbox"/> Sampler _____	
(H) Final Hydrostatic <u>2051</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____
	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Open <u>15</u>	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Recorder _____	Sub Total <u>0</u>
Final Flow <u>5</u>	<input type="checkbox"/> Day Standby _____	Total <u>1312.50</u>
Final Shut-In _____	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total <u>1312.50</u>	

Approved By _____ Our Representative [Signature] BT

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