

FORM MUST BE TYPED

SIDE ONE

051-250260000

ORIGINAL

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 P.O. Box 87

City/State/Zip Schoenchen, KS 67667-0087

Purchaser: _____

Operator Contact Person: Jerry Green

Phone (785) 625-5155

Contractor: Name: Vonfeldt Drilling, Inc.

License: 9431

Wellsite Geologist: Jerry Green

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

3-29-00 4-4-00 4-4-00
Spud Date Date Reached TD Completion Date

API NO. 15- _____

County Ellis

125 N & 10 E of _____
- NW - SW - NE - SE Sec. 2 Twp. 11S Rge. 19 X W

3755 Feet from S (circle one) Line of Section

2300 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Billinger Well # 1

Field Name Gasaway

Producing Formation NONE

Elevation: Ground 2092 KB 2097

Total Depth 3635 PBTD _____

Amount of Surface Pipe Set and Cemented at 212 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 P-4-A, 7-31-00 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 30,000 ppm Fluid volume 300 bbls

Dewatering method used Allow to 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 _____

Title President Date 5/31/00

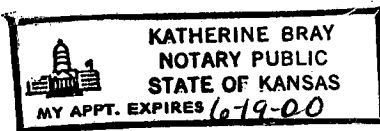
Subscribed and sworn to before me this 31st day of May,
2000

Notary Public Katherine Bray

Date Commission Expires 6-19-00

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input checked="" type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NGPA
		<input type="checkbox"/> Other
		(Specify)

Form ACO-1 (7-91)



Operator Name Castle Resources Inc.

Lease Name Billinger

Well # 1

Sec. 2 Twp. 11S Rge. 19

East

County Ellis

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:

Name	Top	Datum	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample
			Topeka	3058	-961
Heebner	3278	-1181			
Toronto	3298	-1201			
Lansing KC	3318	-1221			
Base KC	3536	-1439			
RTD	3635	-1538			

CASING RECORD <input 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		8 5/8"	20#	212'	60/40 doz 3%cc, 2%gel	150	

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		N/A		

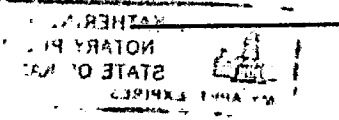
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
	N/A	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.			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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	N/A				

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: Other (Specify) _____



ALLIED CEMENTING CO., INC. 7846

Federal Tax I.D.

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

SERVICE POINT
Russell

15-051-25026-0000

DATE <u>3-30-00</u>	SEC. <u>2</u>	TWP. <u>11</u>	RANGE <u>19</u>	CALLED OUT <u>6:30 AM</u>	ON LOCATION <u>9:00 AM</u>	JOB START <u>9:00 AM</u>	JOB FINISH <u>9:45 AM</u>
LEASE <u>B. Hinger</u>		WELL # <u>1</u>	LOCATION <u>23N-1E</u>		COUNTY <u>ELL.</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Wanveldt Delg.

TYPE OF JOB SURFACE

HOLE SIZE _____ T.D. _____

CASING SIZE 8 5/8 DEPTH 219

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 2500 60/40 3-2

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER B-11

153 HELPER CA-1

BULK TRUCK

_____ DRIVER Don

BULK TRUCK

_____ DRIVER _____

REMARKS:

Surface Delc 212

Cement w/ 1500 6440 3-2

Pump down w/ 12 3/4" Hg. cement did not circ.

Pump down backside w/ 1000 6440

3-2 Cem Filled to SURFACE ✓

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Castle Resources

STREET P.O. Box 57

CITY Schoenchen STATE Ks ZIP 67662-0057

FLOAT EQUIPMENT

_____ @ _____

1-8 1/2 BASKET _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Bill Owen

SIGNATURE Bill Owen

PRINTED NAME BILL OWEN

ALLIED CEMENTING CO., INC. 3762

Federal Tax I.D.

SERVICE POINT: ORIGINAL

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

15 051 25026 0000

DATE <u>4-4-00</u>	SEC. <u>2</u>	TWP. <u>11S</u>	RANGE <u>19W</u>	CALLED OUT	ON LOCATION	JOB START <u>5:45 PM</u>	JOB FINISH <u>7:15 PM</u>
LEASE <u>Billinger</u> WELL # <u>1</u>		LOCATION <u>Yocemento N to Dead End</u>			COUNTY <u>Ellis</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)		<u>1 1/2 E 12 9 1 E</u>					

CONTRACTOR Vonfeldt Dily

TYPE OF JOB plug

HOLE SIZE 7 1/2" D. 3635

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 190 @ 6% gal

1/4 lb flow seal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

345 _____

PUMP TRUCK # 345 CEMENTER Dave HELPER Mark

BULK TRUCK # _____ DRIVER _____

BULK TRUCK # 213 DRIVER Bill

REMARKS:

25 ft @ 1420

100 @ 740

40 @ 260

10 @ 40 wt plug

15 Red hole

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 8 1/2" Dily Hole _____ @ _____

TOTAL _____

CHARGE TO: Castle Resources

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAY

SIGNATURE Bill Owen

PRINTED NAME Bill Owen

15-051-25024-0000

WELL NAME: Billinger #1
COMPANY: Castle Resources
LOCATION: 2-11s-19w
Ellis co KS
DATE: 4/5/00

ORIGINAL

TRILOBITE TESTING L.L.C.

OPERATOR : Castle Resources

DATE 4-2-00

WELL NAME: Billinger #1

KB 2097.00 ft

TICKET NO: 12447 DST #1

LOCATION : 2-11s-19w Ellis co KS

GR 2092.00 ft

FORMATION: Topeka

INTERVAL : 3079.00 To 3110.00 ft

TD 3110.00 ft

TEST TYPE: CONVENTIONAL

RECORDER DATA

Mins		Field	1	2	3	4	TIME DATA-----
PF 45	Rec.	13308	13308				PF Fr. 1255 to 1340 hr
SI 30	Range(Psi)	4700.0	4700.0	0.0	0.0	0.0	IS Fr. 1340 to 1410 hr
SF 45	Clock(hrs)	12	12				SF Fr. 1410 to 1455 hr
FS 30	Depth(ft)	3082.0	3082.0	0.0	0.0	0.0	FS Fr. 1455 to 1525 hr

	Field	1	2	3	4	
A. Init Hydro	1452.0	1476.0	0.0	0.0	0.0	T STARTED 1147 hr
B. First Flow	25.0	43.0	0.0	0.0	0.0	T ON BOTM 1250 hr
B1. Final Flow	37.0	43.0	0.0	0.0	0.0	T OPEN 1255 hr
C. In Shut-in	819.0	815.0	0.0	0.0	0.0	T PULLED 1525 hr
D. Init Flow	37.0	53.0	0.0	0.0	0.0	T OUT hr
E. Final Flow	37.0	57.0	0.0	0.0	0.0	
F. Fl Shut-in	795.0	795.0	0.0	0.0	0.0	TOOL DATA-----
G. Final Hydro	1429.0	1452.0	0.0	0.0	0.0	Tool Wt. 2200.00 lbs
Inside/Outside	0	0				Wt Set On Packer 20000.00 lbs
						Wt Pulled Loose 60000.00 lbs
						Initial Str Wt 38000.00 lbs
						Unseated Str Wt 38000.00 lbs
						Bot Choke 0.75 in
						Hole Size 7.78 in
						D Col. ID 2.25 in
						D. Pipe ID 3.80 in
						D.C. Length 0.00 ft
						D.P. Length 3085.00 ft

RECOVERY

Tot Fluid 65.00 ft of 0.00 ft in DC and 65.00 ft in DP
 65.00 ft of Muddy water with show of oil
 0.00 ft of 60% water 40% mud
 0.00 ft of
 0.00 ft of
 0.00 ft of
 0.00 ft of
 0.00 ft of

SALINITY 24000.00 P.P.M. A.P.I. Gravity 0.00

BLOW DESCRIPTION

Initial Flow:
 (tool slid 5' when opening) 2 1/2"
 blow building to 3".

Final Flow:

Weak surface blow building to 2".

SAMPLES:

SENT TO:

MUD DATA-----

Mud Type Chemical
 Weight 8.80 lb/c
 Vis. 45.00 S/L
 W.L. 8.80 in3
 F.C. 0.00 in
 Mud Drop

Amt. of fill 0.00 ft
 Btm. H. Temp. 0.00 F

Hole Condition
 % Porosity 0.00
 Packer Size 6.75 in
 No. of Packers 2
 Cushion Amt. 0.00

Cushion Type
 Reversed Out

Tool Chased

Tester Paul Simpson

Co. Rep. Jerry Green

Contr. Vonfeldt

Rig # 1

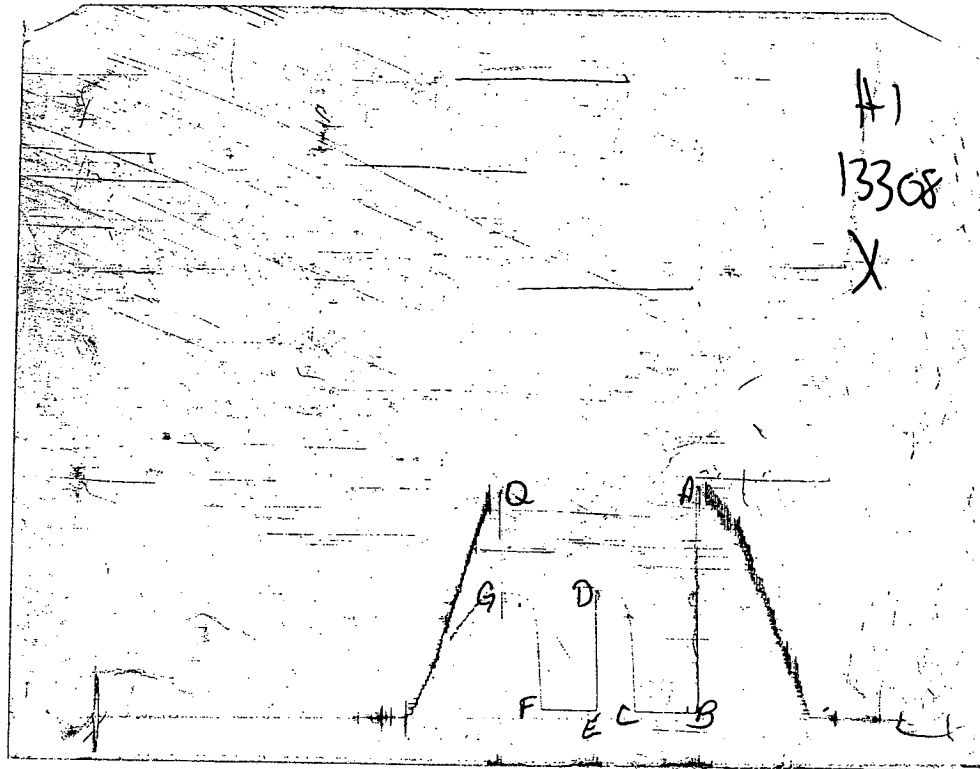
Unit #

Pump T.

Test Successful: Y

0000 92027 15051

CHART PAGE



This is a photocopy of the actual AK-1 recorder chart

TRILOBITE TESTING L.L.C.

P.O. Box 362 • Hays, Kansas 67601

Test Ticket

No 12447

Well Name & No. <u>Billage #1</u>	Test No. <u>1</u>	Date <u>4-2-2000</u>
Company <u>Castle Resources</u>	Zone Tested <u>Topok</u>	
Address <u>P.O. Box 87 Scherach, Ks 67667-0087</u>	Elevation <u>2097</u> KB <u>2097</u> GL	
Co. Rep / Geol <u>Jerry Green</u>	Cont. <u>Van Feldt</u>	Est. Ft. of Pay _____ Por. _____ %
Location: Sec. <u>2</u> Twp. <u>11S</u> Rge. <u>19W</u> Co. <u>Ellis</u> State <u>Ks</u>		
No. of Copies _____	Distribution Sheet (Y, N) _____	Turnkey (Y, N) _____ Evaluation (Y, N) _____

Interval Tested <u>3079-3110</u>	Initial Str Wt./Lbs. <u>38,000</u>	Unseated Str Wt./Lbs. <u>88,000</u>
Anchor Length <u>31</u>	Wt. Set Lbs. <u>20,040</u>	Wt. Pulled Loose/Lbs. <u>60,000</u>
Top Packer Depth <u>3074</u>	Tool Weight <u>2200</u>	
Bottom Packer Depth <u>3079</u>	Hole Size — 7 7/8" _____	Rubber Size — 6 3/4" _____
Total Depth <u>3110</u>	Wt. Pipe Run _____	Drill Collar Run _____
Mud Wt. <u>8.8</u> LGM _____ Vis. <u>45</u> WL <u>8.8</u>	Drill Pipe Size <u>4 1/2 XT</u>	Ft. Run <u>3085</u>
Blow Description <u>(tool slid 5' when opening) 2 1/2" blow building to 3"</u>		
<u>FF - 01 weak surface blow building to 2"</u>		

Recovery Total Feet <u>65</u>	GIP _____	Ft. in DC _____	Ft. in DP <u>65</u>
Rec. <u>65</u> Feet Of <u>MW w/ shank w/</u>	%gas _____	%oil <u>60</u>	%water <u>40</u> %mud _____
Rec. _____ Feet Of _____	%gas _____	%oil _____	%water _____ %mud _____
Rec. _____ Feet Of _____	%gas _____	%oil _____	%water _____ %mud _____
Rec. _____ Feet Of _____	%gas _____	%oil _____	%water _____ %mud _____
Rec. _____ Feet Of _____	%gas _____	%oil _____	%water _____ %mud _____

BHT _____ °F Gravity _____ °API D@ _____ °F Corrected Gravity _____ °API
RW 380 54 °F Chlorides 24,000 ppm Recovery Chlorides 4000 ppm System

(A) Initial Hydrostatic Mud <u>1452</u>	AK-1	Alpine	PSI Recorder No. <u>13308</u>	T-On Location <u>0745</u>
(B) First Initial Flow Pressure <u>25</u>			PSI (depth) <u>3082</u>	T-Started <u>1145</u>
(C) First Final Flow Pressure <u>37</u>			PSI Recorder No. <u>11054</u>	T-Open <u>1255</u>
(D) Initial Shut-In Pressure <u>819</u>			PSI (depth) <u>3107</u>	T-Pulled <u>1525</u>
(E) Second Initial Flow Pressure <u>37</u>			PSI Recorder No. _____	T-Out _____
(F) Second Final Flow Pressure <u>37</u>			PSI (depth) _____	T-Off Location _____
(G) Final Shut-in Pressure <u>595</u>			PSI Initial Opening <u>45</u>	Test _____
(Q) Final Hydrostatic Mud <u>1429</u>			PSI Initial Shut-in <u>30</u>	Jars _____
			Final Flow <u>45</u>	Safety Joint _____
			Final Shut-in <u>30</u>	Straddle _____
				Circ. Sub _____
				Sampler _____
				Extra Packer _____
				Elec. Rec. _____
				Mileage _____
				Other <u>starky 2.5</u>
				TOTAL PRICE \$ _____

TRILOBITE TESTING L.L.C. SHALL NOT BE LIABLE FOR DAMAGE OF ANY KIND OF 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 Paul Simpson

TRILOBITE TESTING L.L.C.

OPERATOR : Castle Resources DATE 4-3-2000
 WELL NAME: Billinger #1 KB 2097.00 ft TICKET NO: 12448 DST #2
 LOCATION : 2-1s-19w Ellis co KS GR 2092.00 ft FORMATION: LKC C-E
 INTERVAL : 3338.00 To 3401.00 ft TD 3401.00 ft TEST TYPE: CONVENTIONAL

RECORDER DATA

Mins	Field	1	2	3	4	TIME DATA-----
PF 30 Rec.	13308	13308				PF Fr. 1639 to 1709 hr
SI 15 Range(Psi)	4700.0	4700.0	0.0	0.0	0.0	IS Fr. 1709 to 1724 hr
SF 20 Clock(hrs)	12	12				SF Fr. 1724 to 1744 hr
FS 0 Depth(ft)	3340.0	3340.0	0.0	0.0	0.0	FS Fr. to hr

	Field	1	2	3	4	
A. Init Hydro	1642.0	1652.0	0.0	0.0	0.0	T STARTED 1507 hr
B. First Flow	25.0	16.0	0.0	0.0	0.0	T ON BOTM 1634 hr
B1. Final Flow	25.0	10.0	0.0	0.0	0.0	T OPEN 1639 hr
C. In Shut-in	109.0	89.0	0.0	0.0	0.0	T PULLED 1754 hr
D. Init Flow	25.0	24.0	0.0	0.0	0.0	T OUT 1915 hr
E. Final Flow	25.0	17.0	0.0	0.0	0.0	
F. Fl Shut-in	0.0	0.0	0.0	0.0	0.0	TOOL DATA-----
G. Final Hydro	1571.0	1553.0	0.0	0.0	0.0	Tool Wt. 1800.00 lbs
Inside/Outside	0	0				Wt Set On Packer 24000.00 lbs

RECOVERY

Tot Fluid 20.00 ft of 0.00 ft in DC and 20.00 ft in DP
 20.00 ft of Mud
 0.00 ft of 100% mud
 0.00 ft of
 0.00 ft of
 0.00 ft of
 0.00 ft of
 0.00 ft of

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

BLOW DESCRIPTION

Initial Flow:
 Weak 1/8" blow died in 28 minutes.
 Final flow:
 No blow. Flush tool- 1" blow died in 20 minutes.

MUD DATA-----

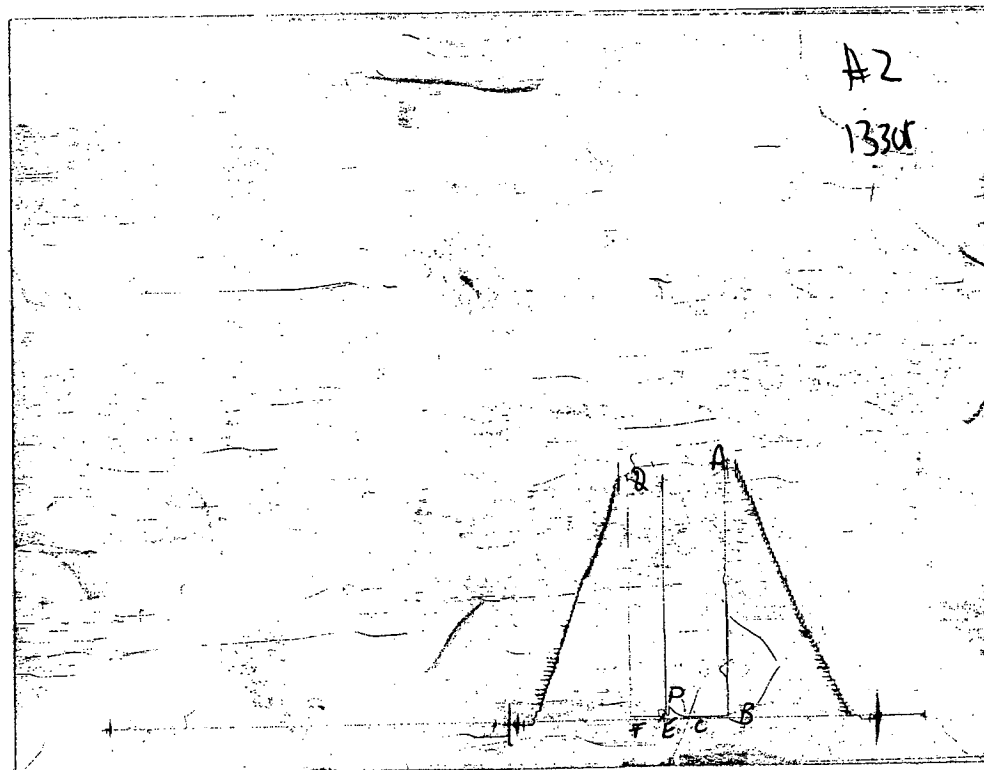
Mud Type	Chemical
Weight	9.10 lb/c
Vis.	46.00 S/L
W.L.	8.00 in3
F.C.	0.00 in
Mud Drop	
Amt. of fill	0.00 ft
Btm. H. Temp.	102.00 F
Hole Condition	
% Porosity	0.00
Packer Size	6.75 in
No. of Packers	2
Cushion Amt.	0.00
Cushion Type	
Reversed Out	
Tool Chased	
Tester	Paul Simpson
Co. Rep.	Jerry Green
Contr.	Vonfeldt
Rig #	
Unit #	
Pump T.	

SAMPLES:
 SENT TO:

Test Successful: Y

00000.92052.150.S/

CHART PAGE



This is a photocopy of the actual AK-1 recorder chart

TRILOBITE TESTING L.L.C.

P.O. Box 362 • Hays, Kansas 67601

Test Ticket

№ 12448

Well Name & No. <u>Billenger #1</u>		Test No. <u>2</u>	Date <u>4-3-2000</u>
Company <u>Castle Resources</u>		Zone Tested <u>W-C-E</u>	
Address _____		Elevation <u>2097</u> KB <u>2092</u> GL	
Co. Rep / Geo. <u>Jerry Green</u>	Cont. <u>Vanfeldt</u>	Est. Ft. of Pay _____	Por. _____ %
Location: Sec. <u>2</u>	Twp. <u>16</u>	Rge. <u>19w</u>	Co. <u>Ellis</u> State <u>Ky</u>
No. of Copies _____	Distribution Sheet (Y, N) _____	Turnkey (Y, N) _____	Evaluation (Y, N) _____

Interval Tested <u>3338-3401</u>	Initial Str Wt./Lbs. <u>36,000</u>	Unseated Str Wt./Lbs. <u>36,000</u>
Anchor Length <u>63</u>	Wt. Set Lbs. <u>20,000</u>	Wt. Pulled Loose/Lbs. <u>58,000</u>
Top Packer Depth <u>3333</u>	Tool Weight _____	
Bottom Packer Depth <u>3338</u>	Hole Size — <u>7 7/8"</u>	Rubber Size — <u>6 3/4"</u>
Total Depth <u>3401</u>	Wt. Pipe Run _____	Drill Collar Run _____
Mud Wt. <u>9.1</u> LCM _____ Vis. <u>46</u> WL <u>8.0</u>	Drill Pipe Size <u>4 1/2 X 4</u>	Ft. Run <u>3333</u>
Blow Description <u>Weak 1/2" blow died in 28 min</u>		

FF- no blow - flush tool - 1" blow died in 20 min

Recovery — Total Feet	GIP	Ft. in DC	Ft. in DP	%gas	%oil	%water	%mud
Rec. <u>20</u>	Feet Of <u>Mud</u>		<u>20</u>				
Rec. _____	Feet Of _____						
Rec. _____	Feet Of _____						
Rec. _____	Feet Of _____						
Rec. _____	Feet Of _____						

BHT 102 °F Gravity _____ °API D@ _____ °F Corrected Gravity _____ °API
 RW _____ @ _____ °F Chlorides _____ ppm Recovery Chlorides _____ ppm System

(A) Initial Hydrostatic Mud <u>1642</u> ^{AK-1} Alpine	PSI Recorder No. <u>13308</u>	T-On Location <u>1145</u>
(B) First Initial Flow Pressure <u>25</u>	PSI (depth) <u>3340</u>	T-Started <u>1505</u>
(C) First Final Flow Pressure <u>25</u>	PSI Recorder No. <u>11084</u>	T-Open <u>1639</u>
(D) Initial Shut-in Pressure <u>109</u>	PSI (depth) <u>3398</u>	T-Pulled <u>1754</u>
(E) Second Initial Flow Pressure <u>25</u>	PSI Recorder No. _____	T-Out <u>1915</u>
(F) Second Final Flow Pressure <u>25</u>	PSI (depth) _____	T-Off Location _____
(G) Final Shut-in Pressure _____	PSI Initial Opening _____	Test _____
(Q) Final Hydrostatic Mud <u>1571</u>	PSI Initial Shut-in <u>30</u>	Jars _____
	Final Flow <u>15</u>	Safety Joint _____
	Final Shut-in <u>20</u>	Straddle _____
		Circ. Sub _____
		Sampler _____
		Extra Packer _____
		Elec. Rec. _____
		Mileage _____
		Other _____
		TOTAL PRICE \$ _____

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Approved By _____
 Our Representative Paul Simpson