



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1113421

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Sample  Name Top Datum
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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

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:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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CHARGE TO: Red Oak Energy  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET  
 N° 22906

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>Hays ks</u>	WELL/PROJECT NO. <u>1-2</u>	LEASE <u>RGO</u>	COUNTY/PARISH <u>Wallace</u>	STATE <u>Ks</u>	CITY	DATE <u>10-24-12</u>	OWNER
2. <u>Ness City ks</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Murphy Drlg</u>	RIG NAME/NO. <u>20</u>	SHIPPED VIACT	DELIVERED TO <u>Location</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Develop</u>	JOB PURPOSE <u>5 1/2" Long String</u>	WELL PERMIT NO.	WELL LOCATION <u>sec 2 trap 15 R 41</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #112	150		mi		6.00	900.00
578		1			Pump Charge Long String	1		eq		1500.00	1500.00
221		1			Liquid KCL	2		gal		25.00	50.00
281		1			Mud Flush	500		gal		1.25	625.00
290		1			D-Air	2		gal		35.00	70.00
402		1			Centralizer	8		eq	5 1/2"	70.00	560.00
403		1			Cement Basket	2		eq		250.00	500.00
404		1			Port Caller Top 51 # 55	1	2786	ft		2400.00	2400.00
406		1			Latch Down Plug + Baffle	1		eq		250.00	250.00
407		1			Insert Plug Shoe w/Auto Fill	1		eq		350.00	350.00
419		1			Rotating Head Rental	1		eq		200.00	200.00

**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X [Signature]  
 DATE SIGNED 10-24-12 TIME SIGNED 1130  A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				P1 PAGE TOTAL	7405.00
WE UNDERSTOOD AND MET YOUR NEEDS?				P2	5717.50
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				subtotal	13,122.50
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Wallace TAX 6.3%	551.57
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	13,674.07
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR Josh Brunell APPROVAL

Thank You!



PO Box 466  
Ness City, KS 67560  
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 22906

CUSTOMER *Red Oak Energy* WELL *R60 1-2* DATE *10-24-12* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT		
		LOC	ACCT	DF											
325		2				Standard Cement EA-2	200	SKS			13	50	2700	00	
276		2				Flocele	50	lbs			2	00	100	00	
284		2				Calseal	950	lbs	10	SKS	35	00	350	00	
283		2				Salt	1000	lbs				20	200	00	
285		2				CFR-1	100	lbs			4	00	400	00	
581		2				SERVICE CHARGE <del>200</del>					2	00	400	00	
583		2				MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES						
							<i>20900</i>	<i>150</i>	<i>1567.50</i>			<i>1</i>	<i>00</i>	<i>1567</i>	<i>50</i>
												CONTINUATION TOTAL		<i>5717.50</i>	

**JOB LOG**

**SWIFT Services, Inc.**

DATE 10-24-12 PAGE NO.

CUSTOMER Red Oak Energy WELL NO. 1-2 LEASE R60 JOB TYPE 5 1/2" long string TICKET NO. 22906

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1130							on location Laying Down Drill Pipe
	1540							Start 5 1/2" casing
								TD 5130 SJ 17,36 Insert @ Sil.
								TP 5131 PC #55 2786'
								Centriceros 1,3,5,7,9,11,54,56
								Cmt Baskets 7,55
	1830							Drop Ball circulate Rotate
	2005	5	12		✓		300	Pump 500 gal Mudflush
	1950	5	20		✓		300	Pump 20 bbl KCL Flush
	1950		7/4					Play RH 30 SKS MH 15 SKS
			38					Mix Cement 155 SKS EA-2 @ 15.5 SPS
	2025							Drop Plug
								wash Out Pump + Lines
		6	81					Displace Plug
								Shot off rotating
	2045		118.6		✓		1500	Play Down PSI w/ latch in plug
								Release PSI Held
								wash Truck
								Back up
								Job Complete
								Thank You
								Josh, Roger, Jon, Jeremy



CHARGE TO: **RED OAK ENERGY**

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET No 23391

PAGE 1 OF 1

1. SERVICE LOCATIONS <b>NESS CITY, KS</b>	WELL/PROJECT NO. <b>1-2</b>	LEASE <b>SGO</b>	COUNTY/PARISH <b>WALLACE</b>	STATE <b>Ks</b>	CITY	DATE <b>11-5-12</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <b>EASTERN COLORADO WELL SERVICE</b>	RIG NAME/NO.	SHIPPED VIA <b>CT</b>	DELIVERED TO <b>LOCATION</b>	ORDER NO.	
3.	WELL TYPE <b>OIL</b>	WELL CATEGORY <b>DEVELOPMENT</b>	JOB PURPOSE <b>CEMENT PORT COLLAR</b>	WELL PERMIT NO.	WELL LOCATION <b>SHARON SPRINGS, KS - 8 1/2 S, S1 1/4 S, W.</b>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM		UM	
575		1			MILEAGE # 115	120	ME	6.00		720.00
576D		1			PUMP CHARGE - PORT COLLAR	1	JOB	1250.00		1250.00
105		1			PORT COLLAR OPERATING TOOL	1	JOB	350.00		350.00
330		1			SWIFT MURTZ-DEWSON STANDARD	250	SYS	16.50		4125.00
276		1			FLOCELE	75	USG	2.00		150.00
290		1			D-AER	3	GAL	35.00		105.00
581		1			SERVICE CHARGE CEMENT	300	SYS	2.00		600.00
583		1			DRAYAGE	29955	USG	1797.3	10%	1797.30

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*

DATE SIGNED **11-5-12** TIME SIGNED **1:30**  A.M.  P.M.

REMIT PAYMENT TO:  
**SWIFT SERVICES, INC.**  
**P.O. BOX 466**  
**NESS CITY, KS 67560**  
**785-798-2300**

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<b>9097.30</b>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<b>Wallace TAX 6.3%</b>	<b>297.99</b>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<b>9395.29</b>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR **WAYNE WILSON** APPROVAL

Thank You!

P.001/002 (FAX)785 798 2384 02/07/2013 12:59 Swift Services







CHARGE TO: **RED OAK ENERGY**  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET No **23391**

PAGE 1 OF 1

SERVICE LOCATIONS: 1. **NESS CITY, KS**  
 WELL/PROJECT NO. **1-2** LEASE **SGO** COUNTY/PARISH **WALLACE** STATE **Ks** CITY **NESS CITY** DATE **11-5-12** OWNER **SAME**  
 2. TICKET TYPE  SERVICE  SALES CONTRACTOR **EASTERN COLORADO WELL SERVICE** RIG NAME/NO.: **LOCATION** SHIPPED VIA **CT** DELIVERED TO **LOCATION** ORDER NO.:  
 3. WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **CEMENT PORT COLLAR** WELL PERMIT NO.: WELL LOCATION **SHARON SPRINGS, KS - 8' b/s, S 1/4 S, W 1/4**  
 4. REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM		UM	
575		1			MILEAGE # 115	120	ME	6.00		720.00
576D		1			PUMP CHARGE - PORT COLLAR	1	JOB	1250.00		1250.00
105		1			PORT COLLAR OPERATING TOOL	1	JOB	350.00		350.00
330		1			SWIFT MIXTE-DEWSONY STANDARD	250	SYS	16.50		4125.00
276		1			FLOCELE	75	USG	2.00		150.00
290		1			D-ADR	3	GAL	35.00		105.00
581		1			SERVICE CHARGE CEMENT	300	SYS	2.00		600.00
583		1			DRAYAGE	29955	USG	1797.3	10%	1797.30

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REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				9097.30
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				
				TOTAL
				9395.29

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS  
 X *[Signature]*  
 DATE SIGNED **11-5-12** TIME SIGNED **1:30**  A.M.  P.M.

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.  
 SWIFT OPERATOR **WAYNE WILSON** APPROVAL:

Thank You!

P.001/002

(FAX)785 798 2384

02/07/2013 12:59 Swift Services





**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Red Oak Energy LLC

**2-15s-41w**

7701 E Kellogg STE 710  
P.O. Box 783140

**SGO 1-2**

Job Ticket: 51077

**DST#: 1**

ATTN: Scott Banks

Test Start: 2012.10.23 @ 15:35:15

## GENERAL INFORMATION:

Formation: **Marrow Lime**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:46:15

Time Test Ended: 00:33:45

Test Type: Conventional Bottom Hole (Initial)

Tester: Wilbur Steinbeck

Unit No: 65

**Interval: 4925.00 ft (KB) To 5130.00 ft (KB) (TVD)**

Reference Elevations: 3748.00 ft (KB)

Total Depth: 5130.00 ft (KB) (TVD)

3738.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

**Serial #: 6668**

**Inside**

Press @ Run Depth: 748.20 psig @ 4926.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.10.23

End Date:

2012.10.24

Last Calib.:

2012.10.24

Start Time: 15:35:15

End Time:

00:33:45

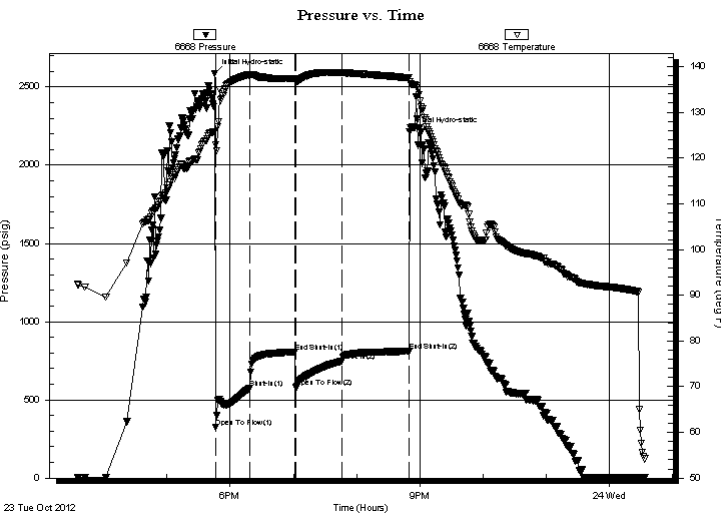
Time On Btm:

2012.10.23 @ 17:45:15

Time Off Btm:

2012.10.23 @ 20:50:15

**TEST COMMENT:** 30 IF; Built to B.O.B. in 1 min  
45 IS; Built to 6" in 45 min  
45 FF; Built to B.O.B. in 1 min  
60 FS; Built to B.O.B. in 35 min



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2586.95	125.81	Initial Hydro-static
1	326.71	122.96	Open To Flow (1)
33	573.89	138.19	Shut-In(1)
76	806.47	137.35	End Shut-In(1)
77	581.98	136.68	Open To Flow (2)
121	748.20	138.66	Shut-In(2)
184	809.49	137.60	End Shut-In(2)
185	2212.48	136.76	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
192.00	OMSW 1%O 1%M 98%W	1.06
224.00	MOGCW 25%G 15%O 55%W 5%M	3.14
224.00	MOGCW 30%G 20%O 45%W 5%M	3.14
512.00	MOGCW 25%G 20%O 50%W 5%M	7.18
448.00	MOGCW 25%G 35%O 30%W 10%M	6.28

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Red Oak Energy LLC

**2-15s-41w**

7701 E Kellogg STE 710  
P.O. Box 783140

**SGO 1-2**

Job Ticket: 51077

**DST#: 1**

ATTN: Scott Banks

Test Start: 2012.10.23 @ 15:35:15

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 64.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
192.00	OMSW 1%O 1%M 98%W	1.063
224.00	MOGCW 25%G 15%O 55%W5%M	3.142
224.00	MOGCW 30%G 20%O 45%W 5%M	3.142
512.00	MOGCW 25%G 20%O 50%W 5%M	7.182
448.00	MOGCW 25%G 35%O 30%W 10%M	6.284

Total Length: 1600.00 ft

Total Volume: 20.813 bbl

Num Fluid Samples: 25

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

