



Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
Initial Hydrostatic Pressure.....(A) _____ P.S.I.
Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure.....(H) _____ P.S.I.

GENERAL INFORMATION

Client Information:

Company: RJM COMPANY

Contact: BRAH MILLER

Phone: Fax: e-mail:

Site Information:

Contact: CLINT MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: HOELSCHER FARMS #2

Operator: RJM COMPANY

Location-Downhole:

Location-Surface: S4/18S/10W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: CLINT MUSGROVE

Test Type: DST #1 CONVENTIONAL Job Number: D3188

Test Unit:

Start Date: 2014/02/25 Start Time: 20:30:00

End Date: 2014/02/26 End Time: 01:20:00

Report Date: 2014/02/26 Prepared By: JOHN RIEDL

Qualified By: CLINT MUSGROVE

Remarks:

RECOVERY: 10'OIL SPECKED DRILLING MUD

RJM COMPANY
Start Test Date: 2014/02/25
Final Test Date: 2014/02/26

HOELSCHER FARMS #2
Formation: LKC
Job Number: D3188

HOELSCHER FARMS #2

