



P. O. BOX 793 PHONE 793-7903
GREAT BEND, KANSAS

WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET 23374

Formation _____ Elevation 1812 KB Eff. Pay _____ Ft.

District Great Bend Date 11-19-77 Customer Order No. _____

COMPANY NAME Texas Oil & Gas Corp

ADDRESS 200 W Douglas Wichita Ks 67202

LEASE AND WELL NO Schumacher #1 (owwo) COUNTY Comanche STATE Kansas Sec. 7 Twp 34 1/2 Rge. 20

Oil Inv. To Texas Oil & Gas Corp Co. Name 2700 Fidelity Union Tower Dallas Tex. 75221 No. Copies Requested 4

Oil Charts To SOME AS ABOVE Address _____ No. Copies Requested 1

Formation Test No. _____ O.K. _____ Misrun _____ Interval Tested From _____ to _____ Total Depth _____
 Size Main Hole _____ Rat Hole _____ Conv. _____ B.T. _____ Damaged _____ Yes _____ No _____ Conv. _____ B.T. _____ Damaged _____ Yes _____ No _____
 Packer Depth _____ Ft. Size _____ Bottom Packer Depth _____ Ft. Size _____
 Straddle _____ Conv. _____ B.T. _____ Damaged _____ Yes _____ No _____ Packer Depth _____ Ft. Size _____
 Tool Size _____ Tool Joint Size _____ Anchor Length _____ Ft. Size _____ Surface Choke Size _____ In. Bottom Choke Size _____ In.

CORDERS Depth _____ Ft. Clock No. _____ Depth _____ Ft. Clock No. _____
 Top Make _____ Cap. _____ No. _____ Inside _____ Bottom Make _____ Cap. _____ No. _____ Inside _____
 Low Straddle: Depth _____ Rec. No. _____ Clock No. _____ Outside _____ Depth _____ Ft. Rec. No. _____ Clock No. _____ Outside _____

Time Set Packer _____ M
 Tool Open I.F.P. From _____ M. to _____ M. Hr. _____ Min. From (B) _____ P.S.I. To (C) _____ P.S.I.
 Tool Closed I.C.I.P. From _____ M. to _____ M. Hr. _____ Min. (D) _____ P.S.I.
 Tool Open F.F.P. From _____ M. to _____ M. Hr. _____ Min. From (E) _____ P.S.I. To (F) _____ P.S.I.
 Tool Closed F.C.I.P. From _____ M. to _____ M. Hr. _____ Min. (G) _____ P.S.I.
 Initial Hydrostatic Pressure (A) _____ P.S.I. Final Hydrostatic Pressure (H) _____ P.S.I. Maximum Temp. _____

INFORMATION

Flow _____
 Mud Well Flow _____ Yes _____ No _____ Recovery Total Ft. _____

Reversed Out _____ Yes _____ No _____ Mud Type _____ Viscosity _____ Weight _____ Water Loss _____ cc. Chlorides _____

EXTRA EQUIPMENT: Type Circ. Sub. _____ Safety Joint _____ Jars: Size _____ In. Make _____ Ser. No. _____

Tool Jars _____ Did Packers Hold? _____ Did Tool Plug? _____ Where? _____

DRILLING CONTRACTOR _____ Length Drill Pipe _____ ft. I.D. Drill Pipe _____ In. Tool Joint Size _____ In.
 Length Weight Pipe _____ ft. I.D. Weight Pipe _____ In. Tool Joint Size _____ In. Length Drill Collars _____ ft. I.D. Drill Collars _____ In.
 Tool Joint Size _____ In. Length D.S.T. Tool _____ ft.

Remarks 4 hrs Free stand by time on 11-19-77
24 hrs stand by at rig at \$15.00 per hr.

INVOICE SECTION

Open Hole Test	\$ _____
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Misrun	\$ _____
Evaluation	\$ _____
Packer	\$ _____
Circ. Sub.	\$ _____
see Remarks	\$ <u>360.00</u>
Total	\$ <u>360.00</u>

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.
 Charges subject to 10% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Approved By RWD Dahlberg Western Representative Maef Krupis
 Signature of Customer or his Authorized Representative Operator's Time _____ Hrs.