

OILFIELD TESTERS, INC.

FORMATION TESTING

Box 696
Hays, Kansas

Box 451
Great Bend, Kansas

26-275-166

OCT 19 1962

C 52-NW-NE

COMPANY Bowers Drilling Company, Inc. DATE 10-12-62
 LEASE & WELL NO. Kinney Estate # 1 TYPE TEST Open Hole TEST NO. 1
 STATE Kansas COUNTY Kiowa TICKET NO. 1167
 Representative James K. Carter Approved By Bud Spradlin

Mud Weight 9.8 Viscosity 55 Water Loss 10
 Size Hole 7 7/8 Hole Condition Good
 Dual Packers Yes Jars Yes Safety Joint Yes
 Bottom Hole Temperature _____ Date Recorder Calibrated 7-16-62

BLOW: Gas to surface in 1 hour, 55 minutes, too small to measure,
10 1/2 inches in water in 5 minutes, IBHP 30 minutes, open tool, blow off bottom 5 gal
 Did Well Flow No bucket immediately, remained steady throughout test.

Depth 4585 Tested From 4559 To 4585
 Tool Open 2 Hr. 35 Min. Chokes Top 3/4 Bottom 3/4
 Initial Shutin Pressure - Hr. 30 Min. Final Shutin Pressure - Hr. 90 Min.

RECOVERY: 225! Froggy oil

Bottom Hole SIP — Initial	(1)	<u>1334</u>	Final (4)	<u>1445</u>
Flow Pressure — Initial	(2)	<u>0</u>	Final (3)	<u>65</u>
Hydrastatic Pressure — Initial	(5)	<u>2375</u>	Final (6)	<u>2375</u>

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COMPANY Bowers Drilling Company, Inc. DATE 10-13-62
LEASE & WELL NO. Kinney Estate # 1 TYPE TEST Open Hole TEST NO. 2
STATE Kansas COUNTY Kiowa TICKET NO. 1168
Representative James K. Carter Approved By Emil Bowers

Mud Weight 9.9 Viscosity 46 Water Loss 8.6
Size Hole 7 7/8 Hole Condition Good
Dual Packers Yes Jars Yes Safety Joint Yes
Bottom Hole Temperature _____ Date Recorder Calibrated 7-16-62

BLOW: One inch in water for 10 min. IBHP. 30 min. open tool, blow 2 1/2 inches
in water throughout test.
Did Well Flow No

Depth 4610 Tested From 4595 To 4610
Tool Open 2 Hr. 15 Min. Chokes Top 3/4 Bottom 3/4
Initial Shutin Pressure - Hr. 30 Min. Final Shutin Pressure - Hr. 60 Min.

RECOVERY: 55' slightly oil specked mud.

Bottom Hole SIP — Initial	(1)	98	Final (4)	103
Flow Pressure — Initial	(2)	0	Final (3)	50
Hydrastatic Pressure — Initial	(5)	2420	Final (6)	2360

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OCT 19 1962

FORMATION TESTING

Box 696
Hays, Kansas

Box 451
Great Bend, Kansas

COMPANY Bowers Drilling Company, Inc. DATE 10-11-62
LEASE & WELL NO. Kinney Estate # 1 TYPE TEST Open Hole TEST NO. 3
STATE Kansas COUNTY Kiowa TICKET NO. 1169
Representative James K. Carter Approved By Bud Spratlin

Mud Weight 9.5 Viscosity 60 Water Loss 6.2
Size Hole 7 7/8 Hole Condition Good
Dual Packers Yes Jars Yes Safety Joint Yes
Bottom Hole Temperature _____ Date Recorder Calibrated 7-16-62

BLOW: Weak for 10 minutes, TBHP 30 minutes, open tool, blow 1/2 inch in
water throughout test.
Did Well Flow No

Depth 4635 Tested From 4608 To 4635
Tool Open 1 Hr. 40 Min. Chokes Top 3/4 Bottom 3/4
Initial Shutin Pressure - Hr. 30 Min. Final Shutin Pressure - Hr. 75 Min.

RECOVERY: 60' Mud.

Bottom Hole SIP — Initial	(1)	<u>105</u>	Final (4)	<u>115</u>
Flow Pressure — Initial	(2)	<u>0</u>	Final (3)	<u>0</u>
Hydrastatic Pressure — Initial	(5)	<u>2400</u>	Final (6)	<u>2400</u>

OILFIELD TESTERS, INC.

FORMATION TESTING

Box 696
Hays, Kansas

Box 451
Great Bend, Kansas

COMPANY Bowers Drilling Company, Inc. DATE 10-11-62
LEASE & WELL NO. Kimney Estate # 1 TYPE TEST Open Hole TEST NO. 4
STATE Kansas COUNTY Kiowa TICKET NO. 1170
Representative James K. Carter Approved By Bud Spradlin

Mud Weight 9.5 Viscosity 60 Water Loss 6.2
Size Hole 7 7/8 Hole Condition Good
Dual Packers Yes Jars Yes Safety Joint Yes
Bottom Hole Temperature _____ Date Recorder Calibrated 7-16-62

BLOW: Very weak for 1 minutes, and died, flush tool @ 10 minutes time, weak surge
dead rest of test.
Did Well Flow No

Depth 1665 Tested From 1618 To 1665
Tool Open X Hr. 30 Min. Chokes Top 3/4 Bottom 3/4
Initial Shutin Pressure - Hr. not taken Min. Final Shutin Pressure - Hr. 30 Min.

RECOVERY: 20! Mud.

Bottom Hole SIP — Initial (1) Not taken Final (4) 385
Flow Pressure — Initial (2) 25 Final (3) 25
Hydrastatic Pressure — Initial (5) 2460 Final (6) 2460

HAYS, KANSAS

DATE 12-12-12 CUSTOMER'S ORDER NO. _____
 COMPANY Bow as Doby Co Inc. CONTRACTOR Co Truck Rig #1
 LEASE AND WELL NO. KIMBERLY Estate #1
 FIELD _____ COUNTY KEOSAU STATE KANSAS
 MAIL CHARTS TO 416 Union Center Bldg, Wichita, Kansas
 MAIL INVOICE TO Sure NO. OF COPIES 4

Formation Test No. <u>1</u> Ok? _____ Misrun? _____ Total Depth <u>4585</u> Formation Tested _____ Interval Tested <u>4559</u> To <u>4585</u> Size Main Hole <u>7 7/8</u> Rat Hole _____ Packer(s) Set At <u>4554 & 4551</u> Packer Size <u>6 3/4</u> Type <u>Bobtail</u> Anchor Length <u>26'</u> Size <u>4 3/4</u> Tool Type <u>HST 4 1/2</u> Tool Joint Size <u>4 1/2 T.F.</u>	Initial Hydro Mud Pressure <u>2375</u> Final Hydro Mud Pressure <u>2375</u> Initial Flow Pressure <u>0</u> Final Flow Pressure <u>65</u> I. B. H. P. <u>1334</u> F. B. H. P. <u>1445</u> Price <u>\$225.</u> Extra Equipment <u>Jones #869, 100, Sfty-J#25, 100</u> Total <u>\$350.</u>
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Fluid Cushion _____ Kind _____ Water Loss 10 Mud Weight 9.8 Viscosity 55
 Pressure Recorders: Top Make HST Cap 3500 No. 4 Bottom Make HST Cap 5000 No. 15
 Below Straddle Top Make _____ Cap _____ No. _____ Bottom Make _____ Cap _____ No. _____
 Set Packer 113 P M; Tool Open 2 Hrs. 35 Min: Initial Shut-In 30 Min. Final Shut-In 8 90 Min.

Surface	Size Choke	Max. Press. Psi	Time	Description (Rate) of Flow
Information	<u>3/4</u>			

Blow Gas To Surface in 1 1/2 Min. 55 Min. Frank to Pressure
10 1/2 inch water in 5 min. 1000 Gallon control to level of 2000
5 gal. Bucket immediately remained steady throughout test.

Maximum Surface Pressure _____ lbs.; Did Well Flow? Yes _____ No ✓; Fluid Rise 225'
225' 2000 Oil, _____ Gas, _____ Water, _____ Mud
 Remarks: 225' Floggy Oil

Type Circulating Tool Sleeve Bottom Choke Size 3/4
 Was Choke Plugged? _____ Perf. Plugged? _____ Did Mud Fall During Test? 60'
 Tool Rental Time _____ Operator's Time _____
 Condition of Hole Good Date Recorders Calibrated 7-16-12
 Unit No. 2 Signed _____ Tester

It is fully understood that the operator assumes all responsibility for loss or damage to tool incurred during test.
THE ABOVE JOB WAS DONE UNDER THE DIRECTION, SUPERVISION AND CONTROL OF THE OPERATOR OR HIS AGENT WHOSE SIGNATURE APPEARS BELOW:
 Signed _____
 Agent of Contractor or Operator

OILFIELD TESTERS, INC.

Hays Phone MA 4-6315

Great Bend Phone GL 3-8615

Box 696

No 1168

HAYS, KANSAS

DATE 11-13-62 CUSTOMER'S ORDER NO. _____
 COMPANY Pomora Dev. Co. Inc. CONTRACTOR C. Toole, Rig #1
 LEASE AND WELL NO. Kinney Estate #1
 FIELD _____ COUNTY Lincoln STATE KANSAS
 MAIL CHARTS TO 416 Union Center Bldg, Wichita, Kansas
 MAIL INVOICE TO CAME NO. OF COPIES 4

Formation Test No. <u>7</u> Ok? _____ Misrun? _____	Initial Hydro Mud Pressure <u>2420</u>
Total Depth <u>4610</u> Formation Tested <u>Misc</u>	Final Hydro Mud Pressure <u>2360</u>
Interval Tested <u>4595</u> To <u>4610</u>	Initial Flow Pressure <u>0</u>
Size Main Hole <u>7 7/8</u> Rat Hole _____	Final Flow Pressure <u>50</u>
Packer(s) Set At <u>4570 & 4595</u>	I. B. H. P. <u>98</u> F. B. H. P. <u>103</u>
Packer Size <u>6 3/4</u> Type <u>Bobtail</u>	Price <u>\$225.</u>
Anchor Length <u>15'</u> Size <u>4 3/4</u>	Extra Equipment <u>Incs #861400, Sph-J #25,</u>
Tool Type <u>HAT + Phase</u> Tool Joint Size <u>4 1/2 I.F.</u>	Total <u>\$350.</u>

Fluid Cushion _____ Kind _____ Water Loss 8.6 Mud Weight 9.9 Viscosity 46
 Pressure Recorders: Top Make HAT Cap 3500 No. 4 Bottom Make HAT Cap 5000 No. 15
 Below Straddle Top Make _____ Cap _____ No. _____ Bottom Make _____ Cap _____ No. _____
 Set Packer 1 M; Tool Open 5 Hrs. 15 Min: Initial Shut-In 30 Min. Final Shut-In 60 Min.

	Size Choke	Max. Press. Psi	Time	Description (Rate) of Flow
Surface	<u>3/4</u>			
Information				

Blow one inch in water for 10 min. TBWP @ 30 min. open tool, blow
2 1/2 inches in water throughout test.

Maximum Surface Pressure _____ lbs.; Did Well Flow? Yes _____ No ✓; Fluid Rise 55'

Oil, _____ Gas, _____ Water, _____ Mud

Remarks: 55' Spec. Fly Oil specked Mud

Type Circulating Tool Sleeve Bottom Choke Size 3/4
 Was Choke Plugged? _____ Perf. Plugged? _____ Did Mud Fall During Test? 45'
 Tool Rental Time _____ Operator's Time _____
 Condition of Hole Good Date Recorders Calibrated 7-16-62
 Unit No. 2 Signed [Signature]
 Tester

It is fully understood that the operator assumes all responsibility for loss or damage to tool incurred during test.
 THE ABOVE JOB WAS DONE UNDER THE DIRECTION, SUPERVISION AND CONTROL OF THE OPERATOR OR HIS AGENT
 WHOSE SIGNATURE APPEARS BELOW:

Signed _____
 Agent of Contractor or Operator

OILFIELD TESTERS, INC.

Hays Phone MA 4-6315

Great Bend Phone GL 3-8615

Box 696

No 1169

HAYS, KANSAS

DATE 11-14-62 CUSTOMER'S ORDER NO. _____
 COMPANY Bureau Drilling Co. Inc. CONTRACTOR Co. Toole, Rig #1
 LEASE AND WELL NO. Kinney Estate #1
 FIELD _____ COUNTY Kiowa STATE KANSAS
 MAIL CHARTS TO 416 Union Center Bldg, Wichita, Ks.
 MAIL INVOICE TO SAME NO. OF COPIES 4

Formation Test No. <u>3</u> Ok? _____ Misrun? _____ Total Depth <u>4635</u> Formation Tested _____ Interval Tested <u>4608</u> To <u>4635</u> Size Main Hole <u>7 7/8</u> Rat Hole _____ Packer(s) Set At <u>4603 + 4608</u> Packer Size <u>6 3/4</u> Type <u>Bobtail</u> Anchor Length <u>27'</u> Size <u>4 3/4</u> Tool Type <u>164T41/2" HSS</u> Tool Joint Size <u>4 1/2" I.F.</u>	Initial Hydro Mud Pressure <u>2400</u> Final Hydro Mud Pressure <u>2400</u> Initial Flow Pressure <u>0</u> Final Flow Pressure <u>0</u> I. B. H. P. <u>105</u> F. B. H. P. <u>145</u> Price <u>\$225.</u> Extra Equipment <u>Ties #16, 900, 500, J, #25.</u> Total <u>\$350.</u>
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Fluid Cushion _____ Kind _____ Water Loss 6.2 Mud Weight 9.5 Viscosity 60
 Pressure Recorders: Top Make HST Cap 3500 No. 4 Bottom Make HST Cap 5000 No. 15
 Below Straddle Top Make _____ Cap _____ No. _____ Bottom Make _____ Cap _____ No. _____
 Set Packer 117 AM; Tool Open 1 Hrs. 40 Min: Initial Shut-In 30 Min. Final Shut-In 75 Min.

	Size Choke	Max. Press. Psi	Time	Description (Rate) of Flow
Surface	<u>3/4</u>	_____	_____	_____
Information	_____	_____	_____	_____

Blow Weak for 10 min, IBHP 30 min, open tool, blow 1/2 inch in water throughout test

Maximum Surface Pressure _____ lbs.; Did Well Flow? Yes _____ No ; Fluid Rise 60'
 Oil, _____ Gas, _____ Water, 60' Mud _____

Remarks: 60' Mud

Type Circulating Tool Shore Bottom Choke Size 3/4
 Was Choke Plugged? _____ Perf. Plugged? _____ Did Mud Fall During Test? 40'
 Tool Rental Time _____ Operator's Time _____
 Condition of Hole Good Date Recorders Calibrated 7-16-62
 Unit No. 2 Signed [Signature] Tester

It is fully understood that the operator assumes all responsibility for loss or damage to tool incurred during test.
 THE ABOVE JOB WAS DONE UNDER THE DIRECTION, SUPERVISION AND CONTROL OF THE OPERATOR OR HIS AGENT
 WHOSE SIGNATURE APPEARS BELOW:
 Signed [Signature] Agent of Contractor or Operator

WILDFIELD TESTERS, INC.

Hays Phone MA 4-6315

Great Bend Phone GL 3-8615

Box 696

No 1170

HAYS, KANSAS

DATE 10-14-62 CUSTOMER'S ORDER NO. _____
 COMPANY L. W. & P. Co., Inc. CONTRACTOR Mr. Lock, Rig #1
 LEASE AND WELL NO. Kimberly Estate #1
 FIELD _____ COUNTY Lincoln STATE KANSAS
 MAIL CHARTS TO 416 Union Center Bldg., Wichita, Kansas
 MAIL INVOICE TO SAM NO. OF COPIES 4

Formation Test No. <u>4</u> Ok? _____ Misrun? _____	Initial Hydro Mud Pressure <u>2460</u>
Total Depth <u>4175</u> Formation Tested _____	Final Hydro Mud Pressure <u>2460</u>
Interval Tested <u>4648</u> To <u>4665</u>	Initial Flow Pressure <u>25</u>
Size Main Hole <u>7 7/8</u> Rat Hole _____	Final Flow Pressure <u>25</u>
Packer(s) Set At <u>4643 & 4649</u>	I. B. H. P. <u>not taken</u> F. B. H. P. <u>385</u>
Packer Size <u>6 3/4</u> Type <u>Subtail</u>	Price <u>275.</u>
Anchor Length <u>17'</u> Size <u>4 3/4</u>	Extra Equipment <u>Taps #86, #100, #110, #25, #30</u>
Tool Type <u>W.T. P.H.</u> Tool Joint Size <u>4 1/2 I.F.</u>	Total <u>350.</u>

Fluid Cushion _____ Kind _____ Water Loss 6.2 Mud Weight 7.5 Viscosity 60
 Pressure Recorders: Top Make W.T. Cap 35. No. 4 Bottom Make W.T. Cap 5000 No. 15
 Below Straddle Top Make _____ Cap _____ No. _____ Bottom Make _____ Cap _____ No. _____
 Set Packer 9148P; Tool Open _____ Hrs. 30 Min: Initial Shut-In not taken Min. Final Shut-In 30 Min.

Surface Information	Size Choke	Max. Press. Psi	Time	Description (Rate) of Flow
	<u>3/4</u>			

Blow Voided at top 1 min. Solid Flush Tool on 10 min time, weak surge, lost rest of test

Maximum Surface Pressure _____ lbs.; Did Well Flow? Yes _____ No ✓; Fluid Rise 20'
 Oil, _____ Gas, _____ Water, 20' Mud _____

Remarks: 20' Mud

Type Circulating Tool skore Bottom Choke Size 3/4
 Was Choke Plugged? _____ Perf. Plugged? _____ Did Mud Fall During Test? 20'
 Tool Rental Time _____ Operator's Time _____
 Condition of Hole Good Date Recorders Calibrated 7-16-62
 Unit No. 2 Signed James H. [Signature] Tester

It is fully understood that the operator assumes all responsibility for loss or damage to tool incurred during test.
 THE ABOVE JOB WAS DONE UNDER THE DIRECTION, SUPERVISION AND CONTROL OF THE OPERATOR OR HIS AGENT WHOSE SIGNATURE APPEARS BELOW:
 Signed [Signature] Agent of Contractor or Operator