

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

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

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs 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) (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	Fossil Resources LLC
Well Name	PLUMMER 1
Doc ID	1361081

All Electric Logs Run

DIL
CDN
MICRO
SONIC

Form	ACO1 - Well Completion
Operator	Fossil Resources LLC
Well Name	PLUMMER 1
Doc ID	1361081

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4159-69	500 gal MCA 1500 gal NE	4159
4	3873-79	250 gal MCA 750 gal SGA	3873

Summary of Changes

Lease Name and Number: PLUMMER 1

API/Permit #: 15-109-21499-00-00

Doc ID: 1361081

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	07/17/2017	07/24/2017
Date of First or Resumed Production or SWD or Enhr Producing Method Pumping	No	06/27/2017 Yes
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1359615	../kcc/detail/operatorEditDetail.cfm?docID=1361081

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1359615
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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All blanks must be Filled

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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: _____

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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: _____

GLOBAL OIL FIELD SERVICES, LLC

2936

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT:

Russell, KS

DATE <u>5-10-17</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Rumer</u>	WELL #. <u>1</u>	LOCATION <u>Russell Springs, KS</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	<u>8:15 AM</u>
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR SOUTHWIND Drilling Rig #1

TYPE OF JOB SURFACE

HOLE SIZE 17 1/4 T.D. 373'

CASING SIZE 9 5/8 DEPTH 362.94 + 11.15

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 X 14 DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 40.37'

CEMENT LEFT IN CSG. 20'

PERFS

DISPLACEMENT 27 BBL

OWNER _____

CEMENT AMOUNT ORDERED 250 SK 60/40 POZ
3% CC 2% GEL

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Ken

417 HELPER Jason

BULK TRUCK DRIVER Kris

378 DRIVER _____

BULK TRUCK DRIVER _____

_____ DRIVER _____

REMARKS:

Run in 9 JTS 9 5/8 casing circulate mud, mix 250 SK 60/40 POZ 3% CC + 2% GEL, wash up + displace w/ 22 BBL H2O, shut in @ 200 PSI, cement DO circulate

CHARGE TO: Fossil Resources

STREET _____

CITY _____ STATE _____ ZIP _____

Global Oil Field 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 Heracio Rojas

SIGNATURE Heracio Rojas

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

GLOBAL OIL FIELD SERVICES, LLC

2944

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT:
Russell, KS

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
5-19-17	11	13	36W				
LEASE <u>Pumper</u>	WELL # <u>1</u>	LOCATION <u>Russell, KS</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR Southern Drilling Pict
 TYPE OF JOB Pipe Job
 HOLE SIZE 7 7/8 T.D. 4603'
 CASING SIZE 5 1/2 DEPTH 1550'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS _____
 DISPLACEMENT 109

OWNER _____
 CEMENT AMOUNT ORDERED 300 SY COM 10% SAGG 24% GEL 450 SY 4 1/2" DIA 2 9/16" O.D. (LIGHT) MUD SHEEP

EQUIPMENT
 PUMP TRUCK CEMENTER Beard - Blue
 # 417 HELPER JASON
 BULK TRUCK # 473 DRIVER Kais
 BULK TRUCK # 378 DRIVER Tom

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

REMARKS: Shoe Jt. 40. Insert c 4560
Run in casing + float & intermittent circulate
mud, mix mud & use, mix bottom stage cement
w/ 300 SY KNOCK OFF SAND PLUG, LAND PLUG @
1500 PSI, hold pressure, release dry, drop dart, plug rat
open d/t, mix top stage w/ 450 SY CEMENT,
CEMENT CIRCULATE TO SURFACE, LAUNCH
PLUG, LAND @ 1500 PSI, hold pressure, release
dry, tear down cement equipment
DU Tool Jt 52 and 2263 30 RH 20 MH

CHARGE TO: Fossil Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 TOTAL _____

Global Oil Field 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.

PLUG & FLOAT EQUIPMENT
 2 CENTRALIRFCS @ _____
 2 BAGGERS @ _____
 1 AFU SHOE JOINT @ _____
 1 DU TOOL + PLUGS @ _____
 TOTAL _____

PRINTED NAME _____
 SIGNATURE _____

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Fossil Resources LLC

111 W 36th St
Hays, KS 67601

ATTN: Lyle Herrman/ Taylor

11-13-36 Logan, Ks

Plummer #1

Job Ticket: 63802

DST#: 1

Test Start: 2017.05.16 @ 13:18:07

GENERAL INFORMATION:

Formation: **LKC**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 15:02:07
 Time Test Ended: 19:57:07

Test Type: Conventional Bottom Hole (Initial)
 Tester: Brandon Turley
 Unit No: 79

Interval: **4135.00 ft (KB) To 4170.00 ft (KB) (TVD)**
 Total Depth: 4170.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 3007.00 ft (KB)
 2997.00 ft (CF)
 KB to GR/CF: 10.00 ft

Serial #: 8166

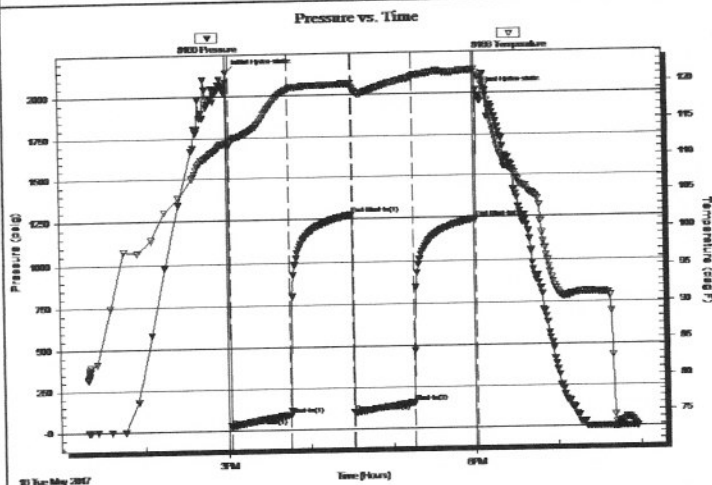
Outside

Press@RunDepth: 155.05 psig @ 4136.00 ft (KB)
 Start Date: 2017.05.16 End Date: 2017.05.16
 Start Time: 13:18:07 End Time: 19:57:07

Capacity: 8000.00 psig
 Last Calib.: 2017.05.16
 Time On Btm: 2017.05.16 @ 15:01:07
 Time Off Btm: 2017.05.16 @ 18:02:07

TEST COMMENT: IF: 1/4 blow built to 7.
 IS: No return.
 FF: BOB in 40 min.
 FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2140.08	112.12	Initial Hydro-static
1	23.78	111.65	Open To Flow (1)
45	89.66	119.30	Shut-In(1)
90	1271.51	119.99	End Shut-In(1)
91	100.08	119.49	Open To Flow (2)
135	155.05	120.73	Shut-In(2)
180	1240.37	121.71	End Shut-In(2)
181	2013.62	121.12	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
62.00	mcw 90%w 10%m	0.87
124.00	ocmw 5%o 55%w 40%m	1.74
93.00	ocw m 30%o 30%w 40%m	1.30
31.00	oil 100%o	0.43

Gas Rates

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

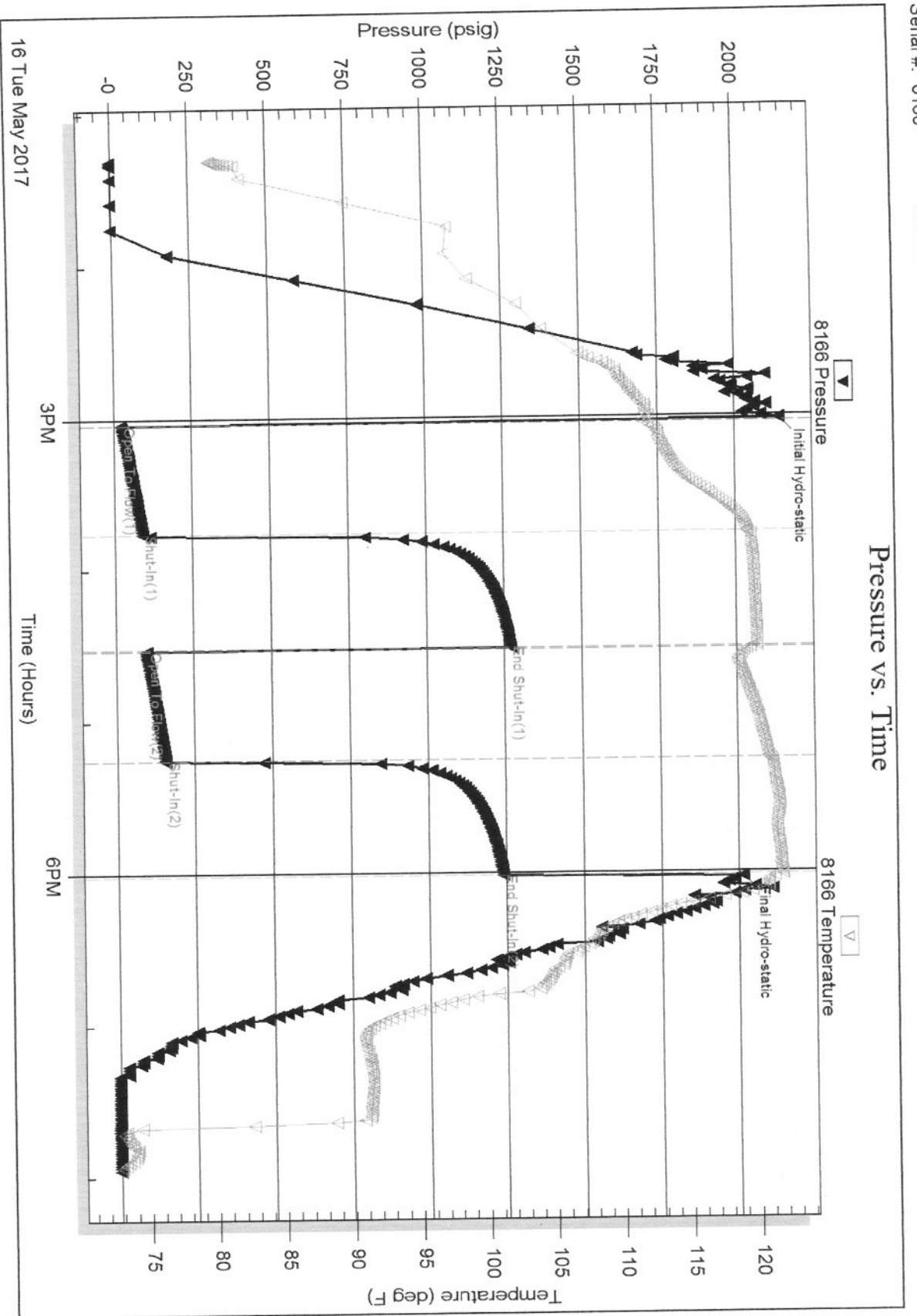
Serial #: 8166

Outside Fossil Resources LLC

Flummer #1

DST Test Number: 1

Pressure vs. Time





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Fossil Resources LLC

111 W 36th St
Hays, KS 67601

ATTN: Lyle Herrman/ Taylor

11-13-36 Logan, Ks

Plummer #1

Job Ticket: 63802

DST#: 1

Test Start: 2017.05.16 @ 13:18:07

GENERAL INFORMATION:

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 KB to GR/CF: 10.00 ft

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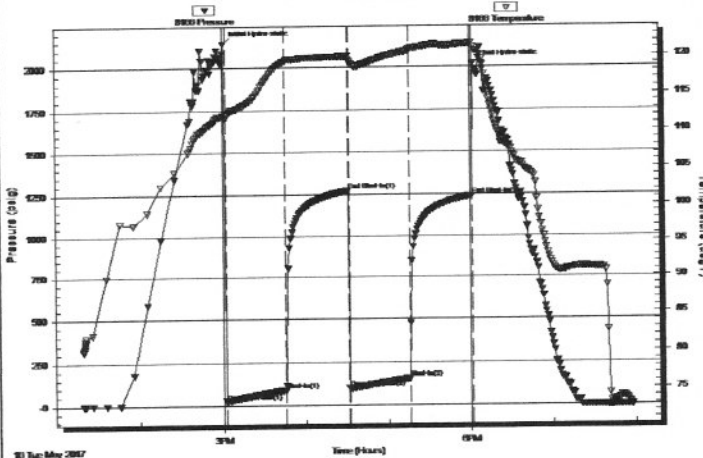
Outside

Press@RunDepth: 155.05 psig @ 4136.00 ft (KB)
 Start Date: 2017.05.16 End Date: 2017.05.16
 Start Time: 13:18:07 End Time: 19:57:07

Capacity: 8000.00 psig
 Last Calib.: 2017.05.16
 Time On Btm: 2017.05.16 @ 15:01:07
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TEST COMMENT: IF: 1/4 blow built to 7.
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Pressure vs. Time



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Recovery

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31.00	oil 100%o	0.43

Gas Rates

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

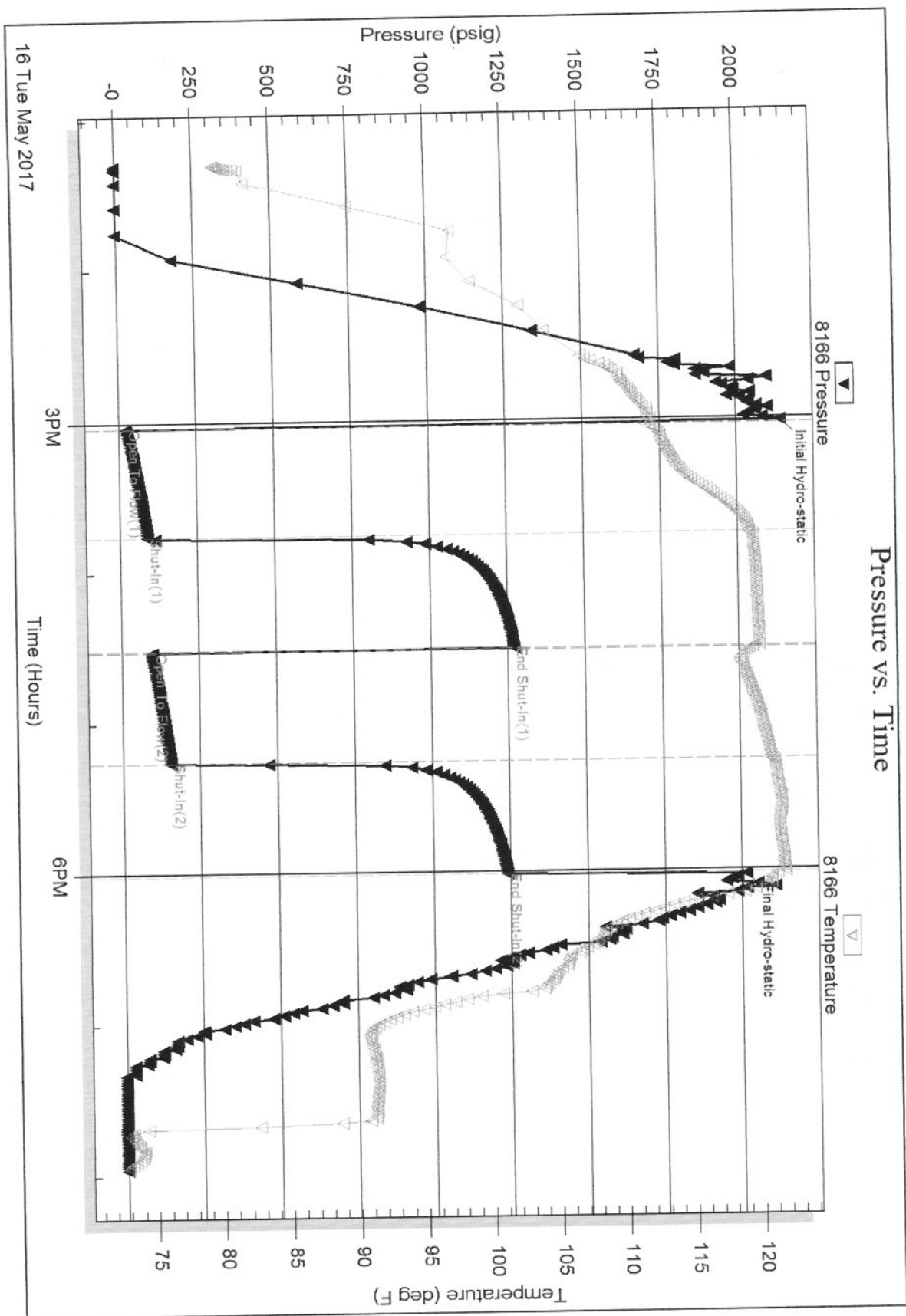
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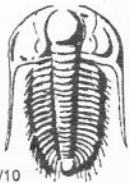
Outside Fossil Resources LLC

Flummer #1

DST Test Number: 1

Pressure vs. Time





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 63802

Well Name & No. Plummer #1 Test No. 1 Date 5-16-17
 Company Fossil Resources LLE Elevation 3007 KB 2997 GL
 Address 111 W 36th St Hays, KS 67601
 Co. Rep / Geo. Lyle Herrmann / Taylor Leiter Rig Southwind #1
 Location: Sec. 11 Twp. 13 Rge. 36 Co. L099m State KS

Interval Tested 4135 4190 Zone Tested LKC
 Anchor Length 35 Drill Pipe Run 4121 Mud Wt. 9.2
 Top Packer Depth 4130 Drill Collars Run --- Vis 48
 Bottom Packer Depth 4135 Wt. Pipe Run --- WL 12.0
 Total Depth 4190 Chlorides 15000 ppm System LCM 2
 Blow Description IF: 1/4 blow built to 7,
IS: No return.
FF: BoB in 40 min.
FS: No return.

Rec	Feet of	%gas	%oil	%water	%mud
<u>31</u>	<u>Free oil</u>	<u>100</u>			
<u>93</u>	<u>ocwm</u>	<u>30</u>	<u>30</u>	<u>40</u>	<u>40</u>
<u>124</u>	<u>ocmw</u>	<u>5</u>	<u>55</u>	<u>40</u>	<u>40</u>
<u>62</u>	<u>mcw</u>		<u>90</u>	<u>10</u>	

Rec Total 310 BHT 121 Gravity --- API RW .31 @ 82 ° F Chlorides 19,000 ppm

(A) Initial Hydrostatic 2140 Test _____ T-On Location 11:15
 (B) First Initial Flow 23 Jars _____ T-Started 13:18
 (C) First Final Flow 89 Safety Joint _____ T-Open 15:02
 (D) Initial Shut-In 1271 Circ Sub NIC T-Pulled 18:02
 (E) Second Initial Flow 100 Hourly Standby _____ T-Out 20:00
 (F) Second Final Flow 155 Mileage 130- Comments on the bank
 (G) Final Shut-In 1240 Sampler _____ gt 12:00
 (H) Final Hydrostatic 2013 Straddle _____
 Shale Packer _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Sub Total _____

Initial Open 45
 Initial Shut-In 45
 Final Flow 45
 Final Shut-In 45

MP/DST Disc't _____

Approved By [Signature]

Our Representative [Signature]

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.