



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

Formation Ironstone Elevation _____ Eff. Pay _____ Ft.

District Hill City Date 9-5-71 Customer Order No. _____
COMPANY NAME Ambercrombie Drilling Inc. ADDRESS 901 Union Center Wichita, Kansas
LEASE AND WELL NO. Mitchell #1 COUNTY Phillips STATE Kan Sec. 11 Twp. 5S Rge. 20W
Mail Inv. To same Co. Name _____ Address _____ No. Copies Requested usual
Mail Charts To same Address _____ No. Copies Requested usual

Formation Test No. 1 O.K. Misrun Interval Tested From 3106 to 3148 Total Depth 3148
Size Main Hole 6 3/4 Rat Hole Conv. B.T. Damaged Yes No Conv. B.T. Damaged Yes No
Packer Depth 3101 Ft. Size 5 1/2 Packer Depth 3106 Ft. Size 5 1/2
Straddle Yes No Conv. B.T. Damaged Yes No
Packer Depth _____ Ft. Size _____
Tool Size 4 1/2 O.D. Tool Jt. Size 3 1/2 I.F. Anchor Length 42' Ft. Size 4 1/2 O.D.

RECORDERS Depth 3142 Ft. Clock No. 9725 Depth 3144 Ft. Clock No. 9727
Top Make KUSTER Cap. 4150 No. 2607 Inside Bottom Make KUSTER Cap. 4150 No. 969 Inside
Below Straddle: Depth _____ Clock No. _____ Outside _____
Top Make _____ Cap. _____ No. _____ Inside _____
Bottom Make _____ Cap. _____ No. _____ Outside _____

Time Set Packer 7:56 AM
Tool Open I.F.P. From 8:00 AM to 8:30 M. Hr. 30 Min. From (B) 38 P.S.I. To (C) 42 P.S.I.
Tool Closed I.C.I.P. From 8:30 AM to 9:00 AM Hr. 30 Min. (D) 1217 P.S.I.
Tool Open F.F.P. From 9:10 AM to 9:30 AM Hr. 30 Min. From (E) 42 P.S.I. To (F) 42 P.S.I.
Tool Closed F.C.I.P. From 9:30 AM to 10:00 AM Hr. 30 Min. (G) 1050 P.S.I.
Initial Hydrostatic Pressure (A) 1720 P.S.I. Final Hydrostatic Pressure (H) 1679 P.S.I.

SURFACE Size Choke 3/8 In. Max. Press. P.S.I. _____ Time _____ Description of Flow _____
INFORMATION _____ M. _____
_____ M. _____
_____ M. _____

BLOW Weak Dead in 23 min on I.F. Bottom Choke Size 1/2 In.
Did Well Flow Yes No Recovery Total Ft. 45' oil cut mud

Reversed Out Yes No Mud Type Chen? Viscosity 3.8 Weight 10.8 Water Loss 22 cc. Maximum Temp 99 °F
Type Circ. Sub. Plug Safety Joint _____ Jars: Size _____ Make _____ Ser. No. _____
EXTRA EQUIPMENT: Dual Packers YES Did Packer Hold? YES Did Tool Plug? NO Where? _____
Length Drill Pipe 2032 ft. I.D. Drill Pipe 2.7 in. Length Weight Pipe 1053 ft. I.D. Weight Pipe 2.4 in. Length Drill Collars _____ ft.
I. D. Drill Collars _____ in. Length D.S.T. Tool 63 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 6% 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>225.00</u>
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Misrun	\$ _____
Evaluation	\$ _____
Total	\$ <u>225.00</u>

Test Approved By [Signature] Western Representative [Signature]
Signature of Customer or his Authorized Representative Operator's Time - 12 - Hrs.



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

Formation Leasing Elevation _____ Eff. Pay _____ Ft.

District Hill City Date 9-5-71 Customer Order No. _____
 COMPANY NAME A.L. Ambercomb Drilling Inc. ADDRESS 901 Union Center Wichita KS
 LEASE AND WELL NO. Mitchell #1 COUNTY Phillips STATE K912545 Sec. 11 Twp. 59 Rge. 20W
 Mail Inv. To _____ Co. Name Same Address _____ No. Copies Requested USUO/
 Mail Charts To _____ Co. Name Same Address _____ No. Copies Requested USUO/

Formation Test No. 2 O.K. Misrun Interval Tested From 3156 to 3175 Total Depth 3175
 Size Main Hole 6 3/4 Rat Hole _____ Conv. B.T. Damaged Yes No Conv. B.T. Damaged Yes No
 Packer Depth 3151 Ft. Size 5 1/2 Packer Depth 3156 Ft. Size 5 1/2
 Straddle Yes No Conv. B.T. Damaged Yes No
 Packer Depth _____ Ft. Size _____
 Tool Size 4 1/2 O.D. Tool Jt. Size 3 1/2 I.F. Anchor Length 19' Ft. Size 4 1/2 O.D.

RECORDERS Depth 3169 Ft. Clock No. 9725 Depth 3171 Ft. Clock No. 9727
 Top Make KUSTER Cap. 4150 No. 2607 Inside Bottom Make KUSTER Cap. 4150 No. 969 Inside
 Below Straddle: Depth _____ Clock No. _____ Outside Depth _____ Ft. Clock No. _____ Outside
 Top Make _____ Cap. _____ No. _____ Inside Bottom Make _____ Cap. _____ No. _____ Inside
 _____ Outside

Time Set Packer 6:26 PM
 Tool Open I.F.P. From 6:29 PM to 1:59 PM Hr. 30 Min. From (B) 42 P.S.I. To (C) 42 P.S.I.
 Tool Closed I.C.I.P. From 6:59 PM to 7:29 PM Hr. 30 Min. (D) 42 P.S.I.
 Tool Open F.F.P. From 7:29 PM to 7:42 PM Hr. 13 Min. From (E) 42 P.S.I. To (F) 42 P.S.I.
 Tool Closed F.C.I.P. From 7:42 PM to 8:12 PM Hr. 30 Min. (G) 42 P.S.I.
 Initial Hydrostatic Pressure (A) 1731 P.S.I. Final Hydrostatic Pressure (H) 1710 P.S.I.

SURFACE Size Choke 3/8 In. Max. Press. P.S.I. _____ Time _____ Description of Flow _____
 INFORMATION _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____
 BLOW Wear dead in 10 min on I.F. Bottom Choke Size 1/2 In.
 Did Well Flow Yes No Recovery Total Ft. 10' oil mud w/ 1' Free oil on top

Reversed Out Yes No Mud Type Chem Viscosity 39 Weight 10.2 Water Loss 11.2 cc. Maximum Temp 100 °F
 Type Circ. Sub Plug Safety Joint _____ Jars: Size _____ Make _____ Ser. No. _____
 EXTRA EQUIPMENT: Dual Packers Yes Did Packer Hold? Yes Did Tool Plug? No Where? _____
 Length Drill Pipe 2082 ft. I.D. Drill Pipe 2.7 in. Length Weight Pipe 1053 ft. I.D. Weight Pipe 2.4 in. Length Drill Collars _____ ft.
 I. D. Drill Collars _____ in. Length D.S.T. Tool 40 ft.
 Remarks _____

COMPANY TERMS
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 All charges subject to 6% 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>225.00</u>
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Misrun	\$ _____
Evaluation	\$ _____
Total	\$ <u>225.00</u>

Test Approved By [Signature] Western Representative Janner W. Holloway
 Signature of Customer or his Authorized Representative Operator's Time 10 Hrs.



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

WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET 16387

Formation 445129 Elevation _____ Eff. Pay _____ Ft.

District Hill City Date 9-6-71 Customer Order No. _____

COMPANY NAME A.L. Ambrose Drilling ADDRESS 801 Union Center Wichita, Kan.

LEASE AND WELL NO. Mitchell #1 COUNTY Phillip STATE Kansas Sec. 11 Twp. 55 Rge. 204

Mail Inv. To Same Co. Name _____ Address _____ No. Copies Requested USU91

Mail Charts To Same Address _____ No. Copies Requested USU91

Formation Test No. 3 O.K. _____ Misrun _____ Interval Tested From 3192 to 3216 Total Depth 3216

Size Main Hole 6 3/4 Rat Hole _____ Conv. B.T. _____ Damaged Yes _____ No Conv. B.T. _____ Damaged Yes _____ No

Packer Depth 3187 Ft. Size 5 1/2 Packer Depth 3192 Ft. Size 5 1/2

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

Packer Depth _____ Ft. Size _____

Tool Size 4 1/2 O.D. Tool Jt. Size 3 1/2 IF Anchor Length 24' Ft. Size 4 1/2 O.D.

RECORDERS Depth 3210 Ft. Clock No. 9725 Depth 3212 Ft. Clock No. 9727

Top Make KUSTER Cap 4150 No. 2607 Inside Bottom Make KUSTER Cap 4150 No. 969 Inside

Below Straddle: Depth _____ Clock No. _____ Outside _____

Top Make _____ Cap _____ No. _____ Outside _____

Time Set Packer 8:47 AM

Tool Open I.F.P. From 9:50AM to 9:10AM Hr. 20 Min. From (B) 21 P.S.I. To (C) 21 P.S.I.

Tool Closed I.C.I.P. From 9:10 M. to 9:40AM Hr. 30 Min. (D) 581 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) 1263 P.S.I. Final Hydrostatic Pressure (H) 1252 P.S.I.

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

INFORMATION _____ M. _____

_____ M. _____

_____ M. _____

BLOW Very weak dead in 80 min on IF Bottom Choke Size 1/2 In.

Did Well Flow Yes No Recovery Total Ft. 5' mud w/ oil spots

Reversed Out Yes No Mud Type Chem Viscosity 34 Weight 10.2 Water Loss 11.2 cc. Maximum Temp. 99 °F

Type Circ. Sub. plug Safety Joint _____ Jars: Size _____ Make _____ Ser. No. _____

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

Length Drill Pipe 218 ft. I.D. Drill Pipe 2.2 in. Length Weight Pipe 1053 ft. I.D. Weight Pipe 2.4 in. Length Drill Collars _____ ft.

I. D. Drill Collars _____ in. Length D.S.T. Tool 45 ft.

Remarks Open 20 min closed 30 min

COMPANY TERMS

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All charges subject to 6% 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>225.00</u>
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Misrun	\$ _____
Evaluation	\$ _____
Total	\$ <u>225.00</u>

Test Approved By [Signature]
Signature of Customer or his
Authorized Representative

Western Representative Jana W. Hooley

Operator's Time -10- Hrs.



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

Formation Phillips City Elevation _____ Eff. Pay _____ Ft. _____

District Hill city Date 9-6-71 Customer Order No. _____
COMPANY NAME A. L. Ambercrombie Drilling ADDRESS 801 Union Center W. Ch. 19
LEASE AND WELL NO. Mitchell #1 COUNTY Phillips STATE Kan 67345 Sec. 11 Twp. 55 Rge. 20W
Mail Inv. To Same Co. Name _____ Address _____ No. Copies Requested USUAL
Mail Charts To Same Address _____ No. Copies Requested USUAL

Formation Test No. 4 O.K. Misrun Interval Tested From 3223 to 3248 Total Depth 3248
Size Main Hole 6 1/4 Rat Hole Conv. B.T. Damaged Yes No Conv. B.T. Damaged Yes No
Packer Depth 3218 Ft. Size 5 1/2 Packer Depth 3223 Ft. Size 5 1/2
Straddle Yes No Conv. B.T. Damaged Yes No
Packer Depth _____ Ft. Size _____
Tool Size 4 1/2 O.D. Tool Jt. Size 3 1/2 IF Anchor Length 25' Ft. Size 4 1/2 O.D.

RECORDERS Depth 3142 Ft. Clock No. 9725 Depth 3144 Ft. Clock No. 9727
Top Make KUSTER Cap. 4150 No. 2607 Inside Bottom Make KUSTER Cap. 4150 No. 969 Inside
Below Straddle: Depth _____ Clock No. _____ Inside Depth _____ Ft. Clock No. _____ Inside
Top Make _____ Cap. _____ No. _____ Inside Bottom Make _____ Cap. _____ No. _____ Inside

Time Set Packer 8:19 PM
Tool Open I.F.P. From 8:22 PM to 9:32 PM Hr. 10 Min. From (B) 36 P.S.I. To (C) 36 P.S.I.
Tool Closed I.C.I.P. From 8:32 PM to 9:02 PM Hr. 30 Min. (D) 904 P.S.I.
Tool Open F.F.P. From 9:02 M. to 10:02 M. 1 Hr. Min. From (E) 53 P.S.I. To (F) 63 P.S.I.
Tool Closed F.C.I.P. From 10:02 M. to 10:47 M. Hr. 45 Min. (G) 487 P.S.I.
Initial Hydrostatic Pressure (A) 1752 P.S.I. Final Hydrostatic Pressure (H) 1731 P.S.I.

SURFACE Size Choke 3/8 In. Max. Press. P.S.I. _____ Time _____ Description of Flow _____
INFORMATION _____ M. _____
_____ M. _____
_____ M. _____
BLOW Weak increasing to Good Bottom Choke Size 1/2 In.
Did Well Flow Yes No Recovery Total Ft. 25 Heavy oil cut mud w/ 2' Free oil on top

Reversed Out Yes No Mud Type Chem Viscosity 43 Weight 10.3 Water Loss 10.4 cc. Maximum Temp 101 °F
Type Circ. Sub. Plug Safety Joint _____ Jars: Size _____ Make _____ Ser. No. _____
EXTRA EQUIPMENT: Dual Packers YES Did Packer Hold? YES Did Tool Plug? NO Where? _____
Length Drill Pipe 2199 ft. I.D. Drill Pipe 2.7 in. Length Weight Pipe 1053 ft. I.D. Weight Pipe 2.4 in. Length Drill Collars _____ ft.
I. D. Drill Collars _____ in. Length D.S.T. Tool 46 ft.
Remarks _____

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All charges subject to 6% 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>225.00</u>
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Misrun	\$ _____
Evaluation	\$ _____
Total	\$ <u>225.00</u>

Test Approved By [Signature] Western Representative [Signature]
Signature of Customer or his Authorized Representative Operator's Time - 10 - Hrs.



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

Formation K.C. Elevation Eff. Pay Ft.

District Hill City Date 9-7-71 Customer Order No.
COMPANY NAME A. L. Amberchrome Drilling ADDRESS 801 UNION CENTER
LEASE AND WELL NO. Mitchell #1 COUNTY Phillips STATE KANSAS Sec 11 Twp. 55 Rge. 204
Mail Inv. To Some Co. Name Address No. Copies Requested USU91
Mail Charts To Some Address No. Copies Requested USU91

Formation Test No. 5 O.K. Misrun Interval Tested From 3286 to 3347 Total Depth 3347
Size Main Hole 6 3/4 Rat Hole Conv. B.T. Damaged Yes No Conv. B.T. Damaged Yes No
Packer Depth 3281 Ft. Size 5 1/2 Packer Depth 3286 Ft. Size 5 1/2
Straddle Yes No Conv. B.T. Damaged Yes No
Tool Size 4 1/2 O.D. Tool Jt. Size 3 1/2 I.F. Anchor Length 61 Ft. Size 4 3/4 4 O.D.

RECORDERS Depth 3341 Ft. Clock No. 9725 Depth 3343 Ft. Clock No. 9727
Top Make KUSTEL Cap 4150 No. 2607 Inside Outside Bottom Make KUSTEL Cap 4150 No. 969 Inside Outside
Below Straddle: Depth Clock No. Outside Inside Depth Ft. Clock No. Outside Inside
Top Make Cap No. Bottom Make Cap No. Outside

Time Set Packer 9:45 AM
Tool Open I.F.P. From 9:48 PM to 10:18 PM Hr. 30 Min. From (B) 26 P.S.I. To (C) 26 P.S.I.
Tool Closed I.C.I.P. From 10:18 PM to 10:48 PM Hr. 30 Min. (D) 659 P.S.I.
Tool Open F.F.P. From 10:48 PM to 11:18 PM Hr. 30 Min. From (E) 32 P.S.I. To (F) 32 P.S.I.
Tool Closed F.C.I.P. From 11:18 PM to 11:48 PM Hr. 30 Min. (G) 540 P.S.I.
Initial Hydrostatic Pressure (A) 1735 P.S.I. Final Hydrostatic Pressure (H) 1731 P.S.I.

SURFACE Size Choke 3/8 In. Max. Press. P.S.I. Time Description of Flow
INFORMATION M. M. M.
BLOW Weak bleed in 5 min or less Bottom Choke Size 1/2 In.
Did Well Flow Yes No Recovery Total Ft. 5' Mud with oil spots

Reversed Out Yes No Mud Type Chem Viscosity 40 Weight 10.1 Water Loss 10.4 cc. Maximum Temp 106 °F
Type Circ. Sub Plug Safety Joint Jars: Size Make Ser. No.
EXTRA EQUIPMENT: Dual Packers YES Did Packer Hold? YES Did Tool Plug? NO Where?
Length Drill Pipe 2243 ft. I.D. Drill Pipe 2.7 in. Length Weight Pipe 1022 ft. I.D. Weight Pipe 2.4 in. Length Drill Collars ft.
I. D. Drill Collars in. Length D.S.T. Tool 82 ft.
Remarks

COMPANY TERMS
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All charges subject to 6% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.
Test Approved By [Signature] Western Representative [Signature]
Signature of Customer or his Authorized Representative Operator's Time - 10 - Hrs.

INVOICE SECTION
Open Hole Test \$ 225.00
Straddle Test \$
Jars \$
Selective Zone \$
Safety Joint \$
Misrun \$
Evaluation \$
Total \$ 225.00



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET 16389

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

Formation 1. C. Elevation _____ Eff. Pay _____ Ft.

District Hill City Date 9-7-71 Customer Order No. _____

COMPANY NAME A.L. Ambercrombie Drilling ADDRESS 901 Union Center Wichita, Kan

LEASE AND WELL NO. Mitchell #1 COUNTY Phillips STATE Kansas Sec. 11 Twp. 5S Rge. 20W

Mail Inv. To Same Co. Name _____ Address _____ No. Copies Requested USU91

Mail Charts To Same Address _____ No. Copies Requested USU91

Formation Test No. 5 O.K. Misrun Interval Tested From 3288 to 3347 Total Depth 3347

Size Main Hole 3 3/4 Rat Hole Conv. B.T. Damaged Yes No Conv. B.T. Damaged Yes No

Packer Depth 3288 Ft. Size 5 1/2 Packer Depth 3288 Ft. Size 5 1/2

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

Tool Size 4 1/2 O.D. Tool Jt. Size 3 1/2 IF Anchor Length 59 Ft. Size 4 1/2 x 4" O.D.

RECORDERS Depth 3341 Ft. Clock No. 9225 Depth 3343 Ft. Clock No. 9227

Top Make KUSTER Cap. 4150 No. 2607 Inside Outside Bottom Make KUSTER Cap. 4150 No. 969 Inside Outside

Below Straddle: Depth _____ Clock No. _____ Outside Inside
Top Make _____ Cap. _____ No. _____ Inside Outside
Bottom Make _____ Cap. _____ No. _____ Inside 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.

SURFACE INFORMATION	Size Choke	In.	Max. Press. P.S.I.	Time	Description of Flow
	<u>3/8</u>			<u>1</u> M.	<u>1</u>
				<u>1</u> M.	
				<u>1</u> M.	

BLOW Did Well Flow Yes No Recovery Total Ft. _____ Bottom Choke Size 1/2 In.

Reversed Out Yes No Mud Type Chem Viscosity 40 Weight 10.1 Water Loss 10.4 cc. Maximum Temp. _____ °F
Type Circ. Sub. Plug Safety Joint _____ Jars: Size _____ Make _____ Ser. No. _____
EXTRA EQUIPMENT: Dual Packers YES Did Packer Hold? NO Did Tool Plug? NO Where? _____
Length Drill Pipe 2240 ft. I.D. Drill Pipe 2.2 in. Length Weight Pipe 1022 ft. I.D. Weight Pipe 2.4 in. Length Drill Collars _____ ft.
I. D. Drill Collars _____ in. Length D.S.T. Tool 80 ft.
Remarks Unable To Get Packer Seat

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 6% 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>N/C.</u>
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Misrun	\$ _____
Evaluation	\$ _____
Total	\$ <u>N/C.</u>

Test Approved By _____ Western Representative James W. Hollaway
Signature of Customer or his Authorized Representative Operator's Time -8- Hrs.



P. O. BOX 793 PHONE 793-7903

GREAT BEND, KANSAS

WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET 16391

Formation sand Elevation Eff. Pay Ft.

District Will City Date 9-8-71 Customer Order No.

COMPANY NAME A.L. Amber Grout & Drilling ADDRESS 801 Union Center W. City 667

LEASE AND WELL NO. Mitchell #1 COUNTY Phillips STATE Kan Sec. 11 Twp. 55 Rge. 20W

Mail Inv. To Same Co. Name Address No. Copies Requested USUOI

Mail Charts To Same Address No. Copies Requested USUOI

Formation Test No. 6 O.K. Misrun Interval Tested From 3421 to 3442 Total Depth 3442

Size Main Hole 6 3/4 Rat Hole Conv. B.T. Damaged Yes No Conv. B.T. Damaged Yes No

Packer Depth 3416 Ft. Size 5 1/2 Packer Depth 3421 Ft. Size 5 1/2

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

Tool Size 4 1/2 O.D. Tool Jt. Size 3 1/2 IF Anchor Length 21 Ft. Size 4 1/2 O.D.

RECORDERS Depth 3436 Ft. Clock No. 9725 Depth 3438 Ft. Clock No. 9727

Top Make KUSTER Cap. 4150 No. 2607 Inside Outside Bottom Make KUSTER Cap. 4150 No. 969 Inside Outside

Below Straddle: Depth Clock No. Outside Inside Depth Ft. Clock No. Outside Inside

Top Make Cap. No. Bottom Make Cap. No. Outside

Time Set Packer 6:01 P.M.

Tool Open I.F.P. From 6:03 P.M. to 6:13 P.M. Hr. 10 Min. From (B) 63 P.S.I. To (C) 127 P.S.I.

Tool Closed I.C.I.P. From 6:13 P.M. to 6:43 P.M. Hr. 30 Min. (D) 967 P.S.I.

Tool Open F.F.P. From 6:43 P.M. to 7:43 P.M. 1 Hr. Min. From (E) 180 P.S.I. To (F) 455 P.S.I.

Tool Closed F.C.I.P. From 7:43 P.M. to 8:28 P.M. Hr. 45 Min. (G) 873 P.S.I.

Initial Hydrostatic Pressure (A) 1878 P.S.I. Final Hydrostatic Pressure (H) 1878 P.S.I.

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

INFORMATION M. M. M.

BLOW ST1009 Bottom Choke Size 1/2 In.

Did Well Flow Yes No Recovery Total Ft. 290' GIP. 1160' oil

Reversed Out Yes No Mud Type Chem Viscosity 44 Weight 10.2 Water Loss 9.4 cc. Maximum Temp °F

Type Circ. Sub Plus Safety Joint Jars: Size Make Ser. No.

EXTRA EQUIPMENT: Dual Packers YES Did Packer Hold? Did Tool Plug? Where?

Length Drill Pipe 2349 ft. I.D. Drill Pipe 2.7 in. Length Weight Pipe 1053 ft. I.D. Weight Pipe 2.4 in. Length Drill Collars ft.

I. D. Drill Collars in. Length D.S.T. Tool 42 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 6% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Table with 2 columns: Item, Amount. Includes Open Hole Test \$225.00, Straddle Test, Jars, Selective Zone, Safety Joint, Misrun, Evaluation, Total \$225.00.

Test Approved By [Signature] Western Representative James W. Holloway Operator's Time -10- Hrs.



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

Formation KE Elevation 2012 KB Eff. Pay _____ Ft.

District MILL CITY Date 9-9-71 Customer Order No. _____
COMPANY NAME A.A. Amberson Drilling Co ADDRESS 80 Union Center Wichita, 190
LEASE AND WELL NO. Mitchell #1 COUNTY Phillips STATE KAN Sec. 11 Twp. 5S Rge. 20W
Mail Inv. To Same Co. Name _____ Address _____ No. Copies Requested USUAL
Mail Charts To Same Address _____ No. Copies Requested USUAL

Formation Test No. 7 O.K. Misrun Interval Tested From 3160 to 3190 Total Depth 3442
Size Main Hole 6 3/4 Rat Hole 6 3/4 Conv. B.T. Damaged Yes No Conv. B.T. Damaged Yes No
Packer Depth 3160 Ft. Size 5 1/2 Packer Depth _____ Ft. Size _____
Straddle YES Yes No Conv. B.T. Damaged Yes No
Packer Depth 3190 Ft. Size 5 1/2
Tool Size 4 1/2 O.D. Tool Jt. Size 3 1/2 EF Anchor Length 30 Ft. Size 4 1/2 O.D.

RECORDERS Depth 3182 Ft. Clock No. 9725 Depth 3184 Ft. Clock No. 9727
Top Make MUSTER Cap. 4150 No. 2607 Inside Bottom Make MUSTER Cap. 4150 No. 969 Inside
Below Straddle: Depth 3194 Clock No. Outside Depth 3442 Ft. Clock No. Outside
Top Make WTC Cap. 4000 No. 26 Inside Bottom Make WTC Cap. 400 No. 67 Inside

Time Set Packer 2:36 P.M.
Tool Open I.F.P. From 2:40 P.M. to 2:50 P.M. Hr. 10 Min. From (B) 21 P.S.I. To (C) 32 P.S.I.
Tool Closed I.C.I.P. From 2:50 P.M. to 3:20 P.M. Hr. 30 Min. (D) 586 P.S.I.
Tool Open F.F.P. From 3:20 P.M. to 4:20 M. Hr. _____ Min. From (E) 42 P.S.I. To (F) 47 P.S.I.
Tool Closed F.C.I.P. From _____ M. to _____ M. Hr. _____ Min. (G) 550 P.S.I.
Initial Hydrostatic Pressure (A) 1689 P.S.I. Final Hydrostatic Pressure (H) 1679 P.S.I.

SURFACE Size Choke 3/8 In. Max. Press. P.S.I. _____ Time _____ Description of Flow _____
INFORMATION _____ M. _____
_____ M. _____
_____ M. _____

BLOW WEAK 10 min on IE 40 min on FF Bottom Choke Size 42 In.
Did Well Flow Yes No Recovery Total Ft. 90' slightly oil cut mud with 1600 oil
on top

Reversed Out Yes No Mud Type Chem Viscosity 44 Weight 10.2 Water Loss 9.4 cc. Maximum Temp. _____ °F
Type Circ. Sub. Plug Safety Joint _____ Jars: Size _____ Make _____ Ser. No. _____
EXTRA EQUIPMENT: Dual Packers _____ Did Packer Hold? _____ Did Tool Plug? _____ Where? _____
Length Drill Pipe 2313 ft. I.D. Drill Pipe 2.7 in. Length Weight Pipe 2.4 ft. I.D. Weight Pipe 831 in. Length Drill Collars _____ ft.
I. D. Drill Collars _____ in. Length D.S.T. Tool _____ 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 6% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.
Test Approved By [Signature] Western Representative [Signature]
Signature of Customer or his Authorized Representative Operator's Time -10- Hrs.

INVOICE SECTION
Open Hole Test \$ 925.00
Straddle Test \$ 85.00
Jars \$ _____
Selective Zone \$ _____
Safety Joint \$ _____
Misrun \$ _____
Evaluation \$ _____
Total \$ 310.00