



KANSAS CORPORATION COMMISSION 1052984
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33936
Name: Griffin, Charles N.
Address 1: PO BOX 347
Address 2: _____
City: PRATT State: KS Zip: 67124 + 0347
Contact Person: Charles N. Griffin
Phone: (720) 490-5648
CONTRACTOR: License # 34233
Name: Maverick Drilling LLC
Wellsite Geologist: Bruce A. Reed
Purchaser: Plains Marketing/West Wichita Gas Gathering

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth: _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>09/01/2010</u>	<u>09/08/2010</u>	<u>09/15/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-077-21697-00-00

Spot Description: _____
SE SE SW Sec. 31 Twp. 33 S. R. 8 East West
330 Feet from North / South Line of Section
2970 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Harper

Lease Name: DENA B Well #: 1

Field Name: Hibbord North East

Producing Formation: Mississippi

Elevation: Ground: 1302 Kelly Bushing: 1309

Total Depth: 4612 Plug Back Total Depth: 4588

Amount of Surface Pipe Set and Cemented at: 266 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

(Data must be collected from the Reserve Pit)

Chloride content: 16000 ppm Fluid volume: 1200 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: Rains & Williams Oil Co. Inc.

Lease Name: Hagon SWD License #: 5146

Quarter NW Sec. 23 Twp. 32 S. R. 10 East West

County: Barber Permit #: D30349

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 06/30/2011



1052984

Operator Name: Griffin, Charles N. Lease Name: DENA B Well #: 1
 Sec. 31 Twp. 33 S. R. 8 East West County: Harper

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Dual Induction Log Compensated Density Neutron Log Cement Sonic Bond Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Stark Shale</td> <td>4125</td> <td>2816</td> </tr> <tr> <td>Bottom Kansas City</td> <td>4208</td> <td>2899</td> </tr> <tr> <td>Cherokee</td> <td>4384</td> <td>3075</td> </tr> <tr> <td>Mississippi</td> <td>4506</td> <td>3197</td> </tr> </tbody> </table>	Name	Top	Datum	Stark Shale	4125	2816	Bottom Kansas City	4208	2899	Cherokee	4384	3075	Mississippi	4506	3197
Name	Top	Datum														
Stark Shale	4125	2816														
Bottom Kansas City	4208	2899														
Cherokee	4384	3075														
Mississippi	4506	3197														

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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	12.25	8.625	23	266	Common	200	Salt, Gas Blok, Gilsonite
Production	7.875	5.5	15.5	4611	AA2	225	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	4510-4526	2000 Gals 15% HCL acid	

TUBING RECORD: Size: <u>2.875</u> Set At: <u>4534</u> Packer At: <u>N/A</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>09/15/2010</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
Estimated Production Per 24 Hours	Oil Bbls. <u>80</u> Gas Mcf <u>100</u> Water Bbls. <u>40</u> Gas-Oil Ratio _____ Gravity <u>32</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>4510-4526</u>
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BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

0046221027
FIELD SERVICE TICKET

1718 02505 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-2-10 DISTRICT Pratt				NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:					
CUSTOMER Griffen Management				LEASE Dena		WELL NO B-1			
ADDRESS				COUNTY Harper		STATE KS			
CITY STATE				SERVICE CREW Orlando, Melson, Pyle					
AUTHORIZED BY				JOB TYPE: CNW-3 5/8 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	3/4						9-1-10	AM	7:00
33708-20920	3/4					ARRIVED AT JOB	9-1-10	AM	9:00
19960-1998	3/4					START OPERATION	9-2-10	PM	5:38
						FINISH OPERATION		PM	6:15
						RELEASED		PM	6:45
						MILES FROM STATION TO WELL			65

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: Tony Cummings
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP100	Common	SK	175		2800.00	
CC102	Cellulose	Lb	44		162.80	
CC109	Calcium Chloride	Lb	330		346.50	
CF153	Cement Plug (Wooden 3 5/8")	ea	1		100.00	
E100	Pickup mileage	mi	65		276.25	
E101	Heavy Equipment mileage	mi	130		910.00	
E113	Bulk Delivery	Tm	536		858.00	
CE200	Depth Charge 0-500	ea	1		1000.00	
CE240	Cement Service Charge	SK	175		245.00	
CE504	Plug Container	ea	1		250.00	
S003	Service Supervisor	ea	1		175.00	
					SUB TOTAL	4669.31
					SERVICE & EQUIPMENT	%TAX ON \$
					MATERIALS	%TAX ON \$
					TOTAL	<u>4669.31</u>

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE Steve Orlando THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Tony Cummings
(WELL OWNER OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



TREATMENT REPORT

Griffin Management		Lease No.	Date	
Dena		Well # B-1	9-2-10	
Field Order # 2505	Station Pratt	Casing 8 5/8 Jt	Depth 266	County Harper State KS
Type Job CNW-Surface	Formation		Legal Description 31-33-8	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 8 5/8	Tubing Size	Shots/Ft		125 SKS Common	1.22 yield RATE	PRESS	ISIP
Depth 266	Depth	From	To 290	Pre Pad cal chloride	Max 38 bbl		5 Min.
Volume 17	Volume	From	To	Pad 1/2 Cell Slake	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 350	Packer Depth	From	To	Flush 16	Gas Volume		Total Load

Customer Representative	Station Manager Dave Scott	Treater Steve Orlando
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Service Units	27283	33708	20920	19960	19918
Driver Names	Orlando	Melson	Phye		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00 PM					On location - Safety meeting
					Run 6 Jts 8 5/8 Casing
					Casing on Bottom
					Break Circ w/ Rig
5:50	300		38	4	Mix 125 SKS Common @ 15.6 #/gal
					Shut Down
					Release Plug
6:10	0		0	4	Start H2O Displacement
6:13	300		10	4	Cement TO Surface
6:15	300		16	4	Plug Down
					Job Complete
					Thanks, Steve
					Circulation thru Job
					circulated 6 bbl Cement top it

BASIC

ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

0040227460

FIELD SERVICE TICKET

1718 02508 A

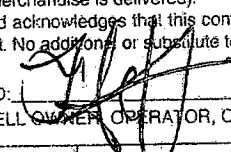
DATE _____ TICKET NO. _____

NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO. _____
OF 9-8-10 DISTRICT Pratt			LEASE <u>Dena</u> WELL NO. <u>B1</u>		
CUSTOMER <u>Griffen Management</u>			COUNTY <u>Harper</u> STATE <u>KS</u>		
ADDRESS _____			SERVICE CREW <u>Orlando, Anthony, Mcbraw</u>		
CITY _____ STATE _____			JOB TYPE: <u>CNW- 5 1/2 L.S.</u>		
AUTHORIZED BY _____					

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
27283	1						9-8-10	AM	2:00
9889-19842	1							AM	4:00
19831-19862	1							AM	9:00
								AM	10:00
								AM	10:30
						MILES FROM STATION TO WELL			65

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additions or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: 
(WELL OWNER OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	200		3400.00
CP103	60/40 P02	SK	85		1020.00
CC102	Cell Phone	Lb	50		180.00
CC111	Salt	Lb	913		456.50
CC112	Friction Reducer	Lb	94		564.00
CC115	Gas Blok	Lb	188		968.20
CC201	Gilsonite	Lb	1000		600.00
CF607	Latch Down Plug + Baffle	ea	1		400.00
CF1251	Auto Kill Float Shoe	ea	1		360.00
CF1661	Turbolizer	ea	6		660.00
CF1901	Basket	ea	2		580.00
C704	KCL Substitute	Gal	5		175.00
E100	Pickup Mileage	mi	65		276.25
E101	Heavy Equipment Mileage	mi	130		910.00
E113	Bulk Delivery	tm	852		1362.40
CE205	Depth Charge 4001-5000'	hrs	1		2620.00
CE240	Cement Service Charge	SK	285		397.00
CE504	Plug Container	ea	1		250.00
S003	Service Supervisor	ea	1		175.00
SUB TOTAL					10272.00

CHEMICAL / ACID DATA:

SERVICE & EQUIPMENT %TAX ON \$
MATERIALS %TAX ON \$

TOTAL

SERVICE REPRESENTATIVE Steve Orlando

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



SIC services, L.P.

TREATMENT REPORT

Griffith Management
 Dena B
 Order # 508 Station Pratt
 Lease No. Well # 1
 Casing 5 1/2" ID Depth 4611
 County Harper State KS
 Job CW-572 L.S. Formation Legal Description 31-33-8
 Date 9-8-10

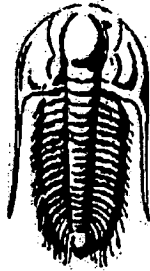
PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
1 1/2" 15.5				2000 lbs AA2 cement				
Depth 4611	Depth	From	To 100	Pre Pad 60/40 P02	Max		5 Min.	
Volume 109.7	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection 4599	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 9 P.C.	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative J.R. Griffith Station Manager Dave Scott Treater Steve Orlando

Service Units	27283	19831/19862	19889/19842
Driver Names	Orlando	m. Mcbraw	J. Anthony

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00 AM					On location Safety meeting
					Run 5 1/2 casing Baskets 2-10
					Centralizers 1-2-3-4-5-6
					Casing On Bottom Break Circ w/Kip
7:15	300		13	4 @	Mix 35 lbs 60/40 P02 @ 13 #/Gal
9:18	300		48	4 @	Mix 2000 lbs AA2 @ 15.3 #/Gal
					Shut Down - Clear pump & Line
					Release plug
9:37	0		0	5 @	Start H2O Displacement w 2% KCL
9:50	350		70	4 @	Lift Pressure
9:57	600		100	4	Slow Rate
10:00 AM	1500		109.5	3 @	Plug Down
					Job Complete

Taylor Printing, Inc. 620-672-3656



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Charles N. Griffin**

P O Box 347
Pratt Ks 67124

ATTN: Charles Griffin

31-33s-8w Harper, Ks

Dena B#1

Start Date: 2010.09.06 @ 07:40:39

End Date: 2010.09.06 @ 15:55:03

Job Ticket #: 40142 DST #: 1

Trilobite Testing, Inc.

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Charles N. Griffin

Dena B#1

31-33s-8w Harper, Ks

DST # 1

Miss

2010.09.06



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Charles N. Griffin

Dena B#1

P O Box 347
Pratt Ks 67124

31-33s-8w Harper, Ks

Job Ticket: 40142 DST#: 1

ATTN: Charles Griffin

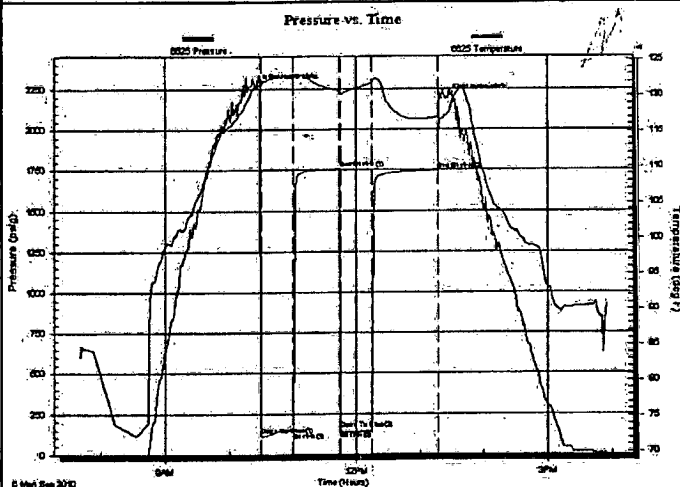
Test Start: 2010.09.06 @ 07:40:39

GENERAL INFORMATION:

Formation: Miss
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole
 Time Tool Opened: 10:30:04 Tester: Ray Schwager
 Time Test Ended: 15:55:03 Unit No: 42
 Interval: 4512.00 ft (KB) To 4530.00 ft (KB) (TVD) Reference Elevations: 1309.00 ft (KB)
 Total Depth: 4530.00 ft (KB) (TVD) 1300.00 ft (CF)
 Hole Diameter: 7.85 inches Hole Condition: Poor KB to GR/CF: 9.00 ft

Serial #: 6625 Inside
 Press@RunDepth: 143.59 psig @ 4513.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2010.09.06 End Date: 2010.09.06 Last Calib.: 2010.09.06
 Start Time: 07:40:39 End Time: 15:55:03 Time On Btm: 2010.09.06 @ 10:25:34
 Time Off Btm: 2010.09.06 @ 13:24:33

TEST COMMENT: FFP-strg bl GTS in 3 min
FFP-GTS



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2264.75	121.16	Initial Hydro-static
5	122.49	121.41	Open To Flow (1)
35	139.78	122.63	Shut-in(1)
79	1756.41	120.67	End Shut-in(1)
80	153.34	120.24	Open To Flow (2)
110	143.59	121.84	Shut-in(2)
172	1748.76	117.06	End Shut-in(2)
179	2190.30	117.31	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	HO&GCM 20%G30%O50%M	0.28
60.00	MGO 20%G58%O10%W12%M	0.84

Gas Rates

	Choke (Inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.50	26.00	272.53
Last Gas Rate	0.75	26.00	631.04
Max. Gas Rate	0.50	48.00	420.93



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N. Griffin

Dena B#1

P O Box 347
Pratt Ks 67124

31-33s-8w Harper, Ks

Job Ticket: 40142

DST#: 1

ATTN: Charles Griffin

Test Start: 2010.09.06 @ 07:40:39

Tool Information

Drill Pipe:	Length: 4511.00 ft	Diameter: 3.80 inches	Volume: 63.28 bbl	Tool Weight:	2200.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose:	80000.00 lb
			Total Volume: 63.28 bbl	Tool Chased	0.00 ft
Drill Pipe Above KB:	20.00 ft			String Weight: Initial	67000.00 lb
Depth to Top Packer:	4512.00 ft			Final	67000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	18.00 ft				
Tool Length:	39.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4492.00	
Shut In Tool	5.00			4497.00	
Hydraulic tool	5.00			4502.00	
Packer	5.00			4507.00	21.00 Bottom Of Top Packer
Packer	5.00			4512.00	
Stubb	1.00			4513.00	
Recorder	0.00	6625	Inside	4513.00	
Recorder	0.00	8652	Outside	4513.00	
Perforations	14.00			4527.00	
Bullnose	3.00			4530.00	18.00 Bottom Packers & Anchor
Total Tool Length:	39.00				



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N. Griffin

Dena B#1

P O Box 347
Pratt Ks 67124

31-33s-8w Harper, Ks

Job Ticket: 40142

DST#: 1

ATTN: Charles Griffin

Test Start: 2010.09.06 @ 07:40:39

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 56.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.74 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	HO&GCM-20%G30%O50%M	0.281
60.00	MGO 20%G58%O10%W12%M	0.842

Total Length: 80.00 ft Total Volume: 1.123 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Charles N. Griffin

Dena B#1

P.O. Box 347
Pratt Ks 67124

31-33s-8w Harper, Ks

Job Ticket: 40142

DST#: 1

ATTN: Charles Griffin

Test Start: 2010.09.06 @ 07:40:39

Gas Rates Information

Temperature: 59 deg C
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (mm)	Pressure (kPaa)	Gas Rate (m ³ /d)
1	5	0.50	26.00	272.53
1	5	0.50	26.00	272.53
1	15	0.50	48.00	420.93
2	5	0.75	23.00	584.18
2	15	0.75	26.00	631.04
2	25	0.75	26.00	631.04

Serial #: 6625

Inside Charles N. Griffin

31-33s:8w Harper, Ks

DST Test Number: 1

