



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Shakespeare Oil Co., Inc

B Ottley 2-25

202 W. Main
Salem, IL 62881

S25-13-32 Logan, KS

ATTN: Pat Deenihan

Job Ticket: 43144

DST#: 4

Test Start: 2011.06.14 @ 02:25:00

GENERAL INFORMATION:

Formation: **Morrow Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:36:10

Time Test Ended: 08:37:20

Test Type: Conventional Bottom Hole

Tester: Chuck Smith

Unit No: 37

Interval: 4546.00 ft (KB) To 4648.00 ft (KB) (TVD)

Reference Elevations: 2926.00 ft (KB)

Total Depth: 4648.00 ft (KB) (TVD)

2916.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 8018

Inside

Press @ Run Depth: 35.82 psig @ 4548.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.06.14

End Date:

2011.06.14

Last Calib.:

2011.06.14

Start Time: 02:25:02

End Time:

08:37:20

Time On Btm:

2011.06.14 @ 04:32:50

Time Off Btm:

2011.06.14 @ 06:39:40

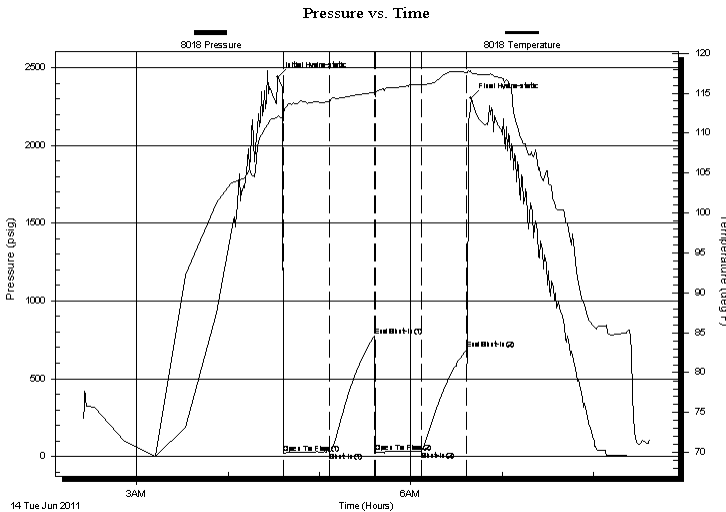
TEST COMMENT: IF: 1/4" Blow died @ 9 min.

IS: No return.

FF: No blow, flushed tool, surge died

FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2440.88	112.24	Initial Hydro-static
4	22.96	111.59	Open To Flow (1)
34	27.64	113.98	Shut-In(1)
64	775.13	115.11	End Shut-In(1)
64	29.17	114.56	Open To Flow (2)
94	35.82	116.09	Shut-In(2)
124	692.12	117.61	End Shut-In(2)
127	2304.31	117.57	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	M100m	0.10

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: 60.00 sec/qt

Cushion Volume:

bbf

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4500.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
20.00	M 100m	0.098

Total Length: 20.00 ft Total Volume: 0.098 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

