



KANSAS CORPORATION COMMISSION 1073173  
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 # 6039  
Name: L. D. Drilling, Inc.  
Address 1: 7 SW 26TH AVE  
Address 2: \_\_\_\_\_  
City: GREAT BEND State: KS Zip: 67530 + 6525  
Contact Person: L. D. DAVIS  
Phone: ( 620 ) 793-3051  
CONTRACTOR: License # 5822  
Name: Val Energy, Inc.  
Wellsite Geologist: KIM SHOEMAKER  
Purchaser: \_\_\_\_\_

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>12/02/2011</u>	<u>12/11/2011</u>	<u>12/11/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-069-20355-00-00  
Spot Description: \_\_\_\_\_  
   NW NW NE Sec. 8 Twp. 24 S. R. 29  East  West  
330 Feet from  North /  South Line of Section  
2310 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Gray  
Lease Name: MARKEL, INC. Well #: 2  
Field Name: McQUEEN  
Producing Formation: MISSISSIPPI  
Elevation: Ground: 2787 Kelly Bushing: 2795  
Total Depth: 4790 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 453 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 crmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 3000 ppm Fluid volume: 0 bbls  
Dewatering method used: Evaporated  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input checked="" type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanne Garrison</u> Date: <u>02/01/2012</u>



1073173

Operator Name: L. D. Drilling, Inc. Lease Name: MARKEL, INC. Well #: 2  
 Sec. 8 Twp. 24 S. R. 29  East  West County: Gray

**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample  Name Attached Top Attached Datum Attached
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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	24	453	60/40 POZMIX	350	

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs. Gas-Oil Ratio Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	MARKEL, INC. 2
Doc ID	1073173

Tops

ANHYDRITE	1909	+886
BASE ANHYDRITE	1984	+811
HEEBNER	4022	-1227
LANSING	4068	-1273
BASE KANSAS CITY	4511	-1716
PAWNEE	4610	-1815
FORT SCOTT	4644	-1849
CHEROKEE	4656	-1861
MORROW SAND	4758	-1963
MISSISSIPPI	4783	-1988





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 ~~1718~~ A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>12-11-11</u> DISTRICT <u>KANSAS</u>		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 <u>L. O. Drilling Inc.</u>		LEASE <u>MARKEL #2</u> WELL NO.:							
ADDRESS		COUNTY <u>Gray</u> <u>5-24-79</u> STATE <u>KANSAS</u>							
CITY STATE		SERVICE CREW <u>Allen, M.K., Dale</u>							
AUTHORIZED BY		JOB TYPE: <u>P+A</u> <u>CNW</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>28443 P.U.</u>	<u>2.00</u>						<u>12-11-11</u>	<u>PM</u>	<u>9:30</u>
<u>19903-19905</u>	<u>2.00</u>					ARRIVED AT JOB	<u>12-11-11</u>	<u>AM</u>	<u>12:37</u>
<u>19531-19562</u>	<u>2.00</u>					START OPERATION	<u>12-11-11</u>	<u>AM</u>	<u>12:00</u>
						FINISH OPERATION	<u>12-11-11</u>	<u>AM</u>	<u>12:00</u>
						RELEASED	<u>12-11-11</u>	<u>AM</u>	<u>12:00</u>
						MILES FROM STATION TO WELL	<u>100 mi.</u>		

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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CE 703</u>	<u>60/40 P02</u>	<u>lb</u>	<u>250</u>		<u>\$ 3000.00</u>
<u>CE 103</u>	<u>cell FLAKE</u>	<u>lb</u>	<u>63</u>		<u>\$ 233.10</u>
<u>CE 200</u>	<u>Cement Gel</u>	<u>lb</u>	<u>420</u>		<u>\$ 107.10</u>
<u>F 100</u>	<u>unit mileage charge</u>	<u>mi.</u>	<u>100</u>		<u>\$ 3.00</u>
<u>F 101</u>	<u>Heavy Equip mileage chg.</u>	<u>mi.</u>	<u>200</u>		<u>\$ 6.00</u>
<u>F 113</u>	<u>Bulk Delivery Charge</u>	<u>Tm</u>	<u>107.5</u>		<u>\$ 215.00</u>
<u>CE 202</u>	<u>Drath Charge 1001-2000</u>	<u>4-hr</u>	<u>1</u>		<u>\$ 250.00</u>
<u>CE 250</u>	<u>Bleeding + mixing Service chg.</u>	<u>SK</u>	<u>250</u>		<u>\$ 250.00</u>
<u>SP 03</u>	<u>Service Supervisor Direct 8 hrs on loc</u>	<u>hr</u>	<u>1</u>		<u>\$ 12.50</u>

SUB TOTAL \$ 4298.70

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Allen, M.K. THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <i>L.P. Drilling Inc</i>	Lease No.	Date <i>12-11-11</i>
Lease <i>Market</i>	Well # <i>2</i>	
Field Order # <i>04431A</i>	Station <i>Pratt</i>	Casing
Type Job <i>PTA</i>	Formation <i>CNW</i>	Depth
		County <i>Gray</i>
		State <i>KS</i>
		Legal Description <i>8-24-29</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
	<i>4 7/8 O.P.</i>	<i>250</i>		<i>CKs 60/40 P<sub>02</sub></i>	<i>4 7/8</i>	<i>140</i>	<i>12.8</i>	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>Greg T.P.</i>	Station Manager <i>Scotty</i>	Treater <i>Allen</i>
Service Units <i>24443 19903 19905 19831 19862</i>		
Driver Names <i>Allen Mike Mahan Dale Phge</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:52 AM</i>					<i>on Loc. Discuss Safety, Setup, Plan Job</i>
					<i>Rig Laying down Drill Pipe</i>
<i>3:55</i>					<i>Start in hole w/Plugging stand.</i>
<i>5:00</i>					<i>1st Plug 1930 50SKS</i>
			<i>15</i>	<i>5</i>	<i>Pump 15 BBLs H<sub>2</sub>O</i>
			<i>10 1/2</i>	<i>5</i>	<i>Pump 50SKS 60/40 P<sub>02</sub> 4% gel @ 12.8</i>
			<i>5</i>	<i>5</i>	<i>Pump 5 BBL H<sub>2</sub>O</i>
					<i>Pump 20 BBLs M.V.D. (Pull D.P.)</i>
<i>5:45</i>					<i>2nd Plug 1150 80SKS</i>
			<i>15</i>	<i>5</i>	<i>Pump 15 BBL H<sub>2</sub>O</i>
			<i>17</i>	<i>5</i>	<i>mix + Pump 80SKS 60/40 P<sub>02</sub> 4% gel @ 14.8</i>
			<i>5</i>	<i>5</i>	<i>Pump 5 BBL H<sub>2</sub>O (Pull D.P.)</i>
<i>6:35</i>					<i>3rd Plug 480 50SKS</i>
			<i>10</i>	<i>5</i>	<i>Pump 10 BBLs H<sub>2</sub>O</i>
			<i>10 1/2</i>	<i>5</i>	<i>mix + Pump 50SKS 60/40 P<sub>02</sub> 4% gel @ 14.8</i>
			<i>2</i>	<i>3</i>	<i>Pump 2 BBLs H<sub>2</sub>O (Pull D.P.)</i>
<i>9:00</i>			<i>4</i>	<i>2</i>	<i>4th Plug 60' to surface 20SKS</i>
			<i>6 1/2</i>	<i>2</i>	<i>5th Plug Plug R.H. 30SKS</i>
					<i>6th Plug Plug M.H. 20SKS</i>
<i>9:15</i>					<i>washup Equip + Rackup.</i>
<i>10:00</i>					<i>Job complete</i>
					<i>Thanks Allen Mike Dale.</i>



**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 3499 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 12-5-2011 DISTRICT <u>Pratt, KS</u>		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 <u>LD DRILLING</u>		LEASE <u>MARKEL, INC.</u> WELL NO. <u>2</u>					
ADDRESS		COUNTY <u>GRAY</u> STATE <u>Ks.</u>					
CITY STATE		SERVICE CREW <u>LESLEY, LAWRENCE, YOUNG, JESSE</u>					
AUTHORIZED BY		JOB TYPE: <u>CNW-858" S.P.</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	12-7-11
<u>19801-19810</u>	1					ARRIVED AT JOB	12-7-11 10:00
<u>19802-2105</u>	1					START OPERATION	12-7-11 12:15
						FINISH OPERATION	12-7-11 1:45
						RELEASED	12-7-11 1:45
						MILES FROM STATION TO WELL	100

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: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 P02	SK	35		1,225.00
CC 102	CELL-FLAKE	lb	15		225.00
CC 109	CALCIUM CHLORIDE	lb	903		135.45
CF 153	WOOD CONT. PLUG, 85/8"	CA	1		100.00
E 100	PICKUP MILEAGE	MI	100		200.00
E 101	HEAVY EQUIPMENT MILEAGE	MI	300		1,500.00
E 113	BLK DELIVERY CHARGE	TM	500		2,500.00
CE 200	DEPTH CHARGE (0-500')	HR	1-8		1,440.00
CE 240	BLENDING SERVICE CHARGE	SK	350		1,050.00
CE 504	PLUG CONTAINER CHARGE	XIB	1		230.00
S 003	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL 9,307.58

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY [Signature]  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

**KIM E. SHOEMAKER**  
CONSULTING GEOLOGIST  
316-684-9709 \* WICHITA, KS

**GEOLOGIST'S REPORT**

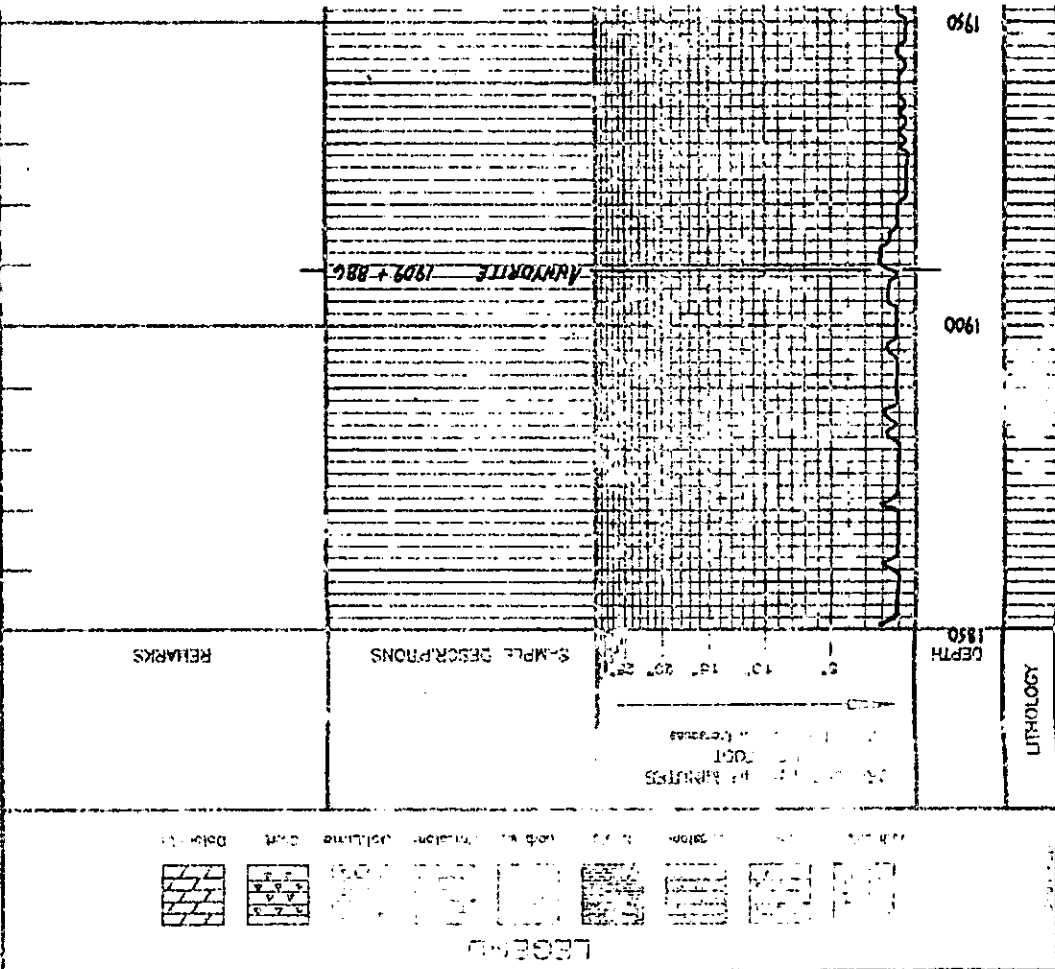
DRILLING TIME AND SAMPLE LOG

COMPANY: <u>L. D. DIGILLING, INC.</u>	ELEVATIONS
LEASE: <u>52 KARCEL, INC.</u>	XP: <u>2785</u>
OP: <u>MCCOY</u>	DF: <u>2785</u>
LOCATION: <u>330 FALG. 2310 FEL.</u>	Measurements Are All From: <u>2195 KB</u>
<u>8</u> <u>GRAY</u> <u>24s</u> <u>29-7</u>	CASING SURFACE: <u>538' O. 453'</u>
<u>GRAY</u> <u>31-7</u> <u>KANSAS</u>	LOGICAL SURFES: <u>None</u>
CLIENT: <u>VAL ENERGY, 816 S.</u>	
DATE: <u>12-3-11</u> COMP: <u>12-11-11</u>	
LOG: <u>LID</u>	
TIME: <u>3600</u> OF WID: <u>CHEMICAL</u>	
SAMPLES SAVED FROM: <u>3900 TO 4190</u>	
DRILLING TIME FROM LOG: <u>3800 TO 4190</u>	
SAMPLES OBTAINED FROM: <u>3900 TO 4190</u>	
GEOLOGICAL FROM: <u>4000 TO 4190</u>	
LOG: <u>LOG</u> S.W. 1/4	
ANHYDRITE 1909 + 886	
BLANK 1884 + 811	
HERRICK 4022 - 1227	
LANSING 4048 - 1273	
BLANK 4511 - 1716	
PAVLEE 4510 - 1815	
PORT SCOT 4614 - 1819	
CHEROKEE 4654 - 1841	
BLANCKLAND 4758 - 1823	
MISSISSIPPI 4783 - 1988	

REMARKS

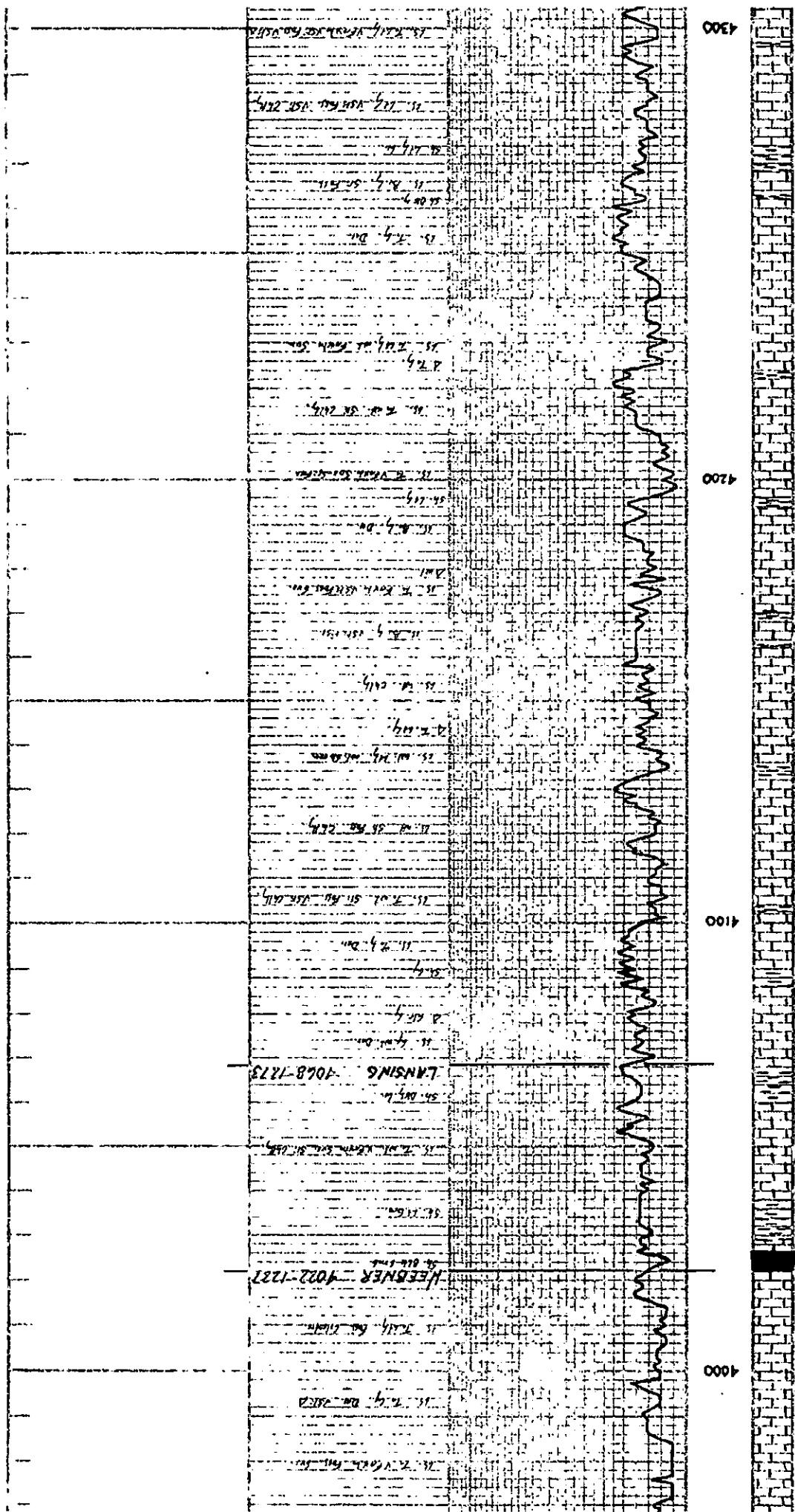
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12.4.11 2:12  
12.6.11 2:16  
12.7.11 2:10  
12.8.11 2:20  
12.9.11 2:15  
12.10.11 4:50  
12.11.11 4:30

API: 15-087-20355

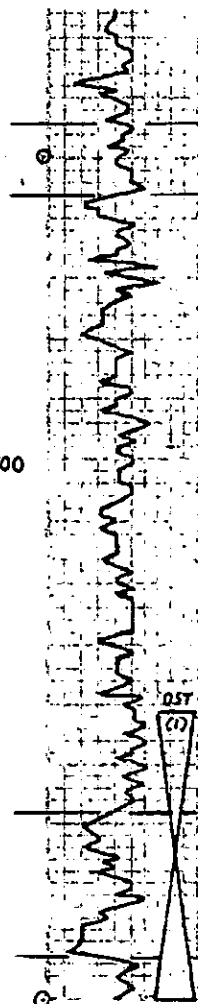










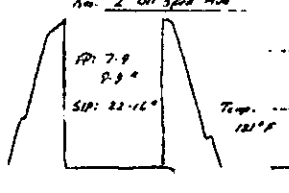


VES 01  
 WT 8.2  
 WT 9.0  
 CU 3100

12. 174. 200  
 13. 011. 100  
**FORT SCOT 1611-1849**  
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**CHEROKEE 1656-1861**  
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**MORROW SAND 1750**  
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**MISSISSIPPI 1703-1988**  
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**RTD 1770-1895**  
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 54. 011. 100  
 55. 011. 100  
 56. 011. 100  
 57. 011. 100  
 58. 011. 100  
 59. 011. 100  
 60. 011. 100



**D&I (1) 1741-1770**  
 30-45-45-60  
 No. 2' oil spec Mud



4700

4800



**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(800) 542-7313  
**DRILL-STEM TEST TICKET**  
FILE: 2MarkellncDST1

TIME ON: 22:06:00 12-10  
TIME OFF: 08:28:00 12-11

Company L.D. Drilling Inc. Lease & Well No. # 2 Markel Inc  
Contractor Val Rig # 3 Charge to L.D. Drilling Inc.  
Elevation 2795 KB Formation Marrow Sand Effective Pay \_\_\_\_\_ Ft. Ticket No. S0065  
Date 12-11-12 Sec. 8 Twp. 24 S Range 29 W County Gray State KANSAS  
Test Approved By Kim Shoemaker Diamond Representative Jacob McCallie

Formation Test No. 1 Interval Tested from 4741 ft. to 4790 ft. Total Depth 4790 ft.  
Packer Depth 4736 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
Packer Depth 4741 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.

Depth of Selective Zone Set \_\_\_\_\_  
Top Recorder Depth (Inside) 4722 ft. Recorder Number 30035 Cap. 10000 P.S.I.  
Bottom Recorder Depth (Outside) 4787 ft. Recorder Number 3851 Cap. 5700 P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Mud Type Chem Viscosity 43 Drill Collar Length 0 ft. I.D. 2 1/4 in.  
Weight 9.2 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.  
Chlorides 3,000 P.P.M. Drill Pipe Length 4708 ft. I.D. 3 1/2 in.  
Jars: Make STERLING Serial Number 3 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.  
Did Well Flow? NO Reversed Out NO Anchor Length 49 ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: 1/4" Blow- Built to 3/4" in 30 min **NOBB**  
2nd Open: NO BLOW- No Build **NOBB**

Recovered 2 ft. of Oil Specked Mud 100% Mud  
Recovered 2 ft. of TOTAL FLUID  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Remarks: \_\_\_\_\_  
TOOL SAMPLE: 100% Mud Total \_\_\_\_\_

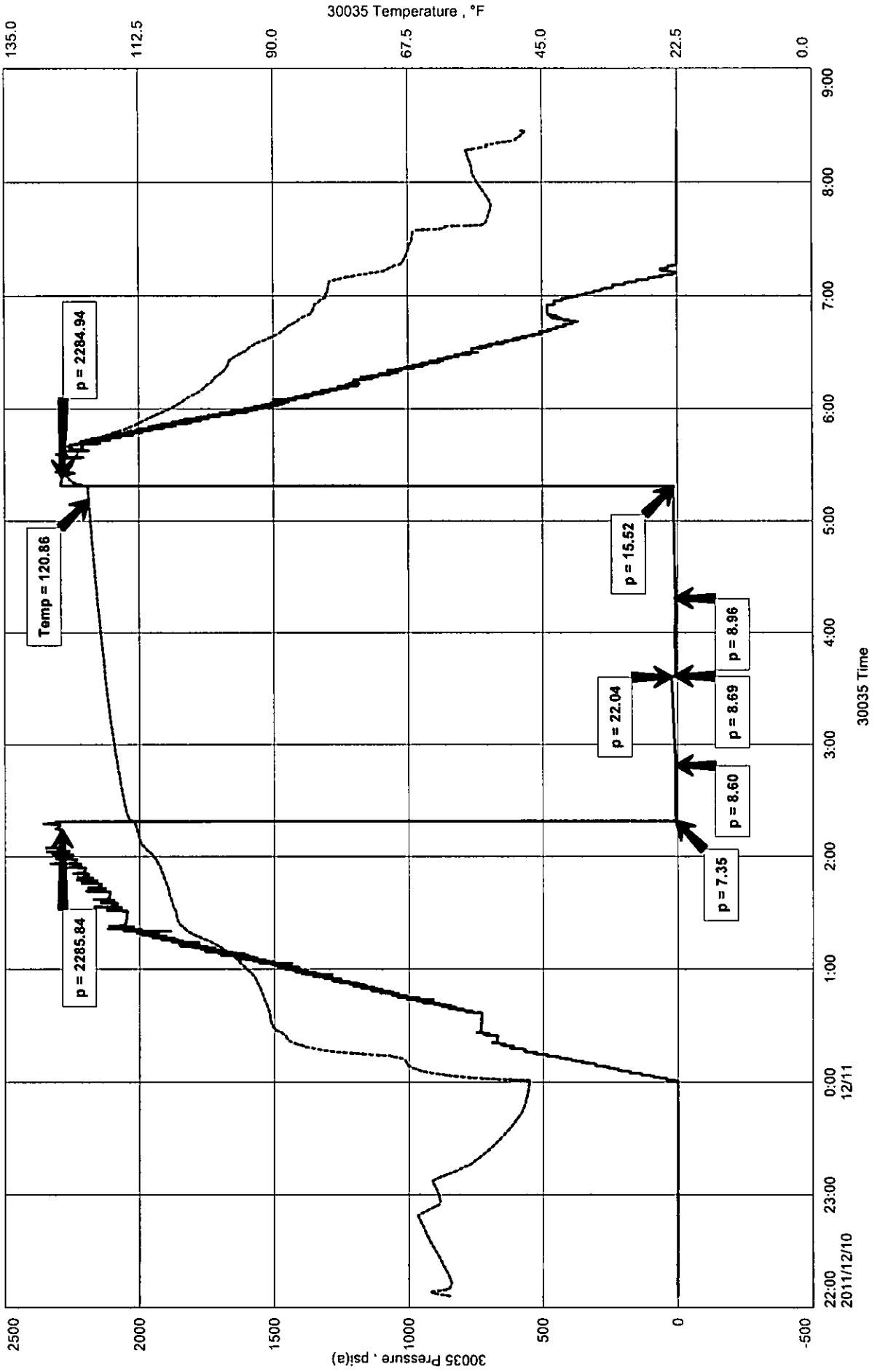
Time Set Packer(s) 2:18 AM A.M. P.M. Time Started Off Bottom 5:18 AM A.M. P.M. Maximum Temperature 121  
Initial Hydrostatic Pressure..... (A) 2286 P.S.I.  
Initial Flow Period..... Minutes 30 (B) 7 P.S.I. to (C) 9 P.S.I.  
Initial Closed In Period..... Minutes 45 (D) 22 P.S.I.  
Final Flow Period..... Minutes 45 (E) 9 P.S.I. to (F) 9 P.S.I.  
Final Closed In Period..... Minutes 60 (G) 16 P.S.I.  
Final Hydrostatic Pressure..... (H) 2285 P.S.I.

Diamond Testing shall not be liable for damages 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 statement or opinion concerning the result 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

L.D. Drilling Inc.  
 DST # 1 4741-4790' Marrow Sand  
 Start Test Date: 2011/12/10  
 Final Test Date: 2011/12/11

#2 Markel Inc.  
 Formation: DST # 1 4741-4790' Marrow Sand  
 Pool: Wildcat  
 Job Number: S0065

# #2 Markel Inc.



# Diamond Testing

## General information Report

### General Information

Company Name L.D. Drilling Inc.

Contact	L.D. Davis	Job Number	S0065
Well Name	#2 Markel Inc.	Representative	Jacob McCallie
Unique Well ID	DST # 1 4741-4790' Marrow Sand	Well Operator	L.D. Drilling Inc
Surface Location	SEC 8-24S-29W Gray County	Report Date	2011/12/11
Well License Number		Prepared By	Jacob McCallie
Field	McQueen		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST # 1 4741-4790' Marrow Sand		
Well Fluid Type	01 Oil	Start Test Time	22:06:00
		Final Test Time	08:28:00
Start Test Date	2011/12/10		
Final Test Date	2011/12/11		
Gauge Name	30035		
Gauge Serial Number			

### Test Results

RECOVERED:  
2' Oil Specked Mud 100% Mud  
2' TOTAL FLUID

TOOL SAMPLE:  
100 Mud