



KANSAS CORPORATION COMMISSION 1096579
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: (620) 672-9700
CONTRACTOR: License # 33793
Name: H2 Drilling LLC
Wellsite Geologist: Bruce Reed/TerraTech Energy LLC
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>02/14/2012</u>	<u>02/22/2012</u>	<u>03/01/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23836-00-00

Spot Description: _____

S2 SW NE NW Sec. 34 Twp. 32 S. R. 12 East West

1150 Feet from North / South Line of Section

1650 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: RANDELS B Well #: 3

Field Name: Toni-Mike

Producing Formation: Simpson

Elevation: Ground: 1548 Kelly Bushing: 1553

Total Depth: 4800 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 265 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: 4000 ppm Fluid volume: 1560 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: Bemco LLC

Lease Name: Cole SWD License #: 32613

Quarter NW Sec. 25 Twp. 32 S. R. 12 East West

County: Barber Permit #: D-19886

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: 11/21/2012



1096579

Operator Name: Griffin, Charles N. Lease Name: RANDELS B Well #: 3
 Sec. 34 Twp. 32 S. R. 12 East West County: Barber

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: Compensated Density Neutron Dual Induction	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Lansing</td> <td>3837</td> <td>-2284</td> </tr> <tr> <td>Stark Shale</td> <td>4219</td> <td>-2666</td> </tr> <tr> <td>Mississippi</td> <td>4407</td> <td>-2854</td> </tr> <tr> <td>Kinderhook</td> <td>4577</td> <td>-3024</td> </tr> <tr> <td>Chattanooga</td> <td>4647</td> <td>-3094</td> </tr> <tr> <td>Viola</td> <td>4682</td> <td>-3129</td> </tr> <tr> <td>Simpson Sand</td> <td>4778</td> <td>-3225</td> </tr> </table>	Name	Top	Datum	Lansing	3837	-2284	Stark Shale	4219	-2666	Mississippi	4407	-2854	Kinderhook	4577	-3024	Chattanooga	4647	-3094	Viola	4682	-3129	Simpson Sand	4778	-3225
Name	Top	Datum																							
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Viola	4682	-3129																							
Simpson Sand	4778	-3225																							

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	265	Common	200	
Production	7.875	5.5	15.5	4893	AA2	200	

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
3	4780-4795	N/A	N/A

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>4809</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>3/1/2012</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>40</u> Gas Mcf <u>70</u> Water Bbls. <u>1</u> Gas-Oil Ratio _____ Gravity _____

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>4780-4795</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

FIELD SERVICE TICKET
1718 05650 A

DATE _____ TICKET NO. _____

DATE OF JOB: 2-14-10		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: G.S.S. Management				LEASE: Randal				WELL NO.:		
ADDRESS:				COUNTY: Barber		STATE: KS				
CITY:		STATE:		SERVICE CREW: Orlan, Mitchell, P. [unclear]						
AUTHORIZED BY:				JOB TYPE: Crew - 8 1/8						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37283	1/2						2-14-10			1:00
19886-19843	1/2									5:00
19831-19860	1/2									7:00
										5:00
										5:00
										4:00

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
CF100	Cement	sq	300		3200.00
CC102	Cellulose	lb	50		125.00
CC109	Calcium Chloride	lb	376		394.80
CF153	Waterproof Cement Plug	ea	1		160.00
E100	Pickup	hr	40		1700.00
E101	Hourly rate	hr	80		5600.00
F113	Ball	hr	376		6016.00
CE200	Depth Charge - 0.500	ea	1		1500.00
CE240	Ball	sq	200		2800.00
CE504	Plug	ea	1		250.00
SW03	Service	ea	1		1250.00

SUB TOTAL
205 5511.30

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.



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 05240 A

#2

DATE _____ TICKET NO. 052374

DATE OF JOB <u>2-23-12</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>Griffith Management</u>		LEASE <u>Randall B-3</u>		WELL NO.						
ADDRESS		COUNTY <u>Harper 34-32-12</u>		STATE <u>Kansas</u>						
CITY		STATE		SERVICE CREW <u>Allen, Mr. K., Dale</u>						
AUTHORIZED BY		JOB TYPE: <u>5 1/2" Long String</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>28443 R4</u>	<u>2</u>						<u>2-23-12</u>			<u>530</u>
<u>19703 19702</u>	<u>2</u>					ARRIVED AT JOB	<u>2-23-12</u>			<u>1200</u>
<u>19760 19718</u>	<u>2</u>					START OPERATION	<u>2-23-12</u>			<u>930</u>
						FINISH OPERATION				
						RELEASED	<u>2-23-12</u>			<u>1150</u>
						MILES FROM STATION TO WELL				<u>35 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
E100	Unit mileage charge Pickup	mi	35		
E101	Heavy Equip Mileage	mi	70		
E113	Bulk Delivery Charge	TM	404		
CE 206	Depth Charge 4000-5000	4hr	1		
CE 240	Blending & mixing service clay	SK	250		
CE 504	Plug cord failure 44' 2nd interval	Job	1		
5003	Wireline Supervisor 1st Shift on call	EN	1		

SUB TOTAL

CHEMICAL / ACID DATA:			

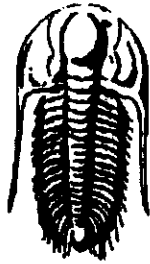
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$

TOTAL

SERVICE REPRESENTATIVE <u>Allen P. Wood</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
---	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Charles N Griffin**

PO Box 347
Pratt KS 67214

ATTN: Bruce Reed

Randels B #3

34-32s-12w Barber,KS

Start Date: 2012.02.21 @ 17:40:00

End Date: 2012.02.22 @ 03:18:45

Job Ticket #: 45756 DST #: 1

Charles N Griffin 34-32s-12w Barber,KS Randels B #3 DST # 1 Simpson Sand 2012.02.21

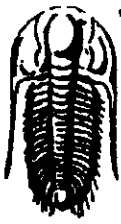
Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

ORIGINAL

Printed: 2012.02.24 @ 15:55:51



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Charles N Griffin

34-32s-12w Barber, KS

PO Box 347
Pratt KS 67214

Randels B #3

Job Ticket: 45756 DST#: 1

ATTN: Bruce Reed

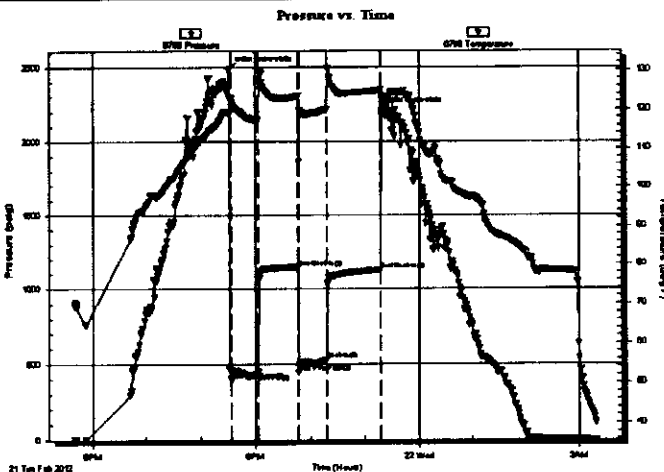
Test Start: 2012.02.21 @ 17:40:00

GENERAL INFORMATION:

Formation: **Simpson Sand**
 Deviated: **No Whipstock:** ft (KB)
 Time Tool Opened: 20:33:15
 Time Test Ended: 03:18:45
 Interval: **4767.00 ft (KB) To 4800.00 ft (KB) (TVD)**
 Total Depth: **4800.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: Fair
 Test Type: **Conventional Bottom Hole (Initial)**
 Tester: **Randy Williams**
 Unit No: **45**
 Reference Elevations: **1553.00 ft (KB)**
1548.00 ft (CF)
 KB to GR/CF: **5.00 ft**

Serial #: **6798** Inside
 Press@RunDepth: **529.62 psig @ 4768.00 ft (KB)** Capacity: **8000.00 psig**
 Start Date: **2012.02.21** End Date: **2012.02.22** Last Calib.: **2012.02.22**
 Start Time: **17:40:01** End Time: **03:18:45** Time On Btm: **2012.02.21 @ 20:31:00**
 Time Off Btm: **2012.02.21 @ 23:17:45**

TEST COMMENT: **F- 30-SBB, GTS in 10 min**
ISI-45- BB
FF-30-SBB, GTS
FSI-60-BB



PRESSURE SUMMARY

Time (Mn.)	Pressure (psig)	Temp (deg F)	Annotation
0	2488.76	118.71	Initial Hydro-static
3	396.41	122.58	Open To Flow (1)
32	434.26	117.27	Shut-In(1)
76	1147.68	123.36	End Shut-In(1)
76	440.85	106.56	Open To Flow (2)
107	529.62	119.82	Shut-In(2)
166	1127.70	124.95	End Shut-In(2)
167	2204.81	123.40	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
888.00	GASSY OIL, 30% G, 70% O	9.63
124.00	GASSY MUDDY OIL, 15% G, 50% O, 35% S	1.74

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.75	50.00	1007.48
Last Gas Rate	0.75	70.00	1319.88
Max. Gas Rate	0.75	70.00	1319.88



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charles N Griffin

34-32s-12w Barber, KS

PO Box 347
Pratt KS 67214

Randels B #3

Job Ticket: 45756

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.02.21 @ 17:40.00

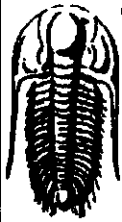
Tool Information

Drill Pipe:	Length: 4453.00 ft	Diameter: 3.80 inches	Volume: 62.46 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 310.00 ft	Diameter: 2.25 inches	Volume: 1.52 bbl	Weight to Pull Loose: 76000.00 lb
			<u>Total Volume: 63.98 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	23.00 ft			String Weight: Initial 64000.00 lb
Depth to Top Packer:	4767.00 ft			Final 71000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	33.00 ft			
Tool Length:	60.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4745.00	
Hydraulic tool	5.00			4750.00	
Jars	5.00			4755.00	
Safety Joint	2.00			4757.00	
Packer	5.00			4762.00	27.00 Bottom Of Top Packer
Packer	5.00			4767.00	
Stubb	1.00			4768.00	
Recorder	0.00	6798	Inside	4768.00	
Recorder	0.00	8367	Outside	4768.00	
Perforations	29.00			4797.00	
Bullnose	3.00			4800.00	33.00 Bottom Packers & Anchor
Total Tool Length:	60.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charles N Griffin

34-32s-12w Barber, KS

PO Box 347
Pratt KS 67214

Randels B #3

Job Ticket: 45756 DST#: 1

ATTN: Bruce Reed

Test Start: 2012.02.21 @ 17:40:00

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:	4000 ppm
Viscosity: 61.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.78 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4000.00 ppm			
Filter Cake: 7.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
888.00	GASSY OIL, 30% G, 70% O	9.632
124.00	GASSY MUDDY OIL, 15% G, 50% O, 35% M	1.739

Total Length: 1012.00 ft Total Volume: 11.371 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: API= 22 @ 70 DEG-F



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Charles N Griffin

34-32s-12w Barber, KS

PO Box 347
Pratt KS 67214

Randels B #3

Job Ticket: 45756

DST#: 1

ATTN: Bruce Reed

Test Start: 2012.02.21 @ 17:40:00

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
1	10	0.75	50.00	1007.48
1	10	0.75	50.00	1007.48
1	20	0.75	50.00	1007.48
1	30	0.75	53.00	1054.34
2	10	0.75	56.00	1101.20
2	20	0.75	70.00	1319.88

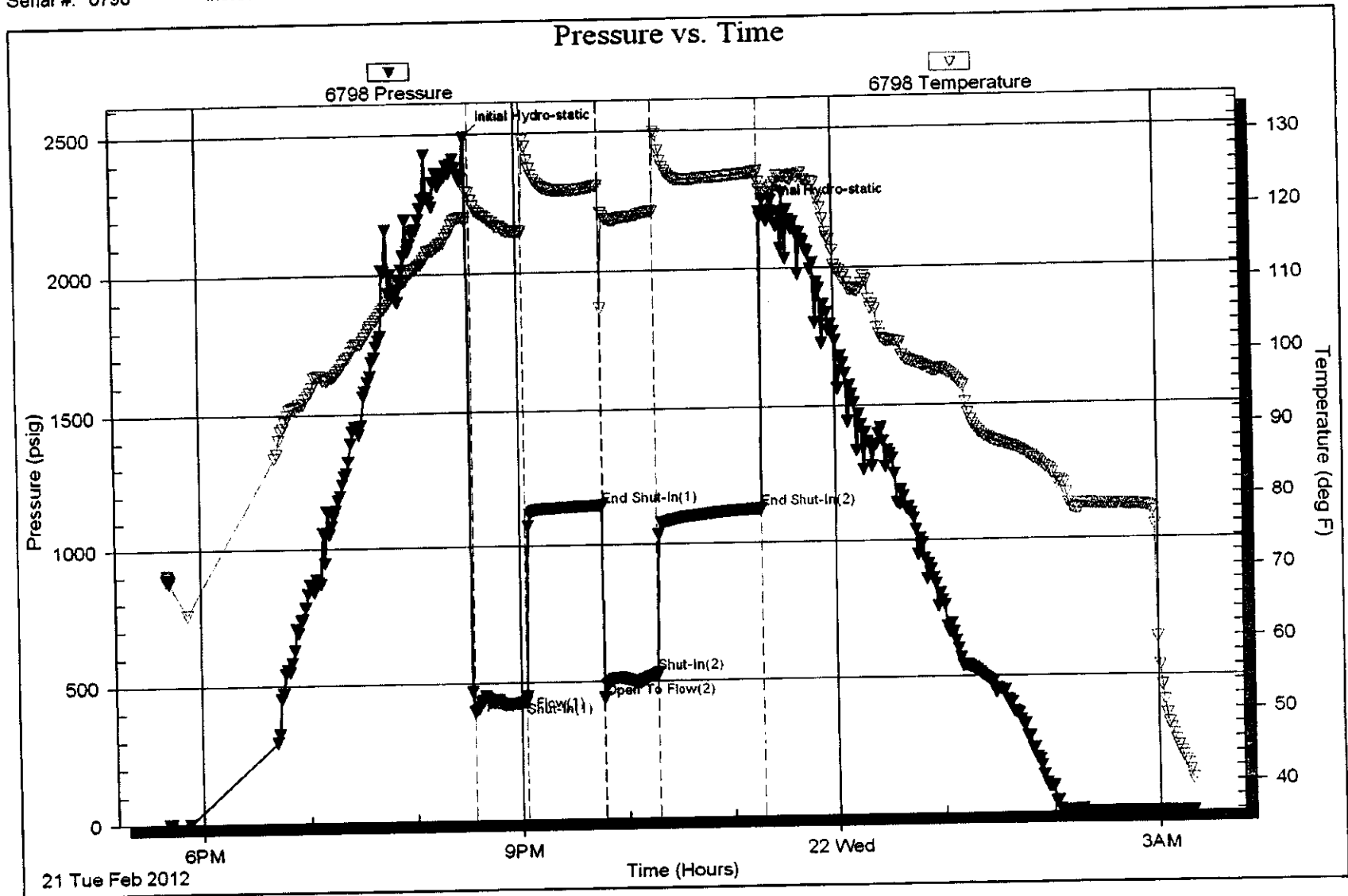
Serial #: 6798

Inside

Charles N Griffin

Randels B #3

DST Test Number: 1





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
FEB 23 2012

Test Ticket

NO. 45756

BY: _____

Well Name & No. RANDELS B #3 Test No. 1 Date 2-21-12
 Company CHARLES N. GREFFIN Elevation 1553 KB 1548 GL
 Address P.O. BOX 347 PRATT KS 67124
 Co. Rep / Geo. BRUCE REED Rig H2 #3
 Location: Sec. 34 Twp. 32 S Rge. 12 W Co. BARBER State KS

Interval Tested 4767 - 4800 Zone Tested ~~4767~~ SIMPSON SAND
 Anchor Length 33 Drill Pipe Run 4453 Mud Wt. 9.3
 Top Packer Depth 4762 Drill Collars Run 310 Vis 61
 Bottom Packer Depth 4767 Wt. Pipe Run NA WL 8.8
 Total Depth 4800 Chlorides 4,000 ppm System LCM 7#

Flow Description IF - SBB, GAS TO SURFACE 10 MIN'S INTO OPEN GAS REPORT
SI - BB
IF - SBB, GAS TO SURFACE, GAS REPORT
SI - BB

Feet of	%gas	%oil	%water	%mud
<u>888</u> Feet of <u>GASSY OIL</u>	<u>30</u>	<u>70</u>		
<u>124</u> Feet of <u>GASSY MUDDY OIL</u>	<u>15</u>	<u>50</u>		<u>35</u>
Feet of _____	%gas	%oil	%water	%mud
Feet of _____	%gas	%oil	%water	%mud
Feet of _____	%gas	%oil	%water	%mud

Initial Total 1012 BHT 131 Gravity _____ API RW 22 @ 70 °F Chlorides _____ ppm

Initial Hydrostatic 2,489
 First Initial Flow 396
 First Final Flow 434
 Initial Shut-In 1,148
 Second Initial Flow 441
 Second Final Flow 530
 Final Shut-In 1,128
 Final Hydrostatic 2,205

Test 1225'
 Jars 250
 Safety Joint 75'
 Circ Sub _____
 Hourly Standby 114 hr 125'
 Mileage 86 RTP 120.40
 Sampler _____
 Straddle _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Sub Total 1795.40

T-On Location 16:00
 T-Started 17:30
 T-Open 20:31
 T-Pulled 22:16
 T-Out 03:15

Comments _____
 Ruined Shale Packer _____
 Ruined Packer 320'
 Extra Copies _____
 Sub Total 320'
 Total 2115.40
 MP/DST Disc't _____

Initial Open 30
 Initial Shut-In 45
 Initial Flow 30
 Initial Shut-In 60

Approved By Bruce A. Reed Our Representative Randy Williams

TriLOBITE Testing Inc. shall not be liable for damaged 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.

