



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

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FEB 11 2010

Test Ticket

NO. 37943 13894

BY:

Well Name & No. oil creek No. 2 Test No. 1 Date 2-1-10
 Company H&M Petroleum Corp Elevation 2510 KB 2505 GL
 Address 13570 Meadowgrass Drive, Suite 101 Colorado Spring, Co. 80921
 Co. Rep / Geo. Rick Hall Rig ww #10
 Location: Sec. 3 Twp. 9S Rge. 25W Co. Graham State KS

Interval Tested 3814 3887 Zone Tested LKL-C-F
 Anchor Length 73 Drill Pipe Run 3648 Mud Wt. 9.2
 Top Packer Depth 3799 Drill Collars Run 124 Vis 48
 Bottom Packer Depth 3814 Wt. Pipe Run -0- WL 6.8
 Total Depth 3887 Chlorides 1500 ppm System LCM 0

Blow Description IF: weak surface blow, died in 14 mins.
ISI: No blow back over 50 mins.
FF: NO blow over 15 mins
FSI: NO blow back over 30 mins.

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

Rec Total 5 BHT 109.37 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic <u>2006</u>	<input checked="" type="checkbox"/> Test <u>1050</u>	T-On Location <u>15:00</u>
(B) First Initial Flow <u>22</u>	<input type="checkbox"/> Jars _____	T-Started <u>16:30</u>
(C) First Final Flow <u>25</u>	<input checked="" type="checkbox"/> Safety Joint <u>75</u>	T-Open <u>18:33</u>
(D) Initial Shut-In <u>892</u>	<input type="checkbox"/> Circ Sub _____	T-Pulled <u>20:20</u>
(E) Second Initial Flow <u>25</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>22:20</u>
(F) Second Final Flow <u>28</u>	<input checked="" type="checkbox"/> Mileage <u>60.2 = 120.1 = 120</u>	Comments _____
(G) Final Shut-In <u>595</u>	<input type="checkbox"/> Sampler _____	
(H) Final Hydrostatic <u>2028</u>	<input type="checkbox"/> Straddle _____	
	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Shale Packer _____
Initial Open <u>15</u>	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Shut-In <u>50</u>	<input type="checkbox"/> Extra Recorder _____	<input type="checkbox"/> Extra Copies _____
Final Flow <u>15</u>	<input type="checkbox"/> Day Standby _____	Sub Total <u>0</u>
Final Shut-In <u>30</u>	<input type="checkbox"/> Accessibility _____	Total <u>1245-</u>
	Sub Total <u>1245-</u>	

Approved By Rick Hall Our Representative Chub Miller
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