



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.



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

| | | | |
|-------------------------|-------------------------|-----------------------|--------------------------|
| Company Name | RUNNING FOXES PET. INC. | Job Number | J3249 |
| Contact | | Representative | JOHN RIEDL |
| Well Name | HERRMANN13-3B | Well Operator | RUNNING FOXE3S PET. INC. |
| Unique Well ID | | Report Date | 2014/06/23 |
| Surface Location | S3/1S/15W | Prepared By | JOHN RIEDL |
| Field | | Qualified By | CHAD COUNTS |

Test Information

| | |
|------------------------|---------------------|
| Test Type | DST #1 CONVENTIONAL |
| Formation | HUTTON |
| Well Fluid Type | |
| Test Purpose | |

| | | | |
|------------------------|------------|------------------------|----------|
| Start Test Date | 2014/06/23 | Start Test Time | 09:00:00 |
| Final Test Date | 2014/06/23 | Final Test Time | 17:20:00 |

Test Recovery

RECOVERY: 2020' WATER

HERRMANN13-3B

