



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
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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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Jones 1-5

API/Permit #: 15-007-24117-00-00

Doc ID: 1199485

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/14/2014	04/14/2014
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&to	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&to
Method Of Completion - Perf	No	Yes
Perf_Depth_4		3693-3695
Perf_Material_4		Acid - 7 1/2% HCL/MCA System
Perf_Record_4		20.5
Perf_Shots_4		2
Plug Back Total Depth	4874	4350
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1193994	../kcc/detail/operatorEditDetail.cfm?docID=1199485
Tubing Packer At	4874	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Tubing Record - Set At	4899	3731
Well Type	OIL	GAS



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1193994
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
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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

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
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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
<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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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:	
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Form	ACO1 - Well Completion
Operator	Iuka-Carmi Development LLC
Well Name	Jones 1-5
Doc ID	1193994

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4370-4430		
	181.5 Total Fluid Pumped bbls	Acid - 15% HCL/Mud Clean Blend/Inhibitor	4370-4430
		Flush w/100 bbl 2% KCL H2O	

QUALITY WELL SERVICE, INC.

6063

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

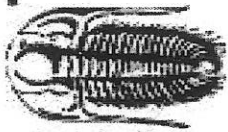
Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	12-22-13	Sec.	5	Twp.	32	Range	11	County	Barber	State	Ks	On Location	5:20 P.M	Finish	6:45 P.M
Lease	DOES	Well No.	1-5	Location MED Lodge Ks E to Jo Isabel Bldg											
Contractor	MINNESOTA OIL & GAS														
Type Job	SURFACE														
Hole Size	12 1/4	T.D.	277												
Csg.	9 5/8 24'	Depth	275.0												
Tbg. Size		Depth													
Tool		Depth													
Cement Left in Csg.		Shoe Joint	20	The above was done to satisfaction and supervision of owner agent or contractor.											
Meas Line		Displace	16.2 bbls	Cement Amount Ordered 2155x Common											
EQUIPMENT															
Pumptrk	No.	BRADY													
Bulktrk	No.	SHAW													
Bulktrk	No.	4													
Pickup	No.	1000													
JOB SERVICES & REMARKS															
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
DV or Port Collar															
	Run 8 H's 24" 8 7/8 CSS														
	Set 2 275														
	Hook up to csg & BREAK Circ														
	w/rlg														
	Mix & Pump 2155 x Common														
	29.6EL 396 CC 1/4" CF														
	SHUT DOWN Release Plug														
	DISO 16.2 BBL total														
	Plug down 2 6' 1.5 250'														
	6200 circ thru JOB														
	Circ CNT TO P.T														
	THANKS TO BRADY SHAW														
X Signature	Richard A. Brady														
													Tax		
													Discount		
													Total Charge		



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

luka-Carmi Development LLC.

5-32s-11w Barber,KS

PO Box 847
Pratt KS 67124

Jones #1-5

Job Ticket: 51834

DST#: 1

ATTN: Ken LeBlanc

Test Start: 2013.12.29 @ 08:55:38

GENERAL INFORMATION:

Formation: Snyderville

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 11:47:53

Time Test Ended: 18:42:08

Interval: 3590.00 ft (KB) To 3620.00 ft (KB) (TVD)

Total Depth: 3620.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Initial)

Tester: Stuart Stover

Unit No: 53

Reference Elevations: 1583.00 ft (KB)

1571.00 ft (CF)

KB to GR/CF: 12.00 ft

Serial #: 6719

Outside

Press@RunDepth: 70.43 psig @ 3591.00 ft (KB)

Start Date: 2013.12.29

Start Time: 08:55:43

2013.12.29

18:42:08

Capacity: 8000.00 psig

Last Calib.: 2013.12.29

Time On Btm: 2013.12.29 @ 11:46:23

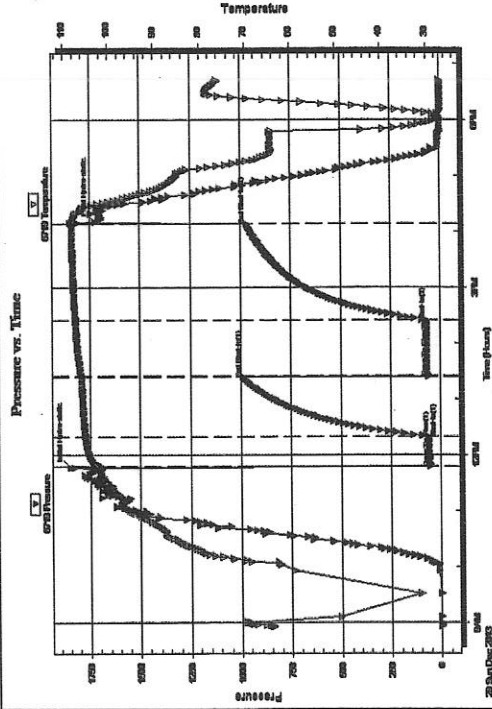
Time Off Btm: 2013.12.29 @ 16:10:23

TEST COMMENT: IFP: BOB in 1"

IS: No blow

FFP: BOB immediately

FSI: No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1851.18	101.71	Initial Hydro-static
2	52.99	101.71	Open To Flow (1)
34	61.47	105.22	Shut-In(1)
98	988.62	106.03	End Shut-In(1)
98	56.87	105.81	Open To Flow(2)
159	70.43	107.37	Shut-In(2)
262	970.13	108.19	End Shut-In(2)
264	1721.51	108.10	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	GCM 10% GAS 90% Mud	1.68
0.00	600' GIP	0.00

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcfd)



DRILL STEM TEST REPORT

Iuka-Carmi Development LLC.

5-32s-11w Barber, KS

PO Box 847
Pratt KS 67124

Jones #1-5

Job Ticket: 51835

DST#: 2

ATTN: Ken LeBlanc

Test Start: 2013.12.30 @ 11:07:23

GENERAL INFORMATION:

Formation: L. Douglas SS
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 14:07:53
 Time Test Ended: 21:40:38
 Interval: 3660.00 ft (KB) To 3710.00 ft (KB) (TVD)
 Total Depth: 3885.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair

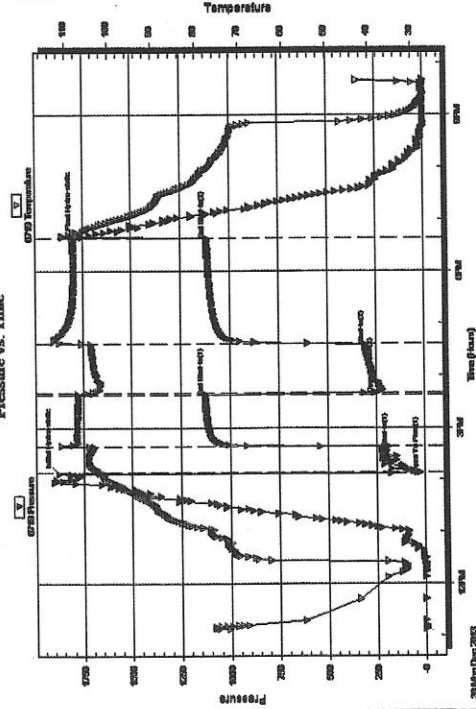
Test Type: Conventional Straddle (Reset)
 Tester: Ryan Reynolds
 Unit No: 53
 Reference Elevations: 1583.00 ft (KB)
 1571.00 ft (CF)
 KB to GR/CF: 12.00 ft

Serial #: 6719 Outside
 Press@RunDepth: 304.01 psig @ 3661.00 ft (KB)
 Start Date: 2013.12.30 End Date: 2013.12.30
 Start Time: 11:07:28 End Time: 21:40:38

Capacity: 8000.00 psig
 Last Calib.: 2013.12.30
 Time On Btm: 2013.12.30 @ 14:06:53
 Time Off Btm: 2013.12.30 @ 18:40:23

TEST COMMENT: IF: Strong blow . BOB @ 15sec. GTS @ 13min.
 IS: No blow
 FF: Strong blow . BOB immed.
 FS: Strong blow . BOB @ 35min.

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1878.17	101.61	Initial Hydro-static
1	26.34	102.01	Open To Flow (1)
31	185.01	103.52	Shut-In(1)
91	1127.49	107.22	End Shut-In(1)
94	255.72	103.79	Open To Flow (2)
150	304.01	104.24	Shut-In(2)
272	1116.79	108.30	End Shut-In(2)
274	1766.10	110.51	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
600.00	MOCW 8% mud, 22% oil, 70% w tr	8.42

Gas Rates

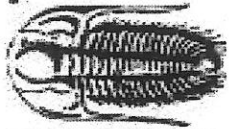
	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.50	47.00	414.19
Last Gas Rate	0.50	60.00	501.88
Max. Gas Rate	0.50	64.00	528.86

* Recovery from multiple tests

Trilobite Testing, Inc

Ref. No: 51835

Printed: 2014.01.08 @ 13:42:17



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

luka-Carmi Development LLC.

5-32s-11w Barber, KS

PO Box 847
Pratt KS 67124

Jones #1-5

Job Ticket: 51836

DST#: 3

ATTN: Ken LeBlanc

Test Start: 2014.01.01 @ 09:27:16

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: No Whipstock: 0.00 ft. (KB)
Time Tool Opened: 11:09:16
Time Test Ended: 17:33:46

Test Type: Conventional Bottom Hole (Reset)
Tester: Ryan Reynolds
Unit No: 53

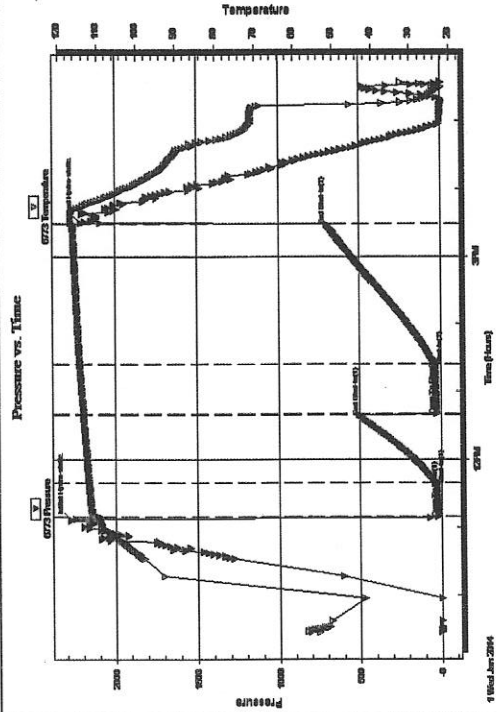
Interval: **4348.00 ft (KB) To 4400.00 ft (KB) (TVD)**
Total Depth: 4400.00 ft (KB) (TVD)
Hole Diameter: 7.88 inchesHole Condition: Fair

Reference Elevations: 1583.00 ft (KB)
1571.00 ft (CF)
KB to GR/CF: 12.00 ft

Serial #: 6773 Inside
Press@RunDepth: 32.86 psig @ 4349.00 ft (KB)
Start Date: 2014.01.01 End Date:
Start Time: 09:27:21 End Time:

Capacity: 8000.00 psig
Last Calib.: 2014.01.01
Time On Btm: 2014.01.01 @ 11:06:31
Time Off Btm: 2014.01.01 @ 15:29:46

TEST COMMENT: IF: Good blow . 1/4" - 11"
IS: No blow
FF: Good blow . 2" - 6 1/2"
FS: No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2276.48	109.26	Initial Hydro-static
3	18.01	109.38	Open To Flow (1)
33	26.34	112.15	Shut-In(1)
94	502.58	113.53	End Shut-In(1)
94	23.91	113.47	Open To Flow (2)
138	32.86	114.48	Shut-In(2)
262	699.20	116.22	End Shut-In(2)
264	2212.32	116.79	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
35.00	VSLI OCWM trc%oil, 5%aw tr, 95%mud	0.49

* Recovery from multiple tests

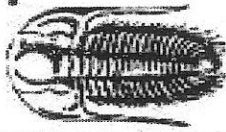
Gas Rates

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

Trilobite Testing, Inc

Ref. No: 51836

Printed: 2014.01.08 @ 13:37:03



**TRIOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Iulka-Carmi Development LLC.

5-32s-11w Barber,KS

PO Box 847
Pratt KS 67124

Jones #1-5

Job Ticket: 51863

DST#: 4

ATTN: Ken LeBlanc

Test Start: 2014.01.03 @ 03:53:49

GENERAL INFORMATION:

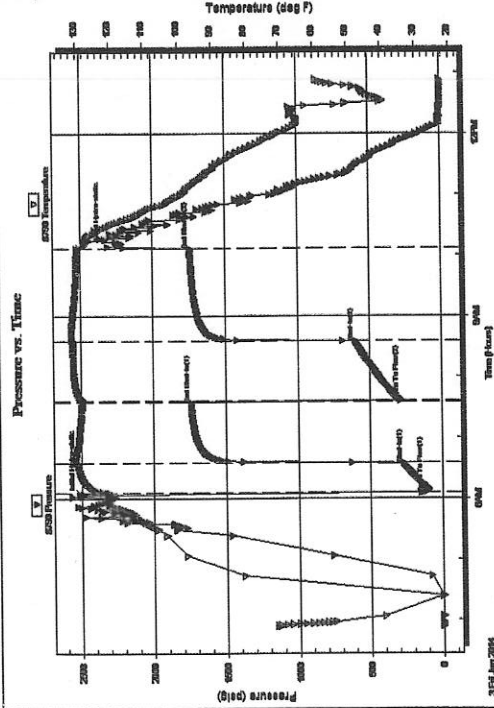
Formation: Simpson
Deviated: No Whipstock: 0.00 ft (KB)
Time Tool Opened: 06:05:49
Time Test Ended: 12:52:34
Interval: 4700.00 ft (KB) To 4735.00 ft (KB) (TV D)
Total Depth: 4735.00 ft (KB) (TV D)
Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Reset)
Tester: Ryan Reynolds
Unit No: 48
Reference Elevations: 1583.00 ft (KB)
1571.00 ft (CF)
KB to GRV/CF: 12.00 ft

Serial #: 8790
Press@RunDepth: 598.70 psig @ 4701.00 ft (KB)
Start Date: 2014.01.03 End Date:
Start Time: 03:53:54 End Time:

Capacity: 8000.00 psig
Last Calib.: 2014.01.03
Time On Bltm: 2014.01.03 @ 06:02:49
Time Off Bltm: 2014.01.03 @ 10:08:34

TEST COMMENT: IF: Strong blow . BOB @ 1min. No GTS.
ISI: Good 9" BB
FF: Strong blow . BOB @ 30sec. No GTS.
FSI: Fair 3" BB



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2498.64	120.92	Initial Hydro-static
3	127.97	121.13	Open To Flow (1)
33	268.42	129.97	Shut-in(1)
93	1744.66	128.56	End Shut-in(1)
94	285.37	127.97	Open To Flow (2)
153	598.70	131.26	Shut-in(2)
244	1746.23	129.92	End Shut-in(2)
246	2311.35	128.04	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
890.00	VSLI OCGW trc%oil, 5%gas, 95%w tr	12.48
210.00	OGMCW 5%oil, 10%gas, 40%mud, 45%w2.95	
190.00	OWGCM 10%oil, 10%w tr, 12%gas, 68%w2.67	
0.00	790' GIP	0.00

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcfd)

Triobite Testing, Inc

Ref. No: 51863

Printed: 2014.01.08 @ 13:29:10

LOG-TECH OF KANSAS, INC.
P.O. BOX 885
GREAT BEND, KANSAS 67530
(620) 792-2167

INVOICE
7798

Date 1-30-2014

CHARGE TO: Iuka - Carmi Development, LLC
ADDRESS _____
R/A SOURCE NO. _____ CUSTOMER ORDER NO. ICD14013001
LEASE AND WELL NO. Jones # 1-15 FIELD Skinner
NEAREST TOWN Medicine Lodge COUNTY Barber STATE KS
SPOT LOCATION 1650' FNL'S 990' FEL SEC. 5 TWP. 32S RANGE 11W
ZERO 17' AGL CASING SIZE 5 1/2 WEIGHT _____
CUSTOMER'S T.D. _____ LOG TECH # 53 FLUID LEVEL 300'
ENGINEER Lance Gregg OPERATOR J. Welcher, M. Montez

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>OWEN HSC (4000-317)</u>	<u>22</u>	<u>4409</u>	<u>4470</u>	<u>2940⁰⁰</u>
<u>3-DET</u>	<u>22</u>	<u>4387</u>	<u>4408</u>	
	<u>17</u>	<u>4370</u>	<u>4386</u>	

DEPTH AND OPERATIONS CHARGES					
Description	From	To	Total No. Ft.	Price Per Ft.	Amount

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge	<u>1</u>	<u>550⁰⁰</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

M. Montez
Customer Signature Date 1-30-14

Code Ref.	Sub Total	<u>3490⁰⁰</u>
Tool Insurance		
Tax		<u>(249⁰⁰)</u>
		<u>3141⁰⁰</u>

WHITE - Original CANARY - File Copy PINK - Customer Copy GOLDENROD - Field Copy

