



Confidentiality Requested:
 Yes No

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Summary of Changes

Lease Name and Number: Mathers 1-2

API/Permit #: 15-109-21385-00-00

Doc ID: 1257885

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/14/2015	07/14/2015
Field Name		wildcat
Liner Run?		Yes
Plug Back Total Depth		4646
Producing Formation	Johnson	Johnson, Cherokee
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249405	../../../../kcc/detail/operatorEditDetail.cfm?docID=1257885
Tubing Set At		4559
Tubing Size		2.0625



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249405
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL 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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	Mathers 1-2
Doc ID	1249405

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4		shot	4583-4598
4		shot	4575-4578
4		shot	4552-4555

ALLIED OIL & GAS SERVICES, LLC 064644

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTH LAKE, TEXAS 76092

SERVICE POINT:
Dakley, KS

DATE <i>1-22-15</i>	SEC. <i>23</i>	TWP. <i>10</i>	RANGE <i>34</i>	CALLED OUT	ON LOCATION <i>6:00 pm</i>	JOB START <i>8:30 am</i>	JOB FINISH <i>7:30 pm</i>
LEASE <i>Lease # 24</i>	WELL # <i>1-23</i>	LOCATION <i>Dakley, 55, 1E, Y25</i>		COUNTY <i>Logan</i>	STATE <i>Ks</i>		
OLD OR NEW (Circle one) <i>W write</i>							

CONTRACTOR *Merfin 22* OWNER *Same*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *225*

CASING SIZE *8 7/8* DEPTH *229.571*

TUBING SIZE DEPTH DEPTH DEPTH

TOOL

PRES. MAX DEPTH

MEAS. LINE MINIMUM

CEMENT LEFT IN CSG. *75'* SHOE JOINT

PERFS.

DISPLACEMENT *13.9164*

EQUIPMENT

PUMP TRUCK *Cementor Kalamazoo*

422 HELPER *Wayne McCarty*

BULK TRUCK

818/287 DRIVER *George Grant*

BULK TRUCK

DRIVER

REMARKS:
*Mix 170 s/b cement
Displace with water
Cement did circulate
30 bbls to pit*

SERVICE	TOTAL
DEPTH OF JOB <i>229.571</i>	
PUMP TRUCK CHARGE <i>1512.23</i>	
EXTRA FOOTAGE	
MILEAGE <i>145.90</i> @ <i>7.70</i>	<i>53.90</i>
MANIFOLD <i>Swaga</i> @ <i>275.00</i>	<i>275.00</i>
MISC @ <i>7.90</i>	<i>30.80</i>
<i>(865.571/352)</i>	
TOTAL <i>2413.06</i>	

CHARGE TO: *Red Oak Energy*

STREET _____ STATE _____ ZIP _____

CITY _____

PLUG & FLOAT EQUIPMENT

TOTAL	

SALES TAX (if Any) _____

TOTAL CHARGES *6,044.06*

DISCOUNT *21,342.30* IF PAID IN 30 DAYS

3,928.63 Not

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE *[Signature]*



CHARGE TO: **RED OAK ENERGY**

ADDRESS

CITY, STATE, ZIP CODE

TICKET 28277

PAGE 1 OF 2

1. SERVICE LOCATIONS NESS CITY, KS	WELL/PROJECT NO.	LEASE MATHERS 1-2	COUNTY/PARISH LOGAN	STATE KS	CITY OAKLEY, KS	DATE 2/2/15	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR MURFIN DRUG #22	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5² LONGSTRING	WELL PERMIT NO.	WELL LOCATION 55, 1E, 1/2S, W1/4		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE # 114	80		mi		6.00	480.00
579					Pump CHARGE	1		hour		2000.00	2000.00
402					CENTRALIZERS	10		EA		70.00	700.00
403					CEMENT BASKETS	3		EA		300.00	900.00
407					INSERT FLOAT SHADE W/FILL	1		EA		375.00	375.00
408					DV TOOL & PLUG SET	1		EA		3550.00	3550.00
417					DV LATCH DOWN PLUG & BAFFLE	1		EA		200.00	200.00
419					ROTATING HEAD RENTAL	1		hour		200.00	200.00
281					MUD FLUSH	500		gal		1.25	625.00
221					LIQUID KCL	4		gal		25.00	100.00

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: **2/2/15** TIME SIGNED: 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	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				1	9130.00
WE UNDERSTOOD AND MET YOUR NEEDS?				2	12397.00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Subtotal	21527.00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Logan TAX 7.65%	1,237.01
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	22,764.01
<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: *[Signature]* APPROVAL: *[Signature]*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2/25/15 PAGE NO.

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)	CASING	DESCRIPTION OF OPERATION AND MATERIALS
				T	C			
CUSTOMER <u>RED OAK ENERGY</u>								
								LEASE <u>MATHERS 1-2</u>
								JOB TYPE <u>5/2 LONGSTRING</u>
								TICKET NO. <u>28277</u>
	<u>1450</u>							DN LOCATION
	<u>1525</u>							START PIPE <u>5 1/2" - 14#</u>
								RID @ <u>4832</u> SET @ <u>4670</u>
								SHAPE ST. <u>10'</u>
								CEMENTERS <u>35, 79, 113, 15, 49, 51</u>
								BSK. <u>25, 50</u>
								DV # <u>50 @ 2540</u>
								TRK <u>114</u>
	<u>1735</u>							DROP BALL - CIRCULATE
	<u>1832</u>	<u>6</u>	<u>12</u>	✓		<u>300</u>		Pump <u>500 gal MUD FLUSH</u>
		<u>6</u>	<u>20</u>	✓		<u>300</u>		Pump <u>20 BBL KCL SPACER</u>
	<u>1841</u>	<u>4</u>	<u>42</u>	✓				MIX <u>175 SX EA - 2</u>
		<u>6</u>						WASH OUT PUMP & LINES
<u>1915</u>	1912	<u>6</u>						START DISPLACING PLUG
<u>1936</u>	<u>1942</u>	<u>8</u>	<u>114</u>	✓		<u>1500</u>		PLUG DOWN - LATCH PLUG IN. <u>1st stage</u>
								RELEASE PSI - DRY
	<u>2000</u>							DROP DV OPENING TOOL
	<u>2130</u>	<u>6</u>	<u>20</u>	✓				OPEN DV TOOL - CIRCULATE
		<u>4</u>	<u>75</u>					Pump <u>20 BBL KCL SPACER</u>
			<u>139</u>	✓		<u>300</u>		PLUG RH - <u>30 SX - MH - 20 SX</u>
								MIX <u>250 SX SMD</u>
								WASH OUT PUMP & LINES.
	<u>2218</u>	<u>6</u>		✓				START DISPLACING CLOSING PLUG
	<u>2230</u>	<u>8</u>	<u>62</u>	✓		<u>1500</u>		PLUG DOWN - CLOSE DV TOOL. <u>2nd stage</u>
								RELEASE PSI - DRY
								CIRCULATE <u>SX TO PIT</u>
	<u>2340</u>							WASH TRIMMER → <u>Cement to surface</u>
								<u>Case at mixed</u>
								<u>Back to pit</u>
	<u>2320</u>							JOB COMPLETE
								THANKS # <u>114</u>
								BLAINE FLINT TYLER PRESTON & JASON



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Red Oak Energy, Inc.

S2-12s-32w Logan/KS

7701 E Kellog Dr.
STE 710
Wichita, KS 67207
ATTN: Sean Deenihan

Mathers #1-2

Job Ticket: 61556

DST#: 1

Test Start: 2015.01.26 @ 06:52:00

GENERAL INFORMATION:

Formation: **Lansing 'H,I'**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 08:58:10

Time Test Ended: 12:52:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Chuck Smith

Unit No: 61

Interval: 4190.00 ft (KB) To 4252.00 ft (KB) (TVD)

Total Depth: 4252.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 3000.00 ft (KB)

2989.00 ft (CF)

KB to GR/CF: 11.00 ft

Serial #: 8357

Inside

Press@RunDepth: 55.85 psig @ 4192.00 ft (KB)

Start Date: 2015.01.26

End Date:

2015.01.26

Start Time: 06:52:02

End Time:

12:52:30

Capacity: 8000.00 psig

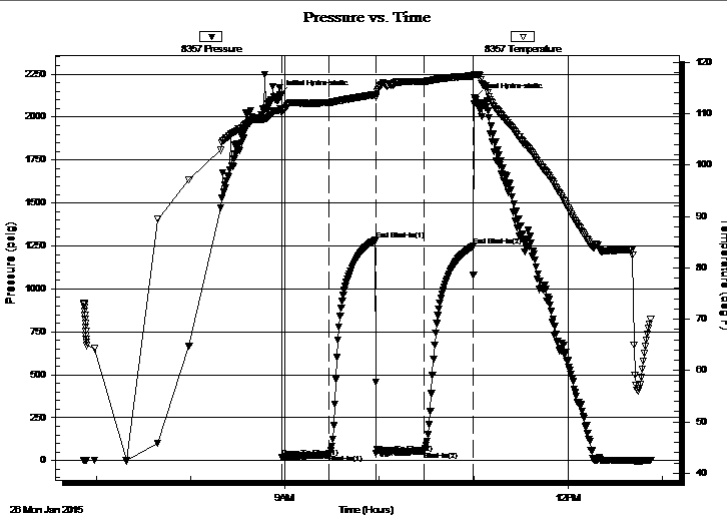
Last Calib.: 2015.01.26

Time On Btm: 2015.01.26 @ 08:56:40

Time Off Btm: 2015.01.26 @ 11:00:30

TEST COMMENT: 30- 3/4" Blow .
30- No return.
30- Surface blow .
30- No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2131.69	110.65	Initial Hydro-static
2	20.31	110.16	Open To Flow (1)
32	35.87	112.16	Shut-In(1)
61	1284.02	113.68	End Shut-In(1)
62	44.57	113.41	Open To Flow (2)
92	55.85	116.26	Shut-In(2)
123	1248.10	117.33	End Shut-In(2)
124	2110.68	117.62	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
90.00	OSM 100m	0.44

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Red Oak Energy, Inc.

S2-12s-32w Logan/KS

7701 E Kellog Dr.

Mathers #1-2

STE 710

Job Ticket: 61556

DST#: 1

Wichita, KS 67207

Test Start: 2015.01.26 @ 06:52:00

ATTN: Sean Deenihan

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: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1800.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
90.00	OSM 100m	0.443

Total Length: 90.00 ft Total Volume: 0.443 bbl

Num Fluid Samples: 0

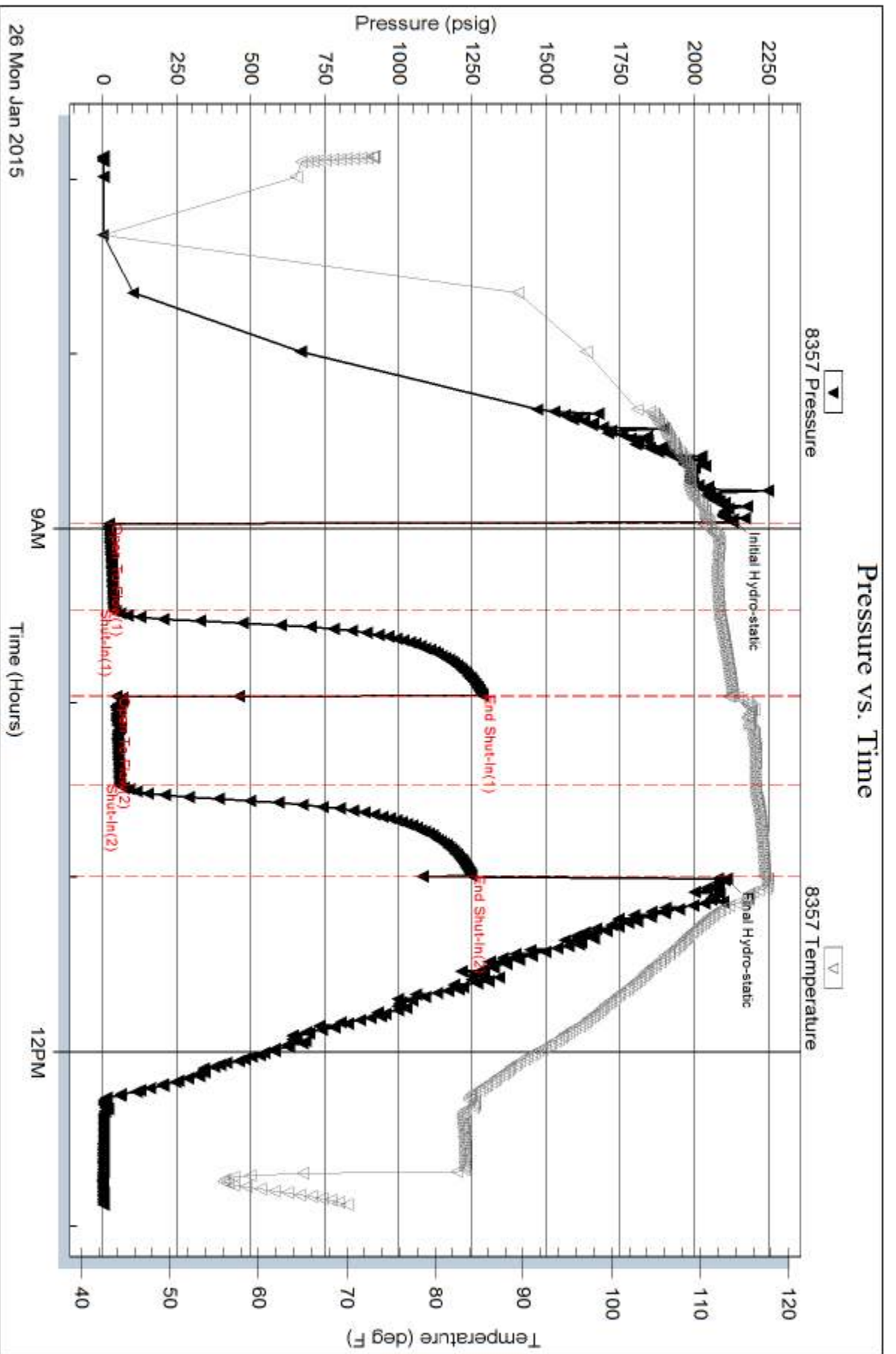
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Red Oak Energy, Inc.

S2-12s-32w Logan/KS

7701 E Kellog Dr.
STE 710
Wichita, KS 67207
ATTN: Sean Deenihan

Mathers #1-2

Job Ticket: 61557

DST#: 2

Test Start: 2015.01.26 @ 22:23:00

GENERAL INFORMATION:

Formation: **Lansing 'K'**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:10:30

Time Test Ended: 03:29:39

Test Type: Conventional Bottom Hole (Reset)

Tester: Chuck Smith

Unit No: 61

Interval: 4256.00 ft (KB) To 4288.00 ft (KB) (TVD)

Reference Elevations: 3000.00 ft (KB)

Total Depth: 4288.00 ft (KB) (TVD)

2989.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 11.00 ft

Serial #: 8357

Inside

Press @ Run Depth: 26.74 psig @ 4260.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.01.26

End Date: 2015.01.27

Last Calib.: 2015.01.27

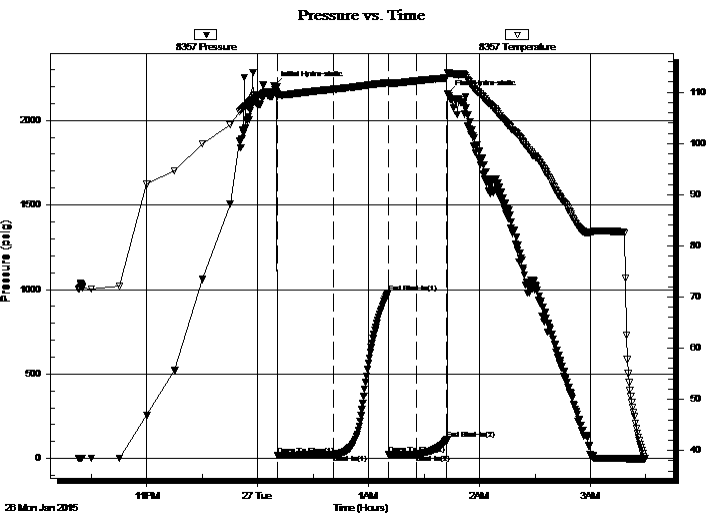
Start Time: 22:23:02

End Time: 03:29:40

Time On Btm: 2015.01.27 @ 00:08:50

Time Off Btm: 2015.01.27 @ 01:42:50

TEST COMMENT: 30- 1/2" Blow .
30- No return.
15- No blow .
15- No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2206.56	110.14	Initial Hydro-static
2	20.95	109.13	Open To Flow (1)
33	25.48	110.59	Shut-In(1)
62	978.89	111.87	End Shut-In(1)
62	26.25	111.64	Open To Flow (2)
78	26.74	112.24	Shut-In(2)
94	113.82	112.82	End Shut-In(2)
94	2155.50	113.88	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	API: @ Degrees F =	0.00
0.00	RW: @ Degrees F = PPM	0.00
15.00	VSOCM 1o 99m	0.07

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Red Oak Energy, Inc.

S2-12s-32w Logan/KS

7701 E Kellog Dr.

Mathers #1-2

STE 710

Job Ticket: 61557

DST#: 2

Wichita, KS 67207

ATTN: Sean Deenihan

Test Start: 2015.01.26 @ 22:23:00

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:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1800.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
0.00	API: @ Degrees F =	0.000
0.00	RW: @ Degrees F = PPM	0.000
15.00	VSOCM 1o 99m	0.074

Total Length: 15.00 ft Total Volume: 0.074 bbl

Num Fluid Samples: 0

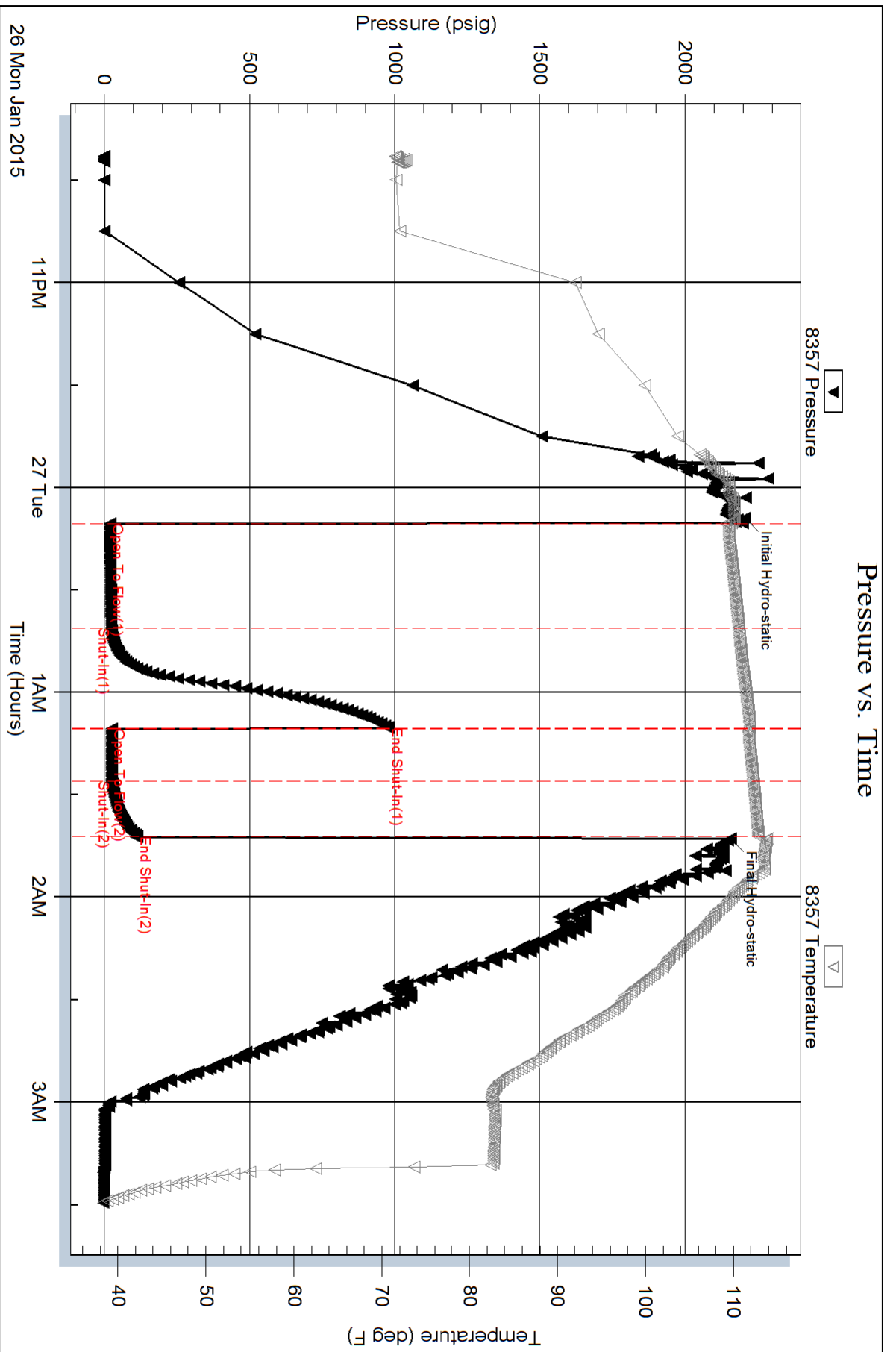
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Red Oak Energy, Inc.

S2-12s-32w Logan/KS

7701 E Kellog Dr.
STE 710
Wichita, KS 67207
ATTN: Sean Deenihan

Mathers #1-2

Job Ticket: 61558

DST#: 3

Test Start: 2015.01.28 @ 00:18:00

GENERAL INFORMATION:

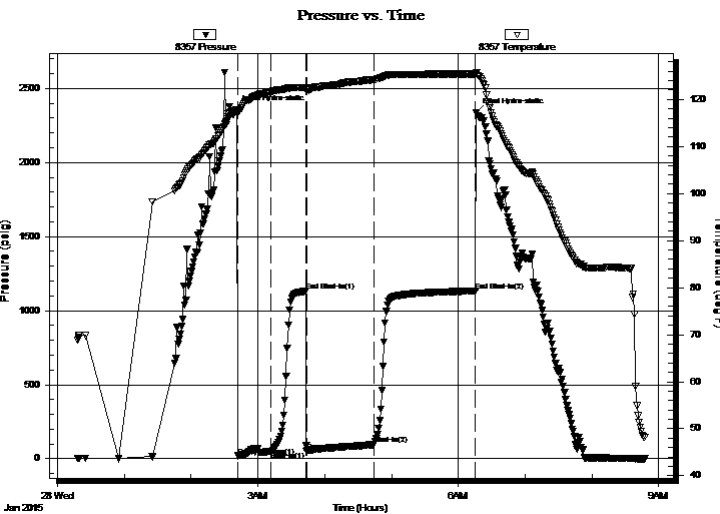
Formation: **Johnson**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Reset)
 Time Tool Opened: 02:41:40
 Tester: Chuck Smith
 Time Test Ended: 08:47:50
 Unit No: 61
 Interval: **4538.00 ft (KB) To 4596.00 ft (KB) (TVD)**
 Reference Elevations: 3000.00 ft (KB)
 Total Depth: 4596.00 ft (KB) (TVD)
 2989.00 ft (CF)
 Hole Diameter: 7.88 inches
 Hole Condition: Good
 KB to GR/CF: 11.00 ft

Serial #: 8357

Inside

Press@RunDepth: 95.73 psig @ 4540.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.01.28 End Date: 2015.01.28 Last Calib.: 2015.01.28
 Start Time: 00:18:02 End Time: 08:47:50 Time On Btm: 2015.01.28 @ 02:39:50
 Time Off Btm: 2015.01.28 @ 06:16:10

TEST COMMENT: 30- 4 1/2" Blow .
 30- No return.
 60- B.O.B. @ 48 min.
 90- 1/4" Return died @ 25 min.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2355.65	117.67	Initial Hydro-static
2	19.90	117.00	Open To Flow (1)
32	50.39	121.62	Shut-In(1)
64	1132.32	122.49	End Shut-In(1)
64	52.63	122.17	Open To Flow (2)
125	95.73	124.19	Shut-In(2)
216	1133.20	125.42	End Shut-In(2)
217	2334.67	125.75	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	GMCO 20g 40m 40o	0.59
60.00	GMCO 10g 30m 60o	0.30
20.00	GO 5g 95o	0.10
0.00	100' Weak GIP	0.00

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Red Oak Energy, Inc.

S2-12s-32w Logan/KS

7701 E Kellog Dr.

Mathers #1-2

STE 710

Job Ticket: 61558

DST#: 3

Wichita, KS 67207

ATTN: Sean Deenihan

Test Start: 2015.01.28 @ 00:18:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

26 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.00 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1900.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
120.00	GMCO 20g 40m 40o	0.590
60.00	GMCO 10g 30m 60o	0.295
20.00	GO 5g 95o	0.098
0.00	100' Weak GIP	0.000

Total Length: 200.00 ft Total Volume: 0.983 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: API: 25 @ 50 Degrees F = 26.

Pressure vs. Time

