



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Trans Pacific Oil Corp.

Briggs B #3-18

100 S. Main St.
Ste. 200
Wichita, KS 67202
ATTN: Mac Armstrong

S18-14s-27w Gove, KS

Job Ticket: 43657 **DST#: 1**

Test Start: 2011.08.09 @ 06:20:00

GENERAL INFORMATION:

Formation: **Lansing/KC**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 09:45:00

Time Test Ended: 14:22:39

Test Type: Conventional Bottom Hole

Tester: Chuck Smith

Unit No: 37

Interval: 3924.00 ft (KB) To 3984.00 ft (KB) (TVD)

Reference Elevations: 2539.00 ft (KB)

Total Depth: 3984.00 ft (KB) (TVD)

2530.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 9.00 ft

Serial #: 8018

Inside

Press @ RunDepth: 18.74 psig @ 3928.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.08.09

End Date:

2011.08.09

Last Calib.: 2011.08.10

Start Time: 06:20:02

End Time:

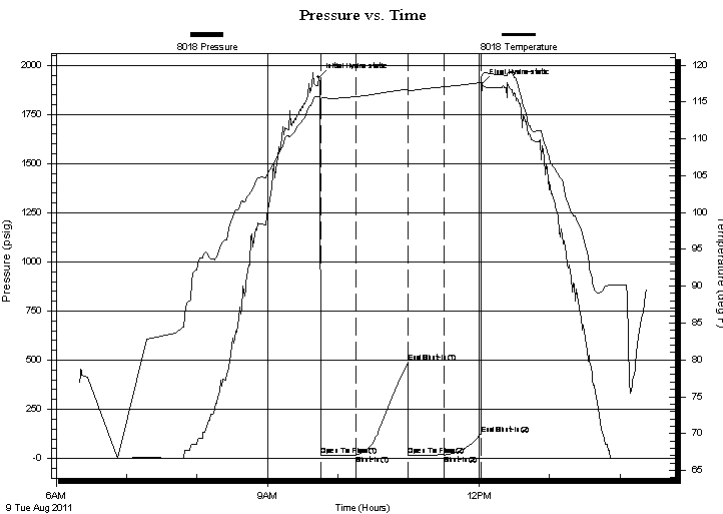
14:22:40

Time On Btm: 2011.08.09 @ 09:43:30

Time Off Btm: 2011.08.09 @ 12:02:20

TEST COMMENT: IF: 1/4" Blow receded to weak surface blow.
IS: No return.
FF: No blow.
FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1938.92	115.69	Initial Hydro-static
2	16.57	114.90	Open To Flow (1)
32	17.51	115.71	Shut-In(1)
76	488.29	116.75	End Shut-In(1)
77	18.17	116.35	Open To Flow (2)
107	18.74	117.06	Shut-In(2)
138	125.69	117.61	End Shut-In(2)
139	1909.34	118.57	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
3.00	M100m	0.04

Gas Rates

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



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FLUID SUMMARY

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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: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.60 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
3.00	M 100m	0.042

Total Length: 3.00 ft Total Volume: bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

