

TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
AUG 19 2010
BY: _____

Test Ticket

NO. 039595 14683

Well Name & No. Cairns #1-21 Test No. 1 Date 8-16-10
 Company Larson Engineering, Inc. Elevation 2765 KB 2758 GL
 Address 562 W. St. Rd. 4 Olmitz, KS 67564
 Co. Rep / Geo. Bob Lewellyn Rig HD#3
 Location: Sec. 21 Twp. 17 Rge. 28 Co. Lanc State KS

Interval Tested 4022 - 4056 Zone Tested Lansing E'
 Anchor Length 34 Drill Pipe Run 3883 Mud Wt. 9.1
 Top Packer Depth 4018 Drill Collars Run 125 Vis 52
 Bottom Packer Depth 4022 Wt. Pipe Run 0 WL 7.6
 Total Depth 4056 Chlorides 1,900 ppm System LCM 1

Blow Description IF: 1/2" Blow died @ 14 min.
ISI: No return
FF: No Blow.
FSL: No return.

Rec	Feet of	%gas	%oil	%water	%mud
Rec <u>10</u>	Feet of <u>OSM</u>			<u>100</u>	
Rec _____	Feet of _____				
Rec _____	Feet of _____				
Rec _____	Feet of _____				

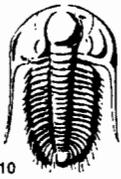
Rec Total 10 BHT 116 Gravity - API RW - @ - ° F Chlorides - ppm

(A) Initial Hydrostatic <u>2035</u>	<input type="checkbox"/> Test <u>1,225</u>	T-On Location <u>4:00</u>
(B) First Initial Flow <u>17</u>	<input type="checkbox"/> Jars <u>250</u>	T-Started <u>7:25</u>
(C) First Final Flow <u>21</u>	<input type="checkbox"/> Safety Joint <u>75</u>	T-Open <u>9:23</u>
(D) Initial Shut-In <u>1,010</u>	<input checked="" type="checkbox"/> Circ Sub <u>N/C</u>	T-Pulled <u>10:54</u>
(E) Second Initial Flow <u>22</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>12:39</u>
(F) Second Final Flow <u>23</u>	<input type="checkbox"/> Mileage <u>64</u> <u>80</u>	Comments _____
(G) Final Shut-In <u>940</u>	<input type="checkbox"/> Sampler _____	
(H) Final Hydrostatic <u>1,970</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>15</u>	<input type="checkbox"/> Day Standby _____	Total <u>11030</u>
Final Shut-In <u>30</u>	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total <u>11030</u>	

Approved By [Signature]

Our Representative Chuck Smith

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

RECEIVED
AUG 19 2010

Test Ticket

NO. 039596

Well Name & No. Cairns # 1-21 BY: _____ Test No. 2 Date 8-17-10
 Company Larson Engineering, Inc. Elevation 2765 KB 2758 GL _____
 Address 562 W. St. Rd. 4 Olmitz, KS 67564
 Co. Rep / Geo. Bob Lewellyn Rig HD#3
 Location: Sec. 21 Twp. 17 Rge. 28 Co. Lane State Ks

Interval Tested 4120-4155 Zone Tested Lansing 'H'
 Anchor Length 35 Drill Pipe Run 3991 Mud Wt. 9.5
 Top Packer Depth 4116 Drill Collars Run 10925 Vis 59
 Bottom Packer Depth 4120 Wt. Pipe Run 0 WL 7.2
 Total Depth 4155 Chlorides 1900 ppm System LCM 1
 Blow Description IF: 1/2" Blow died @ 12 min.
ISI: No return.
FF: No blow.
FST: No return.

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

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

(A) Initial Hydrostatic <u>2087</u>	<input type="checkbox"/> Test <u>1225-</u>	T-On Location <u>2:30</u>
(B) First Initial Flow <u>18</u>	<input type="checkbox"/> Jars <u>250-</u>	T-Started <u>2:48</u>
(C) First Final Flow <u>20</u>	<input type="checkbox"/> Safety Joint <u>75-</u>	T-Open <u>4:59</u>
(D) Initial Shut-In <u>345</u>	<input checked="" type="checkbox"/> Circ Sub <u>N/C</u>	T-Pulled <u>6:29</u>
(E) Second Initial Flow <u>19</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>8:34</u>
(F) Second Final Flow <u>21</u>	<input type="checkbox"/> Mileage <u>64RT 80-</u>	Comments _____
(G) Final Shut-In <u>185</u>	<input type="checkbox"/> Sampler _____	<input type="checkbox"/> Ruined Shale Packer _____
(H) Final Hydrostatic <u>2066</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Packer _____
Initial Open <u>15</u>	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Extra Copies _____
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer _____	Sub Total <u>0</u>
Final Flow <u>15</u>	<input type="checkbox"/> Extra Recorder _____	Total <u>11:30-</u>
Final Shut-In <u>30</u>	<input type="checkbox"/> Day Standby _____	MP/DST Disc't _____
	<input type="checkbox"/> Accessibility _____	
	Sub Total <u>11:30-</u>	

Approved By [Signature] Our Representative Chuck Smith

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

RECEIVED
AUG 20 2010

Test Ticket

NO. 039597

Well Name & No. Cairns #1-21 BY: _____ Test No. 3 Date 8-17-10
 Company Larson Engineering, Inc. Elevation 2765 KB 2758 GL _____
 Address 562 W. St. Rd #4 Olmitz, KS 67564
 Co. Rep / Geo. Bob Lewellyn Rig HD#3
 Location: Sec. 21 Twp. 17 Rge. 28 Co. Lane State KS

Interval Tested 4160-4188 Zone Tested Lansing 'I'
 Anchor Length 28 Drill Pipe Run 4054 Mud Wt. 9.3
 Top Packer Depth 4156 Drill Collars Run 109 Vis 58
 Bottom Packer Depth 4160 Wt. Pipe Run 0 WL 7.2
 Total Depth 4188 Chlorides 1,900 ppm System LCM 1

Blow Description IF: 1/4" Blow died @ 14 min.
ISI: No return.
FF: No blow.
FSI: No return.

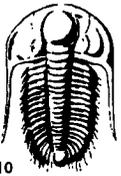
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec <u>5</u>	Feet of <u>OSM</u>	%gas	%oil	%water <u>100</u>	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 5 BHT 112 Gravity - API RW - @ - °F Chlorides - ppm

(A) Initial Hydrostatic <u>2082</u>	<input type="checkbox"/> Test <u>1,225'</u>	T-On Location <u>19:30</u>
(B) First Initial Flow <u>17</u>	<input type="checkbox"/> Jars <u>250'</u>	T-Started <u>19:49</u>
(C) First Final Flow <u>19</u>	<input type="checkbox"/> Safety Joint <u>75'</u>	T-Open <u>21:59</u>
(D) Initial Shut-In <u>366</u>	<input checked="" type="checkbox"/> Circ Sub <u>N/C</u>	T-Pulled <u>23:30</u>
(E) Second Initial Flow <u>18</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>01:25</u>
(F) Second Final Flow <u>20</u>	<input type="checkbox"/> Mileage <u>64RT 80'</u>	Comments _____
(G) Final Shut-In <u>88</u>	<input type="checkbox"/> Sampler _____	<input type="checkbox"/> Ruined Shale Packer _____
(H) Final Hydrostatic <u>2044</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Packer _____
Initial Open <u>15</u>	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Extra Copies _____
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer _____	Sub Total <u>8</u>
Final Flow <u>15</u>	<input type="checkbox"/> Extra Recorder _____	Total <u>1630</u>
Final Shut-In <u>30</u>	<input type="checkbox"/> Day Standby _____	MP/DST Disc't _____
	<input type="checkbox"/> Accessibility _____	
	Sub Total <u>1630'</u>	

Approved By [Signature] Our Representative Chuck Amick

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

RECEIVED
AUG 25 2010

Test Ticket

NO. 039121

4/10

BY: _____

Well Name & No. Cairns 1-21 Test No. 4 Date 8-18-10

Company Larson Engineering Elevation 2765 KB 2758 GL _____

Address 562 W. St. Rd 4 Olinitz, KS 67564

Co. Rep / Geo. Bob Lewellen Rig HD #3

Location: Sec. 21 Twp. 17S Rge. 28W Co. Lme State KS

Interval Tested 4194 4219 Zone Tested Lensing J

Anchor Length 25 Drill Pipe Run 4081 Mud Wt. 9.5

Top Packer Depth 4189 Drill Collars Run 111 Vis 50

Bottom Packer Depth 4194 Wt. Pipe Run _____ WL 7.2

Total Depth 4219 Chlorides 1900 ppm System LCM 1

Blow Description IF 1/4 blow died in 9 min.

IS: No return,

FF: No blow.

FS: No return,

Rec	Feet of	%gas	%oil	%water	%mud
<u>10</u>	<u>ocm</u>	<u>10</u>		<u>90</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 10 BHT 113 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 2092 Test 1225.00 T-On Location ~~11:30~~ 9:30

(B) First Initial Flow 68 Jars 250.00 T-Started 11:07

(C) First Final Flow 58 Safety Joint 75.00 T-Open 12:53

(D) Initial Shut-In 384 Circ Sub N/C T-Pulled 14:08

(E) Second Initial Flow 62 Hourly Standby _____ T-Out 16:30

(F) Second Final Flow 55 Mileage 72-90.00 Comments _____

(G) Final Shut-In 345 Sampler _____

(H) Final Hydrostatic 2038 Straddle _____ Ruined Shale Packer _____

Initial Open 15 Shale Packer _____ Ruined Packer _____

Initial Shut-In 30 Extra Packer _____ Extra Copies _____

Final Flow 15 Extra Recorder _____ Sub Total 0

Final Shut-In 30 Day Standby _____ Total 1040-

Accessibility _____ MP/DST Disc't _____

Sub Total 1040-

Approved By [Signature] Our Representative [Signature] BT

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

RECEIVED
AUG 25 2010

Test Ticket

NO. 039122

Well Name & No. Cairns 1-21 BY: _____ Test No. 5 Date 8-19-10
 Company LARSON Engineering Elevation 2765 KB 2758 GL _____
 Address 562 W. 5th Rd 4 Omitz, KS 67564
 Co. Rep / Geo. Bob Lewellyn Rig HD #3
 Location: Sec. 21 Twp. 175 Rge. 28W Co. Lme State KS

Interval Tested 4222 4247 Zone Tested Lmsing K
 Anchor Length 25 Drill Pipe Run 4102 Mud Wt. 9.3
 Top Packer Depth 4217 Drill Collars Run 111 Vis 58
 Bottom Packer Depth 4222 Wt. Pipe Run — WL 7.2
 Total Depth 4247 Chlorides 1900 ppm System LCM 1/2

Blow Description IF: 1/4 blow built to 2 1/2 in 15 min.
IS: No return.
FF: Surface blow built to 2 in 30 min.
FS: No return.

Rec	Feet of	%gas	%oil	%water	%mud
<u>81</u>	<u>mud some oil spots</u>			<u>100</u>	
<u>55</u>	<u>MW</u>				
			<u>50</u>	<u>50</u>	

Rec Total 136 BHT 118 Gravity — API RW .22 @ 82 ° F Chlorides 27,000 ppm

(A) Initial Hydrostatic <u>2123</u>	<input checked="" type="checkbox"/> Test <u>1225.00</u>	T-On Location <u>2:00</u>
(B) First Initial Flow <u>17</u>	<input checked="" type="checkbox"/> Jars <u>250.00</u>	T-Started <u>3:12</u>
(C) First Final Flow <u>47</u>	<input checked="" type="checkbox"/> Safety Joint <u>75.00</u>	T-Open <u>5:21</u>
(D) Initial Shut-In <u>643</u>	<input checked="" type="checkbox"/> Circ Sub <u>N/L</u>	T-Pulled <u>7:36</u>
(E) Second Initial Flow <u>49</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>9:30</u>
(F) Second Final Flow <u>77</u>	<input checked="" type="checkbox"/> Mileage <u>72-90.00</u>	Comments _____
(G) Final Shut-In <u>639</u>	<input type="checkbox"/> Sampler _____	
(H) Final Hydrostatic <u>2148</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____

Initial Open 15
 Initial Shut-In 30
 Final Flow 30
 Final Shut-In 60

Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____

Sub Total 1890

Sub Total 1890

MP/DST Disc't _____

Approved By _____

Our Representative _____

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. 039123

RECEIVED
AUG 25 2010

4/10

Well Name & No. C91NS 1-21 BY: _____ Test No. 6 Date 8-19-10
 Company Larson Engineering Elevation 2765 KB 2758 GL
 Address 562 W. 5th Rd Olmitz, KS 67564
 Co. Rep / Geo. Bob Lewellyn Rig HD#3
 Location: Sec. 21 Twp. 17 S Rge. 28 W Co. Lape State KS

Interval Tested 4256 4278 Zone Tested Lmsing L
 Anchor Length _____ Drill Pipe Run 4128 Mud Wt. 9.3
 Top Packer Depth _____ Drill Collars Run 111 Vis 54
 Bottom Packer Depth _____ Wt. Pipe Run _____ WL 7.2
 Total Depth 4278 Chlorides 2200 ppm System LCM .5

Blow Description ±F! surface blow died in 2 min.
IS! No return.
FF! NO blow.
FS! No return.

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

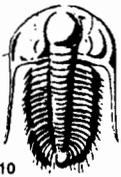
Rec Total 5 BHT 113 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 2168 Test 1225.00 T-On Location 18:00
 (B) First Initial Flow 15 Jars 250.00 T-Started 18:52
 (C) First Final Flow 17 Safety Joint 75.00 T-Open 21:04
 (D) Initial Shut-In 33 Circ Sub N/C T-Pulled 22:34
 (E) Second Initial Flow 16 Hourly Standby _____ T-Out 00:40
 (F) Second Final Flow 17 Mileage 72-90.00 Comments _____
 (G) Final Shut-In 24 Sampler _____
 (H) Final Hydrostatic 2165 Straddle _____

Shale Packer 250.00 Ruined Shale Packer _____
 Extra Packer _____ Ruined Packer _____
 Extra Recorder _____ Extra Copies _____
 Day Standby _____ Sub Total 0
 Accessibility _____ Total 1890
 Sub Total 1890 MP/DST Disc't _____

Approved By [Signature] Our Representative [Signature]

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. 039124

RECEIVED
AUG 25 2010

Well Name & No. C917AS 1-21 BY: _____ Test No. 7 Date 8-20-10
 Company Larson Engineering Elevation 2765 KB 2758 GL _____
 Address 562 W St Rd 4 Omitz, KS 67564
 Co. Rep / Geo. Bob Lewellyn Rig HD #3
 Location: Sec. 21 Twp. 17S Rge. 28W Co. Lane State KS

Interval Tested 4359 4396 Zone Tested Atgmont
 Anchor Length _____ Drill Pipe Run 4236 Mud Wt. 9.3
 Top Packer Depth 4354 Drill Collars Run 111 Vis 43
 Bottom Packer Depth 4359 Wt. Pipe Run _____ WL 8.4
 Total Depth 4396 Chlorides 2300 ppm System LCM 1.5

Blow Description IF: Surface blow died in 8 min.
IS: No return.
FF: No blow.
FS: No return.

Rec	Feet of	%gas	%oil	%water	%mud
<u>5</u>	<u>mud</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 116 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 2222 Test 1225.00 T-On Location 21:00
 (B) First Initial Flow 20 Jars 250.00 T-Started 21:27
 (C) First Final Flow 21 Safety Joint 75.00 T-Open 23:37
 (D) Initial Shut-In 43 Circ Sub NIC T-Pulled 1:07
 (E) Second Initial Flow 21 Hourly Standby _____ T-Out 3:00
 (F) Second Final Flow 22 Mileage 72-90.00 Comments _____
 (G) Final Shut-In 34 Sampler _____
 (H) Final Hydrostatic 2193 Straddle _____ Ruined Shale Packer _____
 Shale Packer 250.00 Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Extra Recorder _____ Sub Total 0
 Day Standby _____ Total 1890-
 Accessibility _____ MP/DST Disc't _____

Initial Open 15
 Initial Shut-In 30
 Final Flow 15
 Final Shut-In 30
 Sub Total 1890-

Approved By [Signature] Our Representative [Signature]

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. 039125

RECEIVED
AUG 25 2010

Well Name & No. Cairns 1-21 BY Test No. 8 Date 8-22-10
 Company LARSON Engineering Elevation 2765 KB 2758 GL
 Address 562 W 54 Rd 4 Omitz, KS 67564
 Co. Rep / Geo. Bob Lowellyn Rig HD #3
 Location: Sec. 21 Twp. 17S Rge. 28W Co. Lane State KS

Interval Tested 4408 4562 Zone Tested Pawnee Ft. Scott Johnson
 Anchor Length 154 Drill Pipe Run 4283 Mud Wt. 9.14
 Top Packer Depth 4403 Drill Collars Run 111 Vis 44
 Bottom Packer Depth 4408 Wt. Pipe Run WL 8.8
 Total Depth 4562 Chlorides 2000 ppm System LCM .5
 Blow Description IF: 1/4 blow built to 1 1/2 in 15 min.
IS: No return,
FF: surface blow built to 1 1/2 in 30 min.
FS: No return,

Rec	Feet of	%gas	%oil	%water	%mud
<u>30</u>	<u>OCM</u>	<u>5</u>	<u> </u>	<u>95</u>	<u> </u>
<u>40</u>	<u>OCM</u>	<u>10</u>	<u> </u>	<u>90</u>	<u> </u>
<u> </u>					
<u> </u>					
<u> </u>					

Rec Total 90 BHT 118 Gravity API RW @ °F Chlorides ppm

(A) Initial Hydrostatic <u>2294</u>	<input checked="" type="checkbox"/> Test <u>1225.00</u>	T-On Location <u>2:50</u>
(B) First Initial Flow <u>28</u>	<input checked="" type="checkbox"/> Jars <u>250.00</u>	T-Started <u>3:20</u>
(C) First Final Flow <u>37</u>	<input checked="" type="checkbox"/> Safety Joint <u>75.00</u>	T-Open <u>5:25</u>
(D) Initial Shut-In <u>932</u>	<input checked="" type="checkbox"/> Circ Sub <u>72-90.00 NW</u>	T-Pulled <u>7:40</u>
(E) Second Initial Flow <u>41</u>	<input type="checkbox"/> Hourly Standby <u> </u>	T-Out <u>10:00</u>
(F) Second Final Flow <u>48</u>	<input checked="" type="checkbox"/> Mileage <u>72-90.00</u>	Comments <u> </u>
(G) Final Shut-In <u>955</u>	<input type="checkbox"/> Sampler <u> </u>	<input type="checkbox"/> Ruined Shale Packer <u> </u>
(H) Final Hydrostatic <u>2191</u>	<input type="checkbox"/> Straddle <u> </u>	<input type="checkbox"/> Ruined Packer <u> </u>
Initial Open <u>15</u>	<input checked="" type="checkbox"/> Shale Packer <u>250.00</u>	<input type="checkbox"/> Extra Copies <u> </u>
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer <u> </u>	Sub Total <u>0</u>
Final Flow <u>30</u>	<input type="checkbox"/> Extra Recorder <u> </u>	Total <u>1890</u>
Final Shut-In <u>60</u>	<input type="checkbox"/> Day Standby <u> </u>	MP/DST Disc't <u> </u>
	<input type="checkbox"/> Accessibility <u> </u>	
	Sub Total <u>1890</u>	

Approved By [Signature] Our Representative [Signature]

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.