



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Shakespeare Oil Co

Nichols 1-15

202 W Main St.
Salem, IL 62881

15-16-34 Scott, KS

ATTN: Tim Priest

Job Ticket: 43692

DST#: 7

Test Start: 2011.09.04 @ 20:00:14

GENERAL INFORMATION:

Formation: **Marmaton B-C**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:19:39

Time Test Ended: 02:39:23

Test Type: Conventional Bottom Hole

Tester: Brandon Turley

Unit No: 35

Interval: 4454.00 ft (KB) To 4504.00 ft (KB) (TVD)

Reference Elevations: 3130.00 ft (KB)

Total Depth: 4504.00 ft (KB) (TVD)

3120.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 8373

Inside

Press @ Run Depth: 30.97 psig @ 4455.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.09.04

End Date:

2011.09.05

Last Calib.:

2011.09.05

Start Time: 20:00:14

End Time:

02:39:23

Time On Btm:

2011.09.04 @ 22:17:09

Time Off Btm:

2011.09.05 @ 00:23:53

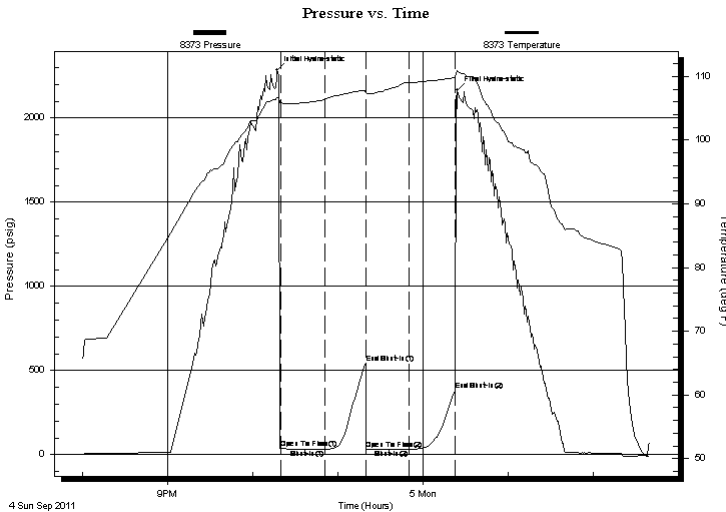
TEST COMMENT: IF: Surface blow died in 8 min.

IS: No return.

FF: No blow.

FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2282.96	106.70	Initial Hydro-static
3	36.91	105.93	Open To Flow (1)
34	30.39	106.45	Shut-In(1)
63	545.29	107.85	End Shut-In(1)
63	32.21	107.48	Open To Flow (2)
93	30.97	108.99	Shut-In(2)
126	384.44	109.79	End Shut-In(2)
127	2164.52	110.94	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	mud 100% m	0.02

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:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.18 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 8500.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	mud 100%m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

