



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

Form	ACO1 - Well Completion
Operator	Landmark Resources, Inc.
Well Name	Gerstberger 1-19
Doc ID	1215699

Tops

Name	Top	Datum
Anhydrite	2416	875
B/Anhydrite	2437	854
Topeka	3674	-383
Heebner	3921	-630
Toronto	3942	-651
Lansing	3967	-676
C	4010	-719
D	4024	-733
E	4063	-772
F	4075	-784
Muncie Creek	4153	-862
H	4161	-870
I	4200	-909
J	4224	-933
Stark Shale	4249	-958
K	4257	-966
L	4307	-1016
BKC	4345	-1054
Marmaton	4414	-1123
Altamont	4442	-1151
Pawnee	4499	-1208
Myrick Station	4530	-1239
Fort Scott	4543	-1252
Cherokee	4571	-1280

Form	ACO1 - Well Completion
Operator	Landmark Resources, Inc.
Well Name	Gerstberger 1-19
Doc ID	1215699

Tops

Name	Top	Datum
Johnson Zone	4663	-1372
Up Morrow Sd	4799	-1508
Missippian	4830	-1539

Summary of Changes

Lease Name and Number: Gerstberger 1-19

API/Permit #: 15-203-20258-00-00

Doc ID: 1215699

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/15/2014	07/23/2014
Fluid Mngmt - Chloride Content	6000	600
Fluid Mngmt - County		Trego
Fluid Mngmt - Dewatering Method	Evaporated	Hauled to Disposal
Fluid Mngmt - Fluid Volume	160	260
Fluid Mngmt - Lease Name		Staab Ogallah Frank 1
Fluid Mngmt - Operator License		34590
Fluid Mngmt - Operator Name		American Tank Service LLC
Fluid Mngmt - Permit		D315260
Fluid Mngmt - Quarter		SE

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Fluid Mngmt - Range		22
Fluid Mngmt - Range Direction		West
Fluid Mngmt - Section		20
Fluid Mngmt - Township		12
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1213999	../../kcc/detail/operatorEditDetail.cfm?docID=1215699



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213999
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)</i> <i>(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	Landmark Resources, Inc.
Well Name	Gerstberger 1-19
Doc ID	1213999

Tops

Name	Top	Datum
Anhydrite	2416	875
B/Anhydrite	2437	854
Topeka	3674	-383
Heebner	3921	-630
Toronto	3942	-651
Lansing	3967	-676
C	4010	-719
D	4024	-733
E	4063	-772
F	4075	-784
Muncie Creek	4153	-862
H	4161	-870
I	4200	-909
J	4224	-933
Stark Shale	4249	-958
K	4257	-966
L	4307	-1016
BKC	4345	-1054
Marmaton	4414	-1123
Altamont	4442	-1151
Pawnee	4499	-1208
Myrick Station	4530	-1239
Fort Scott	4543	-1252
Cherokee	4571	-1280

Form	ACO1 - Well Completion
Operator	Landmark Resources, Inc.
Well Name	Gerstberger 1-19
Doc ID	1213999

Tops

Name	Top	Datum
Johnson Zone	4663	-1372
Up Morrow Sd	4799	-1508
Missippian	4830	-1539



DRILL STEM TEST REPORT

Prepared For: **Landmark Resources, Inc.**

1616 S. Voss Rd. Suite 600
Houston, TX 77057

ATTN: Wes Hansen

Gerstberger #1-19

S19-17s-36w Wichita,KS

Start Date: 2014.04.25 @ 11:28:00

End Date: 2014.04.25 @ 19:15:24

Job Ticket #: 57676 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2014.05.01 @ 09:54:23

Landmark Resources, Inc.

S19-17s-36w Wichita,KS

Gerstberger #1-19

DST # 1

Marmaton

2014.04.25



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Landmark Resources, Inc.

S19-17s-36w Wichita,KS

1616 S. Voss Rd. Suite 600
Houston, TX 77057

Gerstberger #1-19

Job Ticket: 57676

DST#: 1

ATTN: Wes Hansen

Test Start: 2014.04.25 @ 11:28:00

GENERAL INFORMATION:

Formation: **Marmaton**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 13:30:48

Time Test Ended: 19:15:24

Test Type: Conventional Bottom Hole (Initial)

Tester: Chuck Smith

Unit No: 62

Interval: 4368.00 ft (KB) To 4440.00 ft (KB) (TVD)

Total Depth: 4440.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 3291.00 ft (KB)

3281.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8357

Inside

Press@RunDepth: 35.75 psig @ 4370.00 ft (KB)

Start Date: 2014.04.25

End Date:

2014.04.25

Start Time: 11:28:05

End Time:

19:15:24

Capacity: 8000.00 psig

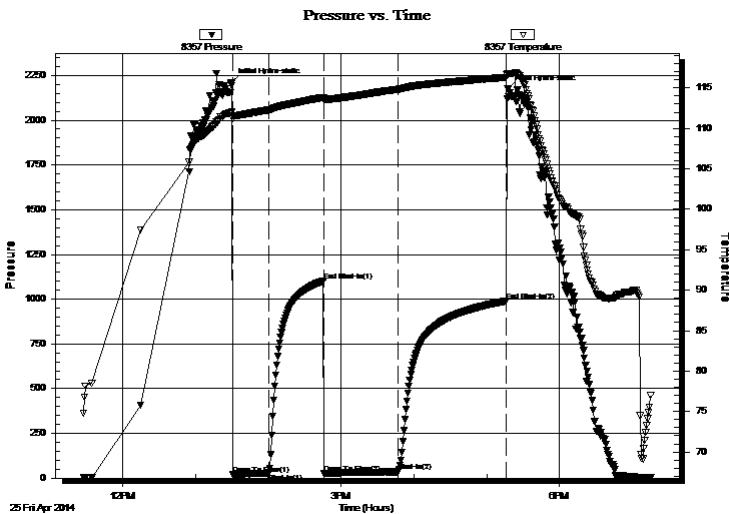
Last Calib.: 2014.04.25

Time On Btm: 2014.04.25 @ 13:29:36

Time Off Btm: 2014.04.25 @ 17:17:17

TEST COMMENT: 30- 1/2" Steady blow .
45- No return.
60- No blow .
90- No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2208.00	111.99	Initial Hydro-static
2	21.63	111.17	Open To Flow (1)
32	27.04	112.29	Shut-In(1)
76	1101.50	113.82	End Shut-In(1)
77	28.04	113.51	Open To Flow (2)
138	35.75	114.82	Shut-In(2)
227	989.83	116.31	End Shut-In(2)
228	2173.64	116.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	RW: @ Degrees F = PPM N/A	0.00
31.00	M 100m	0.43

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Landmark Resources, Inc.

S19-17s-36w Wichita,KS

1616 S. Voss Rd. Suite 600
Houston, TX 77057

Gerstberger #1-19

Job Ticket: 57676

DST#: 1

ATTN: Wes Hansen

Test Start: 2014.04.25 @ 11:28:00

Tool Information

Drill Pipe:	Length: 4371.00 ft	Diameter: 3.80 inches	Volume: 61.31 bbl	Tool Weight: 2300.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 100000.0 lb
			<u>Total Volume: 61.31 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	30.50 ft			String Weight: Initial 77000.00 lb
Depth to Top Packer:	4368.00 ft			Final 77000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	72.00 ft			
Tool Length:	99.50 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4341.50	
Shut In Tool	5.00			4346.50	
Hydraulic tool	5.00			4351.50	
Jars	5.00			4356.50	
Safety Joint	2.50			4359.00	
Packer	5.00			4364.00	27.50 Bottom Of Top Packer
Packer	4.00			4368.00	
Stubb	1.00			4369.00	
Perforations	1.00			4370.00	
Recorder	0.00	8357	Inside	4370.00	
Recorder	0.00	8645	Outside	4370.00	
Perforations	3.00			4373.00	
Change Over Sub	1.00			4374.00	
Drill Pipe	62.00			4436.00	
Change Over Sub	1.00			4437.00	
Bullnose	3.00			4440.00	72.00 Bottom Packers & Anchor
Total Tool Length:	99.50				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Landmark Resources, Inc.

S19-17s-36w Wichita,KS

1616 S. Voss Rd. Suite 600
Houston, TX 77057

Gerstberger #1-19

Job Ticket: 57676

DST#: 1

ATTN: Wes Hansen

Test Start: 2014.04.25 @ 11:28:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 50.00 sec/qt
Water Loss: 7.99 in³
Resistivity: ohm.m
Salinity: 4.80 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	RW: @ Degrees F = PPM N/A	0.000
31.00	M 100m	0.435

Total Length: 31.00 ft Total Volume: 0.435 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

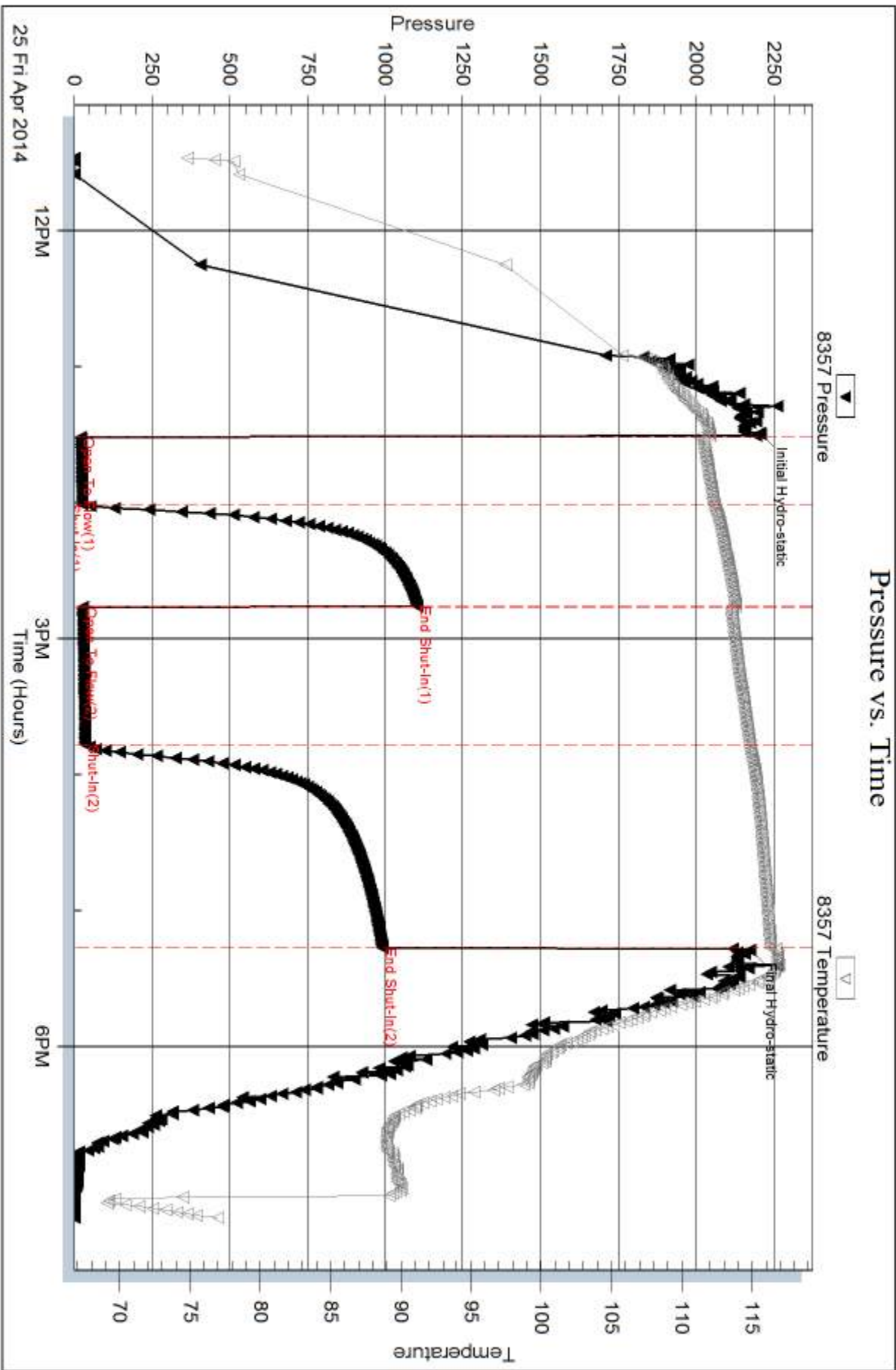
Serial #: 8357

Inside

Landmark Resources, Inc.

Gerstberger #1-19

DST Test Number: 1

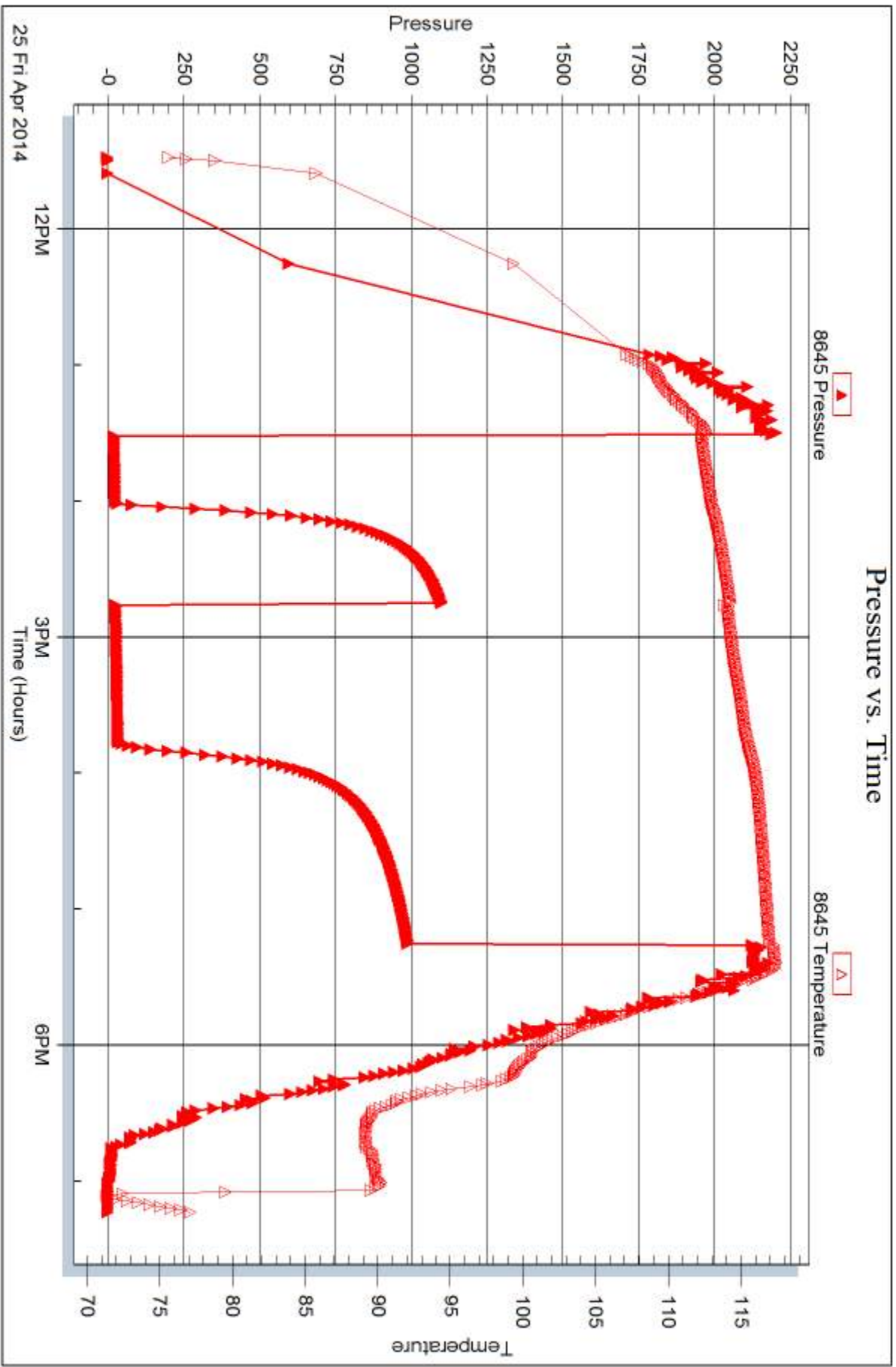


Serial #: 8645

Outside Landmark Resources, Inc.

Gerstberger #1-19

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 57676

Printed: 2014.05.01 @ 09:54:24



DRILL STEM TEST REPORT

Prepared For: **Landmark Resources, Inc.**

1616 S. Voss Rd. Suite 600
Houston, TX 77057

ATTN: Wes Hansen

Gerstberger #1-19

S19-17s-36w Wichita,KS

Start Date: 2014.04.26 @ 06:40:00

End Date: 2014.04.26 @ 13:11:00

Job Ticket #: 57677 DST #: 2

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2014.05.01 @ 09:53:45

Landmark Resources, Inc.

S19-17s-36w Wichita,KS

Gerstberger #1-19

DST # 2

Altamont

2014.04.26



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Landmark Resources, Inc.

S19-17s-36w Wichita,KS

1616 S. Voss Rd. Suite 600
Houston, TX 77057

Gerstberger #1-19

Job Ticket: 57677

DST#: 2

ATTN: Wes Hansen

Test Start: 2014.04.26 @ 06:40:00

GENERAL INFORMATION:

Formation: **Altamont**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 08:35:42

Time Test Ended: 13:11:00

Test Type: Conventional Bottom Hole (Reset)

Tester: Chuck Smith

Unit No: 62

Interval: 4436.00 ft (KB) To 4490.00 ft (KB) (TVD)

Reference Elevations: 3291.00 ft (KB)

Total Depth: 4490.00 ft (KB) (TVD)

3281.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 8357

Inside

Press@RunDepth: 22.72 psig @ 4438.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.04.26

End Date:

2014.04.26

Last Calib.:

2014.04.26

Start Time: 06:40:05

End Time:

13:10:59

Time On Btm:

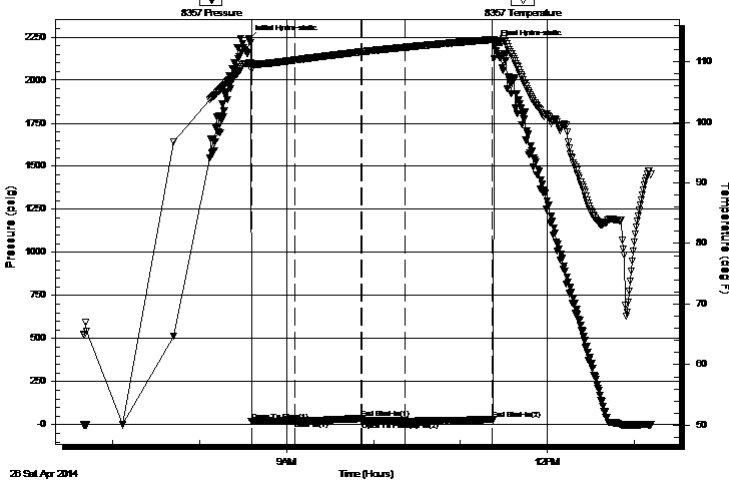
2014.04.26 @ 08:34:00

Time Off Btm:

2014.04.26 @ 11:23:24

TEST COMMENT: 30- 1/2" Blow receded to weak surface blow .
45- No return.
30- No return.
60- No blow .

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2236.70	109.74	Initial Hydro-static
2	22.07	108.73	Open To Flow (1)
32	22.88	110.25	Shut-In(1)
78	36.55	111.60	End Shut-In(1)
78	21.18	111.60	Open To Flow (2)
108	22.72	112.36	Shut-In(2)
168	30.90	113.63	End Shut-In(2)
170	2206.99	113.49	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	M 100m	0.07

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Landmark Resources, Inc.

S19-17s-36w Wichita,KS

1616 S. Voss Rd. Suite 600
Houston, TX 77057

Gerstberger #1-19

Job Ticket: 57677

DST#: 2

ATTN: Wes Hansen

Test Start: 2014.04.26 @ 06:40:00

Tool Information

Drill Pipe:	Length: 4435.00 ft	Diameter: 3.80 inches	Volume: 62.21 bbl	Tool Weight: 2300.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 85000.00 lb
			<u>Total Volume: 62.21 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	26.50 ft			String Weight: Initial 75000.00 lb
Depth to Top Packer:	4436.00 ft			Final 75000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	54.00 ft			
Tool Length:	81.50 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4409.50	
Shut In Tool	5.00			4414.50	
Hydraulic tool	5.00			4419.50	
Jars	5.00			4424.50	
Safety Joint	2.50			4427.00	
Packer	5.00			4432.00	27.50 Bottom Of Top Packer
Packer	4.00			4436.00	
Stubb	1.00			4437.00	
Perforations	1.00			4438.00	
Recorder	0.00	8357	Inside	4438.00	
Recorder	0.00	8645	Outside	4438.00	
Perforations	16.00			4454.00	
Change Over Sub	1.00			4455.00	
Drill Pipe	31.00			4486.00	
Change Over Sub	1.00			4487.00	
Bullnose	3.00			4490.00	54.00 Bottom Packers & Anchor
Total Tool Length:	81.50				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Landmark Resources, Inc.

S19-17s-36w Wichita,KS

1616 S. Voss Rd. Suite 600
Houston, TX 77057

Gerstberger #1-19

Job Ticket: 57677

DST#: 2

ATTN: Wes Hansen

Test Start: 2014.04.26 @ 06:40:00

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:

ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.97 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5200.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	M 100m	0.070

Total Length: 5.00 ft Total Volume: 0.070 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

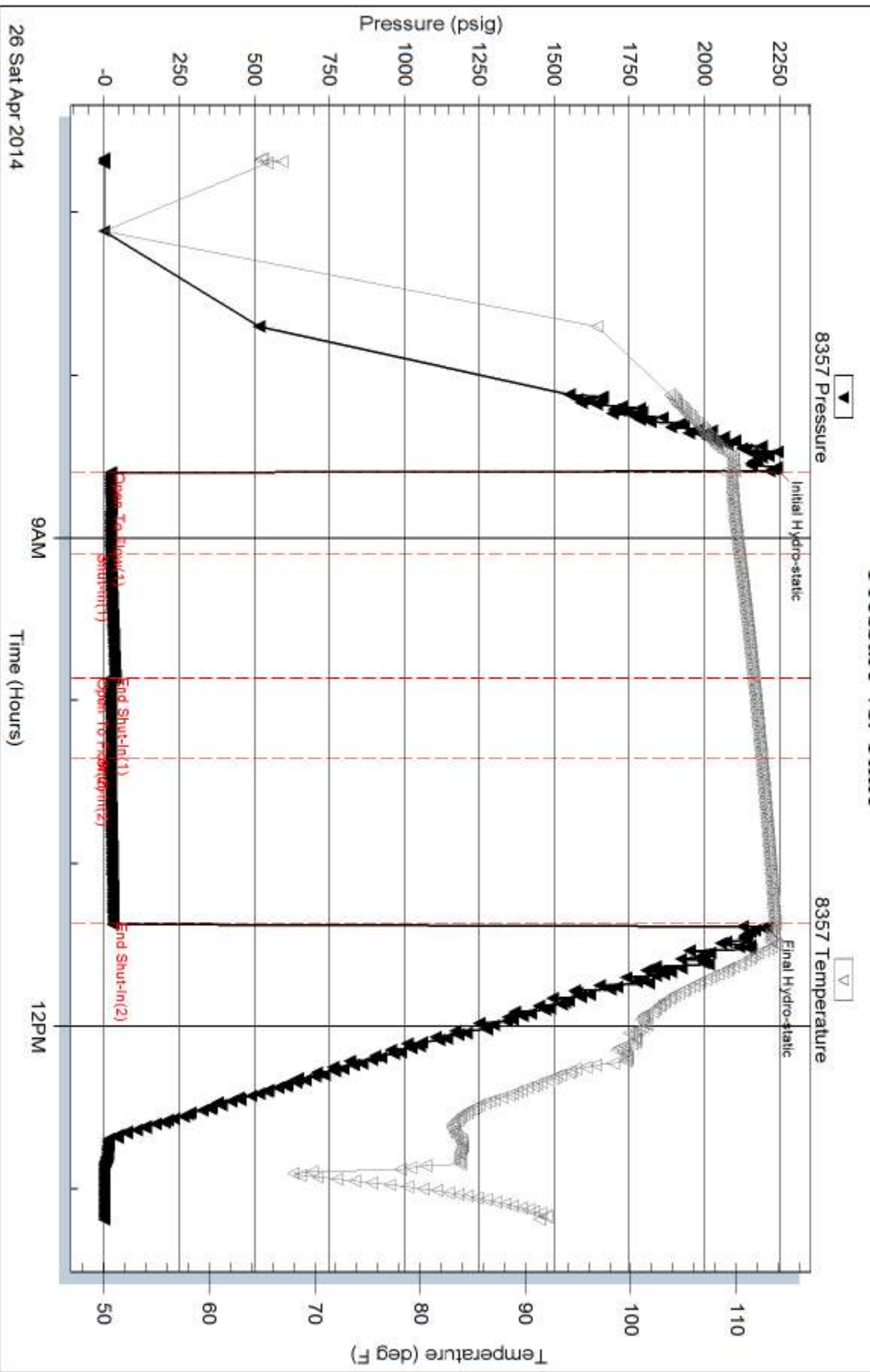
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

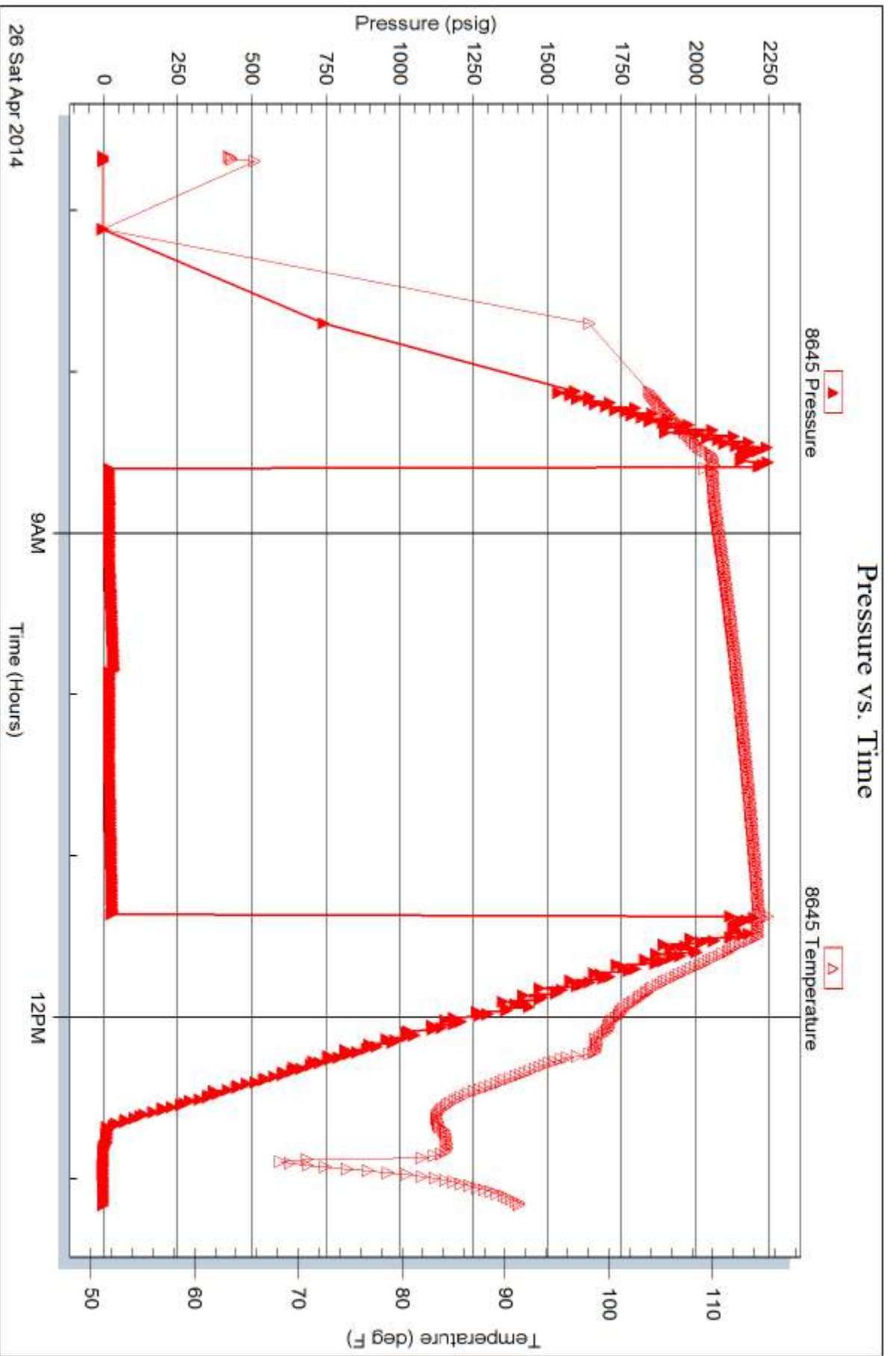


Serial #: 8645

Outside Landmark Resources, Inc.

Gerstberger #1-19

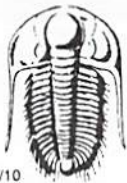
DST Test Number: 2



Trilobite Testing, Inc

Ref. No: 57677

Printed: 2014.05.01 @ 09:53:46



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 57676

4/10

Well Name & No. Gerstberger #1-19 Test No. 1 Date 4-25-14
 Company Landmark Resources, Inc. Elevation 3291 KB 3281 GL
 Address 1616 S. Voss Rd. Ste. 600 Houston, TX 77057
 Co. Rep / Geo. Wes Hansen Rig Val #1
 Location: Sec. 19 Twp. 17s Rge. 36w Co. Wichita State KS

Interval Tested 4368 - 4440 Zone Tested Marathon
 Anchor Length 72 Drill Pipe Run 4371 Mud Wt. 9.3
 Top Packer Depth 4364 Drill Collars Run 0 Vis 50
 Bottom Packer Depth 4368 Wt. Pipe Run 0 WL 8.0
 Total Depth 4440 Chlorides 4200 ppm System LCM 1*
 Blow Description 1/2" Steady blow.
No return.
No blow.
No return.

Rec	Feet of	%gas	%oil	%water	%mud
Rec <u>3/30</u>	Feet of <u>M</u>				<u>100</u>
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 31 BHT 116 Gravity - API RW - @ - °F Chlorides - ppm

(A) Initial Hydrostatic <u>2208</u>	<input checked="" type="checkbox"/> Test <u>1250</u>	T-On Location <u>11:00</u>
(B) First Initial Flow <u>22</u>	<input checked="" type="checkbox"/> Jars <u>250</u>	T-Started <u>11:28</u>
(C) First Final Flow <u>27</u>	<input checked="" type="checkbox"/> Safety Joint <u>75</u>	T-Open <u>13:31</u>
(D) Initial Shut-In <u>1102</u>	<input checked="" type="checkbox"/> Circ Sub <u>N/C</u>	T-Pulled <u>17:16</u>
(E) Second Initial Flow <u>28</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>19:15</u>
(F) Second Final Flow <u>36</u>	<input checked="" type="checkbox"/> Mileage <u>68RT</u> <u>105.40</u>	Comments
(G) Final Shut-In <u>990</u>	<input type="checkbox"/> Sampler	
(H) Final Hydrostatic <u>2174</u>	<input type="checkbox"/> Straddle	<input type="checkbox"/> Ruined Shale Packer

Initial Open 30
 Initial Shut-In 45
 Final Flow 60
 Final Shut-In 90

Shale Packer
 Extra Packer
 Extra Recorder
 Day Standby
 Accessibility

Sub Total 1680.40
 Total 1680.40
 MP/DST Disc't

Approved By Wesley Hansen Our Representative Chuck Smith

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.



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 57677

4/10

Well Name & No. Geestberger #1-19 Test No. 2 Date 4-26-14
 Company Landmark Resources, Inc. Elevation 3291 KB 3281 GL
 Address 1616 S. Voss Rd. Ste. 600 Houston, TX 77057
 Co. Rep / Geo. Wes Hansen Rig Val #1
 Location: Sec. 19 Twp. 17s Rge. 36w Co. Wichita State Ks

Interval Tested 4436-4490 Zone Tested Altamont
 Anchor Length 54 Drill Pipe Run 4435 Mud Wt. 9.3
 Top Packer Depth 4432 Drill Collars Run 0 Vis 50
 Bottom Packer Depth 4436 Wt. Pipe Run 0 WL 8.0
 Total Depth 4490 Chlorides 5200 ppm System LCM 1#
 Blow Description 1/2" Blow receded to weak surface blow
No return.
No blow.
No return.

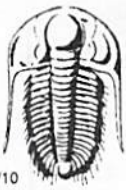
Rec	Feet of	%gas	%oil	%water	%mud
Rec <u>5</u>	Feet of <u>M</u>			%water <u>100</u>	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 5 BHT 114 Gravity — API RW @ — °F Chlorides — ppm

(A) Initial Hydrostatic <u>2237</u>	<input checked="" type="checkbox"/> Test <u>1250</u>	T-On Location <u>6:30</u>
(B) First Initial Flow <u>22</u>	<input checked="" type="checkbox"/> Jars <u>250</u>	T-Started <u>6:40</u>
(C) First Final Flow <u>23</u>	<input checked="" type="checkbox"/> Safety Joint <u>75</u>	T-Open <u>8:36</u>
(D) Initial Shut-In <u>37</u>	<input checked="" type="checkbox"/> Circ Sub <u>NIC</u>	T-Pulled <u>11:22</u>
(E) Second Initial Flow <u>21</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>13:11</u>
(F) Second Final Flow <u>23</u>	<input checked="" type="checkbox"/> Mileage <u>68RT</u> 105.40	Comments
(G) Final Shut-In <u>31</u>	<input type="checkbox"/> Sampler	
(H) Final Hydrostatic <u>2207</u>	<input type="checkbox"/> Straddle	<input type="checkbox"/> Ruined Shale Packer
	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Packer
Initial Open <u>30</u>	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Extra Copies
Initial Shut-In <u>45</u>	<input type="checkbox"/> Extra Recorder	Sub Total <u>400</u>
Final Flow <u>30</u>	<input type="checkbox"/> Day Standby	Total <u>2080.40</u>
Final Shut-In <u>60</u>	<input type="checkbox"/> Accessibility	MP/DST Disc't
	Sub Total <u>1680.40</u>	

Approved By Wesley Hansen Our Representative Chuck Smith

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.



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. **56522**

4/10

Well Name & No. Overstberger #1-19 Test No. _____ Date 4-29-14
 Company Landmark Resources Inc Elevation _____ KB _____ GL _____
 Address 16165 Voss Rd Ste 600 Houston TX 77057
 Co. Rep / Geo. Wes Hansen Rig Val#1
 Location: Sec. 19 Twp. 17S Rge. 36-W Co. Wichita State Ks

Interval Tested _____ Zone Tested _____
 Anchor Length _____ Drill Pipe Run _____ Mud Wt. _____
 Top Packer Depth _____ Drill Collars Run _____ Vis _____
 Bottom Packer Depth _____ Wt. Pipe Run _____ WL _____
 Total Depth _____ Chlorides _____ ppm System _____ LCM _____
 Blow Description _____

Rec	Feet of	%gas	%oil	%water	%mud

Rec Total _____ BHT _____ Gravity _____ API RW _____ @ _____ ° F Chlorides _____ ppm

(A) Initial Hydrostatic _____ Test _____ T-On Location 14.55
 (B) First Initial Flow _____ Jars _____ T-Started loaded tool
 (C) First Final Flow _____ Safety Joint _____ T-Open _____
 (D) Initial Shut-In _____ Circ Sub _____ T-Pulled last test
 (E) Second Initial Flow _____ Hourly Standby 1hr T-Out 4:26:14 @ 13:11
 (F) Second Final Flow _____ Mileage 105.40 Comments loaded on 4-29-14
 (G) Final Shut-In _____ Sampler _____ @ T promised check
 (H) Final Hydrostatic _____ Straddle _____ Smith 12 hrs. stdby.
 Ruined Shale Packer _____
 Ruined Packer _____
 Extra Packer _____
 Extra Copies _____
 Initial Open _____
 Initial Shut-In _____
 Final Flow _____ Day Standby 2 days 1.75H Sub Total 2000
 Final Shut-In _____ Accessibility _____ Total 2105.40
 Sub Total 105.40 MP/DST Disc't _____

Approved By _____ Our Representative Colleen Cum
 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.



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 142701
Invoice Date: Apr 19, 2014
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

APPROVED APR 28 2014

71730

Bill To:
Landmark Resources, Inc. 1616 S. Voss Suite 600 Houston, TX 77057-1264

Customer ID	Field Ticket #	Payment Terms	
Land	62875	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Apr 19, 2014	5/19/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Gerstberger #1-19		
225.00	CEMENT MATERIALS	Class A Common	17.90	4,027.50
4.00	CEMENT MATERIALS	Gel	23.40	93.60
634.00	CEMENT MATERIALS	Chloride	0.80	507.20
243.30	CEMENT SERVICE	Cubic Feet Charge	2.48	603.38
499.50	CEMENT SERVICE	Ton Mileage Charge	2.60	1,298.70
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
45.00	CEMENT SERVICE	Pump Truck Mileage	7.70	346.50
45.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	198.00
1.00	CEMENT SUPERVISOR	Tim Dickson		
1.00	EQUIPMENT OPERATOR	Kevin Eddy		
1.00	OPERATOR ASSISTANT	Brian Lang		

PO
MAY 01 2014

45848
35,720.20

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 2,404.40

ONLY IF PAID ON OR BEFORE
May 14, 2014

Subtotal	2,404.40 -	8,587.13
Sales Tax	8,964.34 +	377.21
Total Invoice Amount	000	8,964.34
Payment/Credit App	6,559.94 * +	
TOTAL		8,964.34



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 142912
Invoice Date: Apr 30, 2014
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Bill To:

Landmark Resources, Inc.
1616 S. Voss
Suite 600
Houston, TX 77057-1264

APPROVED MAY 14 2014

71890

Customer ID	Field Ticket #	Payment Terms	
Land	62098	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Apr 30, 2014	5/30/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Gersberger #1-19		
180.00	CEMENT MATERIALS	Class A Common	17.90	3,222.00
120.00	CEMENT MATERIALS	Pozmix	9.35	1,122.00
10.00	CEMENT MATERIALS	Gel	23.40	234.00
75.00	CEMENT MATERIALS	Flo Seal	2.97	222.75
322.20	CEMENT SERVICE	Cubic Feet Charge	2.48	799.06
1,009.50	CEMENT SERVICE	Ton Mileage Charge	2.60	2,624.70
1.00	CEMENT SERVICE	Plug to Abandon	2,483.59	2,483.59
75.00	CEMENT SERVICE	Pump Truck Mileage	7.70	577.50
75.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	330.00
1.00	CEMENT SUPERVISOR	LaRene Wentz		
1.00	EQUIPMENT OPERATOR	Kevin Ryan		

Id.

45966

42,908.37

MAY 16 2014

0 * *

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 3,252.36

ONLY IF PAID ON OR BEFORE
May 25, 2014

Subtotal		11,615.60
Sales Tax	12,562.27 +	946.67
Total Invoice Amou	3,252.36 -	12,562.27
Payment/Credit Ap	000	
TOTAL	9,309.91 * +	12,562.27

