



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

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MAY 03 2012

Test Ticket

BY: _____

NO. 47720

Well Name & No. <u>Reichert #1</u>	Test No. <u>2</u>	Date <u>4/29/12</u>
Company <u>Double D's LLC</u>	Elevation <u>1988</u>	KB <u>1981</u> GL
Address <u>133 E 12th Hays KS 67601</u>		
Co. Rep / Geo. <u>Al Downing</u>	Rig <u>Discovery #3</u>	
Location: Sec. <u>23</u> Twp. <u>15</u> Rge. <u>19</u>	Co. <u>Ellis</u>	State <u>KS</u>

Interval Tested <u>3320-3340</u>	Zone Tested <u>KC "D"</u>
Anchor Length <u>20</u>	Drill Pipe Run <u>3294</u> Mud Wt. <u>8.8</u>
Top Packer Depth <u>3315</u>	Drill Collars Run <u>30</u> Vis <u>48</u>
Bottom Packer Depth <u>3320</u>	Wt. Pipe Run <u>-</u> WL <u>8.0</u>
Total Depth <u>3340</u>	Chlorides <u>2,500</u> ppm System LCM

Blow Description IF - BOB in 6 1/2 min
ISF - No blow
FF - BOB in 10 1/2 min
FSF - No blow

Rec	Feet of	%gas	%oil	%water	%mud
<u>1</u>	<u>oil</u>				
<u>579</u>	<u>water</u>				
Rec _____	Feet of _____	%gas	%oil	%water	%mud
Rec _____	Feet of _____	%gas	%oil	%water	%mud
Rec _____	Feet of _____	%gas	%oil	%water	%mud

Rec Total 580 BHT 110 Gravity _____ API RW .07 @ 75 °F Chlorides 110,000 ppm

(A) Initial Hydrostatic <u>1,631</u>	<input checked="" type="checkbox"/> Test <u>1160</u>	T-On Location <u>8:05</u>
(B) First Initial Flow <u>29</u>	<input type="checkbox"/> Jars _____	T-Started <u>8:05</u>
(C) First Final Flow <u>186</u>	<input type="checkbox"/> Safety Joint _____	T-Open <u>10:15</u>
(D) Initial Shut-In <u>585</u>	<input type="checkbox"/> Circ Sub _____	T-Pulled <u>12:15</u>
(E) Second Initial Flow <u>195</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>14:15</u>
(F) Second Final Flow <u>293</u>	<input checked="" type="checkbox"/> Mileage <u>16x2 49.60</u>	Comments _____
(G) Final Shut-In <u>579</u>	<input type="checkbox"/> Sampler _____	
(H) Final Hydrostatic <u>1,581</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____

Initial Open <u>30</u>	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
Final Flow <u>30</u>	<input type="checkbox"/> Extra Recorder _____	Sub Total <u>0</u>
Final Shut-In <u>30</u>	<input type="checkbox"/> Day Standby _____	Total <u>1199.60</u>
	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total <u>1199.60</u>	

Approved By _____ Our Representative Brett Dahl

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