

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 9860
Name: Castle Resources, Inc.
Address 1200 E. 27th., Suite C

City/State/Zip Hays, Kansas 67601
Purchaser: N/A
Operator Contact Person: Jerry Green
Phone (913) 625-5155
Contractor: Name: Vonfeldt Drilling, Inc.
License: 9431
Wellsite Geologist:

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expt., Cathodic, etc)

If Workover:
Operator:
Well Name: CONSERVATION DIVISION
Comp. Date Old Total Depth
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.
3-1-96 3-8-96
Spud Date Date Reached TD Completion Date

RECEIVED
KANSAS CORPORATION COMMISSION
5-29-96
MAY 29 1996

API NO. 15- 141-203130000 ORIGINAL
County Osborne
- SE - NW - NW Sec. 16 Twp. 10S Rge. 15W
4290 Feet from (S/N) (circle one) Line of Section
4290 Feet from (E/W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, (S), NW or SW (circle one)
Lease Name Eileen Well # 1
Field Name
Producing Formation None
Elevation: Ground 1878' KB 1883'
Total Depth 3600' PBTB
Amount of Surface Pipe Set and Cemented at 237 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set Feet
If Alternate II completion, cement circulated from
feet depth to w/ sx cmt.
Drilling Fluid Management Plan D&A JH 10-17-96
(Data must be collected from the Reserve Pit)
Chloride content 52,000 ppm Fluid volume 300 bbls
Dewatering method used Air dry and backfill
Location of fluid disposal if hauled offsite:
Operator Name
Lease Name License No.
 Quarter Sec. Twp. S Rng. E/W
County Docket No.

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature [Signature]
Title President Date 5-27-96
Subscribed and sworn to before me this 28 day of May,
19 96.
Notary Public Amelia Werner
Date Commission Expires 4/16/2000

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

AMELIA WERNER
Notary Public - State of Kansas
My Appt. Exp. 4/16/2000

Operator Name Castle Resources Inc. Lease Name Eileen Well # 1

Sec. 16 Twp. 10 Rge. 15 East County Osborne
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run: **RADIATION GUARD**

| <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
|---|----------------------------------|---------------------------------|
| | Name Top Datum | |
| | Anhydrite 1076 1113 | |
| | Topeka 2807 924 | |
| | Heebner 3047 1164 | |
| | Toronto 3072 1189 | |
| | Lansing/KC 3100 1217 | |
| | Base KC 3361 1478 | |
| | Conglomerate Sand 3465 1582 | |

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs./Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
|-------------------|-------------------|---------------------------|-----------------|---------------|----------------|--------------|----------------------------|
| surface pipe | 12 1/4 | 8 5/8 | 20# | 237' | 60/40 poz | 150 | 2%gel 3% cc |
| | | | | | | | |
| | | | | | | | |

ADDITIONAL CEMENTING/SQUEEZE RECORD

| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
|---|------------------|----------------|-------------|----------------------------|
| <input type="checkbox"/> Perforate | | | | |
| <input type="checkbox"/> Protect Casing | | | | |
| <input type="checkbox"/> Plug Back TD | | | | |
| <input type="checkbox"/> Plug Off Zone | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | |
|----------------|--|--|-------|
| | | | Depth |
| | | | |
| | | | |
| | | | |
| | | | |

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. D&A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil N/A Bbls. Gas N/A Mcf Water N/A Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled

Other (Specify)

ALLIED CEMENTING CO., INC. -4375

15-141-203/3-00-00
ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

| | | | | | | | |
|---------------------|-----------------|---|-------------------|---------------------------|----------------------------|--------------------------|---------------------------|
| DATE <u>3-1-96</u> | SEC. <u>16</u> | TWP. <u>10 S</u> | RANGE <u>15 W</u> | CALLED OUT <u>2:00 PM</u> | ON LOCATION <u>2:45 PM</u> | JOB START <u>3:00 PM</u> | JOB FINISH <u>3:30 PM</u> |
| LEASE <u>Eileen</u> | WELL # <u>1</u> | LOCATION <u>NATOMA 1/2 E 1/2 N E 10 T 0</u> | | COUNTY <u>OSBORNE</u> | STATE <u>KANSAS</u> | | |

OLD OR NEW (Circle one)

CONTRACTOR VONFELDT DRILL RIG #1
 TYPE OF JOB SURFACE
 HOLE SIZE 12 1/4 T.D. 240
 CASING SIZE 8 3/8 20# DEPTH 237'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____ 14 1/4 RBL

OWNER _____ CEMENT

AMOUNT ORDERED 150 SK 60% 2% GEL
3% CC

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Ellen
 # 153 HELPER Mark
 BULK TRUCK
 # 213 DRIVER Paul Jones
 BULK TRUCK
 # _____ DRIVER _____

RECEIVED
 KANSAS CORPORATION COMMISSION
 TOTAL _____

REMARKS:

Domest
Circulated
Shenke

MAY 29 1996
 SERVICE
 CONSERVATION DIVISION
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 PLUG 1-8 3/8 WOODEN @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: CASTLE RESOURCES INC

STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

ALLIED CEMENTING CO., INC. 0000713

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT: R

| | | | | | | | |
|----------------------|-----------------|------------------------------|-------------------|------------|----------------------------|-----------------|---------------------------|
| DATE <u>3-9-96</u> | SEC <u>16</u> | TWP. <u>10 S</u> | RANGE <u>15 W</u> | CALLED OUT | ON LOCATION <u>9:30 PM</u> | JOB START | JOB FINISH <u>11:5 AM</u> |
| LEASE <u>Fifteen</u> | WELL # <u>1</u> | LOCATION <u>Narona 1/4 E</u> | | | COUNTY <u>Osborne</u> | STATE <u>Ks</u> | |

OLD OR NEW (Circle one)

CONTRACTOR Vanfeldt Drly

TYPE OF JOB Plug

HOLE SIZE 7 7/8 T.D. 3600

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

OWNER _____ CEMENT _____

AMOUNT ORDERED 200 cu yd 6" ogel
1/4 lb blow seal per yd

| | | |
|----------|---|-------|
| COMMON | @ | _____ |
| POZMIX | @ | _____ |
| GEL | @ | _____ |
| CHLORIDE | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| HANDLING | @ | _____ |
| MILEAGE | @ | _____ |

EQUIPMENT

153

PUMP TRUCK # _____ CEMENTER Dave
HELPER Mark

BULK TRUCK # _____ DRIVER _____

BULK TRUCK # 272 DRIVER Jason

TOTAL _____

REMARKS:

25 sk @ 1100
100 sk @ 630
40 sk @ 200
10 sk @ 40 wt plug
10 case hole
15 Rathole

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

PLUG 214 lb/c @ _____

@ _____

@ _____

TOTAL _____

CHARGE TO: Castle Resources

STREET _____

CITY _____ STATE _____ ZIP MAY 29 1996

FLOAT EQUIPMENT

| | | |
|-------|---|-------|
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |

TOTAL _____

SWIFT FORMATION TESTERS

1309 VAN FLEET PHONE 793-5177

GREAT BEND, KANSAS 67530

ORIGINAL

DATE 3-6-96

15-141-20313

COMPANY Castle Resources Inc.

ADDRESS Hay's ks.

LEASE Eileen WELL NO. 1 COUNTY OSBORNE

DEPTH 3478 TESTED FROM 3438 TO 3478 TEST NO. 4

TOOL JT. 4 1/2 x 14 SIZE HOLE 7 7/8 SIZE PACKER 6 3/4 MIS-RUN NO. _____

INITIAL HYD. 1732 # FINAL HYD. 1705 # SUCCESSFUL NO. _____

INITIAL SHUT-IN - HR. 30 MIN.: TOOL OPEN _____ HR. 35 MIN.: FINAL SHUT-IN _____ HR. 30 MIN.

INVOICES SENT TO: _____

INITIAL FLOW PERIOD 30 MINUTES

BLOW: Weak INTERMITTENT 1st OPEN - Very Good 2nd

REMARKS: _____

RECOVERY: 915 muddy water

INITIAL SHUT-IN PRESSURE 560 # INITIAL FLOW PRESSURE N/A FINAL FLOW PRESSURE 217-393 #

FINAL SHUT-IN PRESSURE 526 # FIELD ORDER NO. _____ PRICE OF JOB \$ 600.00

EXTRA EQUIPMENT _____ OPERATOR TIME _____

SWIFT FORMATION TESTERS

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 for at cost by the party for whom the test is made.

APPROVED BY: _____

OUR REPRESENTATIVE _____

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 29 1996

TICKET No 5964

CONSERVATION DIVISION
WICHITA, KS

SWIFT FORMATION TESTERS ORIGINAL

1309 VAN FLEET PHONE 793-5177

GREAT BEND, KANSAS 67530

DATE 3-5-96

COMPANY CASTLE RES. INC.

ADDRESS HAYS, KS.

LEASE Eileen WELL NO. 1 COUNTY OSBORNE

DEPTH 3140 TESTED FROM 3120 TO 3140 TEST NO. 2

TOOL JT. 4 1/2 XH SIZE HOLE 2 7/8 SIZE PACKER 6 3/4 MIS-RUN NO. _____

INITIAL HYD. 1545# FINAL HYD. 1506# SUCCESSFUL NO. _____

INITIAL SHUT-IN - HR. 30 MIN.: TOOL OPEN 60 MIN.: FINAL SHUT-IN 30 MIN.

INVOICES SENT TO: _____

INITIAL FLOW PERIOD 60 MINUTES

BLOW: Weak slowly increasing to fair

REMARKS: _____

RECOVERY: 60' Muddy water w/oil spots

INITIAL SHUT-IN PRESSURE 596# INITIAL FLOW PRESSURE 25 - 32# FINAL FLOW PRESSURE 57.51#

FINAL SHUT-IN PRESSURE 534# FIELD ORDER NO. _____ PRICE OF JOB \$600.00

EXTRA EQUIPMENT _____ OPERATOR TIME _____

SWIFT FORMATION TESTERS

APPROVED BY: 

OUR REPRESENTATIVE 

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 for at cost by the party for whom the test is made.

TICKET No 5962

SWIFT FORMATION TESTERS

16-10-150

1309 VAN FLEET PHONE 793-5177
GREAT BEND, KANSAS 67530

ORIGINAL

DATE 3-4-96

COMPANY Castle Resources, Inc.

ADDRESS 1200 E. 27TH ST Suite "C" 67601

LEASE Eileen WELL NO. 1 COUNTY OSBORNE

DEPTH 2850 TESTED FROM 2830 TO 2850 TEST NO. 1

TOOL JT. 4 1/2 X 4 SIZE HOLE 7 7/8 SIZE PACKER 6 3/4 MIS-RUN NO. _____

INITIAL HYD. 1402* FINAL HYD. 1402* SUCCESSFUL NO. _____

INITIAL SHUT-IN - HR. 30 MIN.: TOOL OPEN - HR. 45 MIN.: FINAL SHUT-IN - HR. 30 MIN.

INVOICES SENT TO: _____

INITIAL FLOW PERIOD 45 MINUTES

BLOW: Weak STEADY THRU-OUT

REMARKS: TOOL SLID TO BOTTOM CREATING PLUGGING

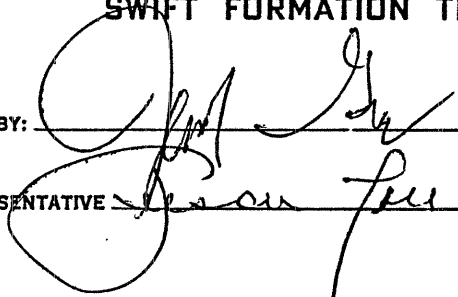
RECOVERY: 30' Oil Out mud
30' GAS

INITIAL SHUT-IN PRESSURE 714* INITIAL FLOW PRESSURE 36-36# FINAL FLOW PRESSURE 50-50*

FINAL SHUT-IN PRESSURE 630* FIELD ORDER NO. _____ PRICE OF JOB \$600.00

EXTRA EQUIPMENT _____ OPERATOR TIME _____

SWIFT FORMATION TESTERS

APPROVED BY: 

OUR REPRESENTATIVE Jason Lee

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 for at cost by the party for whom the test is made.

TICKET N^o 5961

SWIFT FORMATION TESTERS

1309 VAN FLEET PHONE 793-5177
GREAT BEND, KANSAS 67530

ORIGINAL

DATE 3-6-96

COMPANY Castle Resc, Inc

ADDRESS Blays Vcs.

LEASE Eileen WELL NO. 1 COUNTY Osborne

DEPTH 3478 TESTED FROM 3458 TO 3478 TEST NO. 3

TOOL JT. 2 1/2 XH SIZE HOLE 7 7/8 SIZE PACKER 6 3/4 MIS-RUN NO. _____

INITIAL HYD. _____ FINAL HYD. _____ SUCCESSFUL NO. _____

INITIAL SHUT-IN _____ HR. _____ MIN.: TOOL OPEN _____ HR. _____ MIN.: FINAL SHUT-IN _____ HR. _____ MIN.

INVOICES SENT TO: _____

INITIAL FLOW PERIOD _____ MINUTES _____

BLOW: _____

REMARKS: (Packer Failure) MIS-RUN CHARGE \$ 250.⁰⁰

RECOVERY: _____

INITIAL SHUT-IN PRESSURE _____ INITIAL FLOW PRESSURE _____ FINAL FLOW PRESSURE _____

FINAL SHUT-IN PRESSURE _____ FIELD ORDER NO. _____ PRICE OF JOB \$ 250.⁰⁰

EXTRA EQUIPMENT _____ OPERATOR TIME _____

SWIFT FORMATION TESTERS

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 for at cost by the party for whom the test is made.

APPROVED BY: _____

OUR REPRESENTATIVE Jelson Fall

TICKET No 5963

TRILOBITE TESTING L.L.C.

ORIGINAL

OPERATOR : Castle Resources
 WELL NAME: #1 Eileen
 LOCATION : 16-10S-15W Osborne Cty KS
 INTERVAL : 3295.00 To 3324.00 ft

DATE 3-09-96
 KB 1883.00 ft
 GR 1878.00 ft
 TD 3600.00 ft

TICKET NO: 8919 DST #6
 FORMATION: Lansing K Zone
 TEST TYPE: CONV STRADDLE

15-141-20313

RECORDER DATA

| Mins | Field | 1 | 2 | 3 | 4 | TIME DATA----- |
|-------------------|--------|--------|--------|--------|-----|------------------------|
| PF 45 Rec. | 24174 | 24174 | 10992 | 10994 | | PF Fr. 1344 to 1429 hr |
| SI 30 Range(Psi) | 3050.0 | 3050.0 | 4200.0 | 4250.0 | 0.0 | IS Fr. 1429 to 1459 hr |
| SF 45 Clock(hrs) | AK-1 | AK-1 | AK-1 | AK-1 | | SF Fr. 1459 to 1544 hr |
| FS 30 Depth(ft) | 3297.0 | 3297.0 | 3317.0 | 3595.0 | 0.0 | FS Fr. 1544 to 1614 hr |

| | Field | 1 | 2 | 3 | 4 | |
|----------------|--------|--------|-----|-----|-----|-------------------------------|
| A. Init Hydro | 1674.0 | 1665.0 | 0.0 | 0.0 | 0.0 | T STARTED 1230 hr |
| B. First Flow | 30.0 | 27.0 | 0.0 | 0.0 | 0.0 | T ON BOTM 1342 hr |
| B1. Final Flow | 30.0 | 27.0 | 0.0 | 0.0 | 0.0 | T OPEN 1344 hr |
| C. In Shut-in | 994.0 | 992.0 | 0.0 | 0.0 | 0.0 | T PULLED 1617 hr |
| D. Init Flow | 37.0 | 40.0 | 0.0 | 0.0 | 0.0 | T OUT 1715 hr |
| E. Final Flow | 37.0 | 40.0 | 0.0 | 0.0 | 0.0 | |
| F. Fl Shut-in | 979.0 | 977.0 | 0.0 | 0.0 | 0.0 | TOOL DATA----- |
| G. Final Hydro | 1674.0 | 1651.0 | 0.0 | 0.0 | 0.0 | Tool Wt. 4500.00 lbs |
| Inside/Outside | I | I | 0 | T | | Wt Set On Packer 20000.00 lbs |

RECOVERY

Tot Fluid 60.00 ft of 0.00 ft in DC and 60.00 ft in DP
 60.00 ft of Mud

| | |
|-----------------|--------------|
| Unseated Str Wt | 42000.00 lbs |
| Bot Choke | 0.75 in |
| Hole Size | 7.88 in |
| D Col. ID | 0.00 in |
| D. Pipe ID | 3.80 in |
| D.C. Length | 0.00 ft |
| D.P. Length | 3312.00 ft |

SALINITY 0.00 P.P.M. A.P.I. Gravity 0.00

BLOW DESCRIPTION

Initial Flow -
 1" blow building to 4.5"

Initial Shutin -
 No blow

Final Flow -
 .25" blow building to 2"

Final Shutin -
 No blow

SAMPLES:

SENT TO:

MUD DATA-----

| Mud Type | Chemical |
|------------|------------|
| Weight | 0.00 lb/cf |
| Vis. | 0.00 S/L |
| W.L. | 0.00 in3 |
| F.C. | 0.00 in |
| Mud Drop N | |

| | |
|----------------|--------------|
| Amt. of fill | 0.00 ft |
| Btm. H. Temp. | 108.00 F |
| Hole Condition | good |
| % Porosity | 0.00 |
| Packer Size | 6.75 in |
| No. of Packers | 3 |
| Cushion Amt. | 0.00 |
| Cushion Type | none |
| Reversed Out N | |
| Tool Chased N | |
| Tester | Paul Simpson |
| Co. Rep. | Jerry Green |
| Contr. | VonFeldt |
| Rig # | 1 |
| Unit # | |
| Pump T. | |

Test Successful: Y

TRILOBITE TESTING L.L.C.

ORIGINAL

OPERATOR : Castle Resources DATE 3-09-96
 WELL NAME: #1 Eileen KB 1883.00 ft TICKET NO: 8918 DST #5
 LOCATION : 16-10S-15W Osborne Cty KS GR 1878.00 ft FORMATION: Conglomerate Sand
 INTERVAL : 3485.00 To 3495.00 ft TD 3600.00 ft TEST TYPE: CONV STRADDLE

RECORDER DATA

| Mins | Field | 1 | 2 | 3 | 4 | TIME DATA----- |
|-------------------|--------|--------|--------|-----|-----|------------------------|
| PF 45 Rec. | 24174 | 24174 | 10992 | | | PF Fr. 0914 to 0959 hr |
| SI 30 Range(Psi) | 3050.0 | 3050.0 | 4200.0 | 0.0 | 0.0 | IS Fr. 0959 to 1029 hr |
| SF 6 Clock(hrs) | AK-1 | AK-1 | AK-1 | | | SF Fr. 1029 to 1036 hr |
| FS 0 Depth(ft) | 3487.0 | 3487.0 | 3595.0 | 0.0 | 0.0 | FS Fr. to hr |

| | Field | 1 | 2 | 3 | 4 | |
|----------------|--------|--------|-----|-----|-----|-------------------|
| A. Init Hydro | 1873.0 | 1868.0 | 0.0 | 0.0 | 0.0 | T STARTED 0817 hr |
| B. First Flow | 22.0 | 18.0 | 0.0 | 0.0 | 0.0 | T ON BOTM 0912 hr |
| B1. Final Flow | 22.0 | 18.0 | 0.0 | 0.0 | 0.0 | T OPEN 0914 hr |
| C. In Shut-in | 30.0 | 22.0 | 0.0 | 0.0 | 0.0 | T PULLED 1036 hr |
| D. Init Flow | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | T OUT 1147 hr |
| E. Final Flow | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| F. Fl Shut-in | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| G. Final Hydro | 1803.0 | 1800.0 | 0.0 | 0.0 | 0.0 | |
| Inside/Outside | I | I | 0 | | | |

TOOL DATA-----
 Tool Wt. 2500.00 lbs
 Wt Set On Packer 20000.00 lbs
 Wt Pulled Loose 60000.00 lbs
 Initial Str Wt 42000.00 lbs
 Unseated Str Wt 42000.00 lbs
 Bot Choke 0.75 in
 Hole Size 7.88 in
 D Col. ID 0.00 in
 D. Pipe ID 3.80 in
 D.C. Length 0.00 ft
 D.P. Length 3488.00 ft

RECOVERY

Tot Fluid 15.00 ft of 0.00 ft in DC and 15.00 ft in DP
 15.00 ft of Thin mud

SALINITY 0.00 P.P.M. A.P.I. Gravity 0.00

BLOW DESCRIPTION

Initial Flow -
 .5" blow building to 1" then decreasing
 to .5"

Initial Shutin -
 No blow

Final Flow -
 Very weak surface blow (due to pipe
 warming up)

Final Shutin -
 None taken

SAMPLES:
 SENT TO:

MUD DATA-----
 Mud Type Chemical
 Weight 0.00 lb/c
 Vis. 0.00 S/L
 W.L. 0.00 in3
 F.C. 0.00 in
 Mud Drop N
 Amt. of fill 0.00 ft
 Btm. H. Temp. 110.00 F
 Hole Condition good
 % Porosity 0.00
 Packer Size 6.75 in
 No. of Packers 3
 Cushion Amt. 0.00
 Cushion Type none
 Reversed Out N
 Tool Chased N
 Tester Paul Simpson
 Co. Rep. Jerry Green
 Contr. VonFeldt
 Rig # 1
 Unit #
 Pump T.

Test Successful: Y