



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Carmen Schmitt Inc
 P. O. Box 47
 Great Bend KS 67530-0047
 ATTN: Dave Goldak

33 6s 19w Rooks
Bentz-Griebel 1-33
 Job Ticket: 57577 **DST#: 6**
 Test Start: 2014.03.29 @ 04:07:00

GENERAL INFORMATION:

Formation: **LKC " J & K "**
 Deviated: No Whipstock: 2108.00 ft (KB)
 Time Tool Opened: 06:40:30
 Time Test Ended: 09:27:00
 Interval: **3495.00 ft (KB) To 3540.00 ft (KB) (TVD)**
 Total Depth: 3540.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Jim Svaty
 Unit No: 76
 Reference Elevations: 2108.00 ft (KB)
 2103.00 ft (CF)
 KB to GR/CF: 5.00 ft

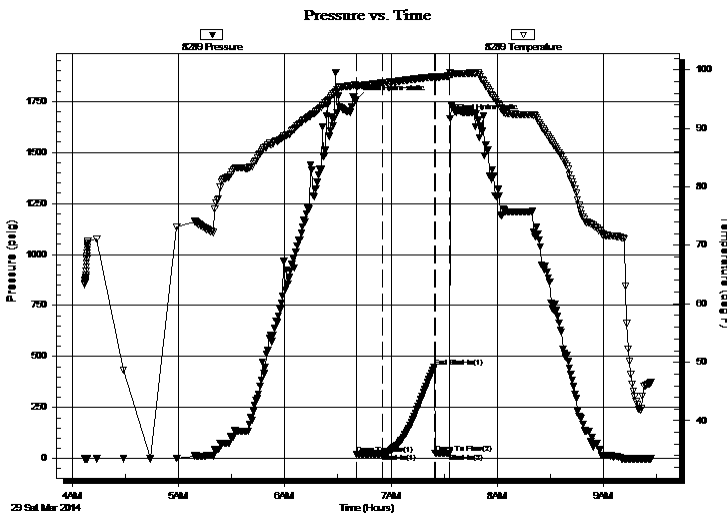
Serial #: 8289

Outside

Press @ Run Depth: 23.68 psig @ 3505.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.03.29 End Date: 2014.03.29 Last Calib.: 2014.03.29
 Start Time: 04:07:02 End Time: 09:27:00 Time On Btm: 2014.03.29 @ 06:40:15
 Time Off Btm: 2014.03.29 @ 07:33:15

TEST COMMENT: 15-IFP- Surface Blow Building to 3/4 in.
 30-ISIP- No Blow
 8-FFP- No Blow
 Pulled

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1759.30	97.57	Initial Hydro-static
1	21.67	97.11	Open To Flow (1)
15	23.68	97.77	Shut-In(1)
44	449.48	98.84	End Shut-In(1)
45	25.16	98.71	Open To Flow (2)
53	25.94	98.97	Shut-In(2)
53	1666.01	99.58	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
3.00	Mud 100%	0.01

Gas Rates

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

* Recovery from multiple tests



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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: 52.00 sec/qt	Cushion Volume: bbl		
Water Loss: 6.40 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1800.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
3.00	Mud 100%	0.015

Total Length: 3.00 ft Total Volume: 0.015 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

