



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Russell Oil, Inc.

Grecian Trust #1-30

P.O. Box 8050
Edmond, OK 73083

30/10S/21W-Graham

ATTN: Steve Angle

Job Ticket: 41838

DST#: 3

Test Start: 2011.02.06 @ 02:27:02

GENERAL INFORMATION:

Formation: **Marmaton**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:11:17

Time Test Ended: 07:56:17

Test Type: Conventional Bottom Hole

Tester: Dustin Rash

Unit No: 54

Interval: 3760.00 ft (KB) To 3860.00 ft (KB) (TVD)

Reference Elevations: 2261.00 ft (KB)

Total Depth: 3860.00 ft (KB) (TVD)

2251.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 10.00 ft

Serial #: 8673

Inside

Press @ Run Depth: 56.98 psig @ 3826.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.02.06

End Date: 2011.02.06

Last Calib.: 2011.02.06

Start Time: 02:27:04

End Time: 07:56:17

Time On Btm: 2011.02.06 @ 04:11:02

Time Off Btm: 2011.02.06 @ 06:07:17

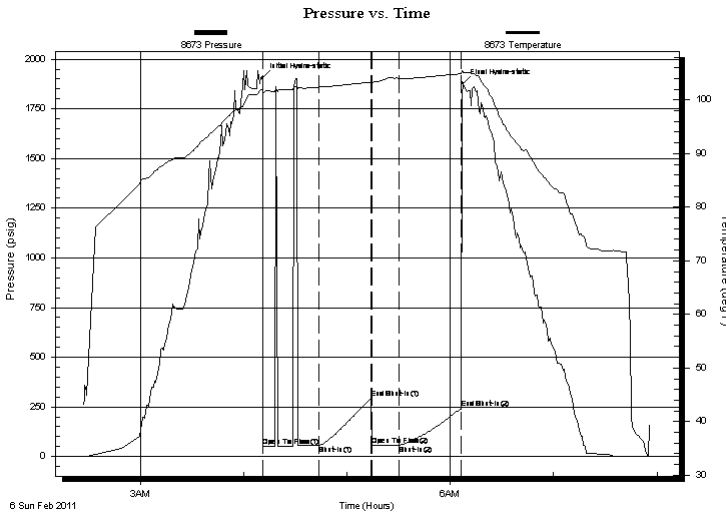
TEST COMMENT: IF-Weak surface bubbles. Died @ 4 minutes. Flushed tool tw ice.

ISI-No Return.

FF-No blow.

FSI-No Return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1905.22	101.99	Initial Hydro-static
1	50.20	101.18	Open To Flow (1)
33	56.77	102.36	Shut-In(1)
63	294.74	103.34	End Shut-In(1)
64	56.57	103.26	Open To Flow (2)
79	56.98	104.02	Shut-In(2)
116	241.58	104.88	End Shut-In(2)
117	1877.54	105.33	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
12.00	100%Mud	0.17

Gas Rates

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



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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: 46.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
12.00	100%Mud	0.168

Total Length: 12.00 ft Total Volume: 0.168 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

