



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Mikol Oil LLC
1407 Washington Cir
Hays KS 67601
ATTN: Bob Stolzle

28-10-17, Rooks, KS
Brummitt #1-28
Job Ticket: 54291 **DST#: 1**
Test Start: 2013.07.20 @ 05:05:00

GENERAL INFORMATION:

Formation: **KC "I-K"**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 07:52:30
Time Test Ended: 13:29:00
Interval: **3434.00 ft (KB) To 3510.00 ft (KB) (TVD)**
Total Depth: 3510.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Poor
Test Type: Conventional Bottom Hole (Initial)
Tester: Brett Dickinson
Unit No: 59
Reference Elevations: 2067.00 ft (KB)
2060.00 ft (CF)
KB to GR/CF: 7.00 ft

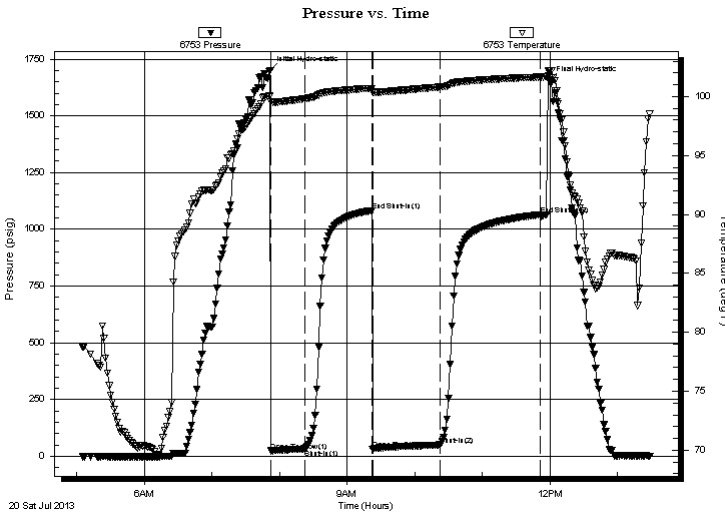
Serial #: 6753

Inside

Press @ Run Depth: 50.11 psig @ 3435.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2013.07.20 End Date: 2013.07.20 Last Calib.: 2013.07.20
Start Time: 05:05:05 End Time: 13:28:59 Time On Btm: 2013.07.20 @ 07:51:30
Time Off Btm: 2013.07.20 @ 11:59:30

TEST COMMENT: IF-3in blow
ISI-No blow
FF-BOB in 50min
FSI-No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1700.10	100.03	Initial Hydro-static
1	24.31	99.57	Open To Flow (1)
31	32.64	99.81	Shut-In(1)
90	1082.28	100.70	End Shut-In(1)
91	31.67	100.39	Open To Flow (2)
151	50.11	100.80	Shut-In(2)
240	1064.60	101.65	End Shut-In(2)
248	1653.62	102.19	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
70.00	MCO 45%M 55%O	0.98
5.00	SGO 5%G 95%O	0.07

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: 80.00 sec/qt	Cushion Volume: bbl		
Water Loss: 6.80 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2500.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
70.00	MCO 45%M 55%O	0.982
5.00	SGO 5%G 95%O	0.070

Total Length: 75.00 ft Total Volume: 1.052 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

