

# DIAMOND TESTING GENERAL REPORT

**Jake Fahrenbruch, Tester**

Cell: (620) 282-8977 / Office: (800) 542-7313



## TEST INFORMATION

<b>Well Name</b>	Gilliland A #1-9
<b>Formation</b>	220' zone 3496'-3584'
<b>Surface Location</b>	Sec 9-7s-21w-Graham Co.-KS
<b>Field</b>	Wildcat
<b>Company Name</b>	Trans Pacific Oil Corporation
<b>Well Operator</b>	Trans Pacific Oil Corporation
<b>Well Type</b>	Vertical
<b>Test Type</b>	Conventional Bottom-Hole DST
<b>Test Purpose (AEUB)</b>	Initial Test
<b>Gauge Name</b>	Inside 5951
<b>Start Test Date</b>	2014/08/31
<b>Start Test Time</b>	01:48:00
<b>Final Test Date</b>	2014/08/31
<b>Final Test Time</b>	09:36:00
<b>Job Number</b>	F309
<b>Contact</b>	Bryce Bidleman
<b>Site Contact</b>	Mike Kidwell
<b>Qualified By</b>	Mike Kidwell

## TEST RESULTS

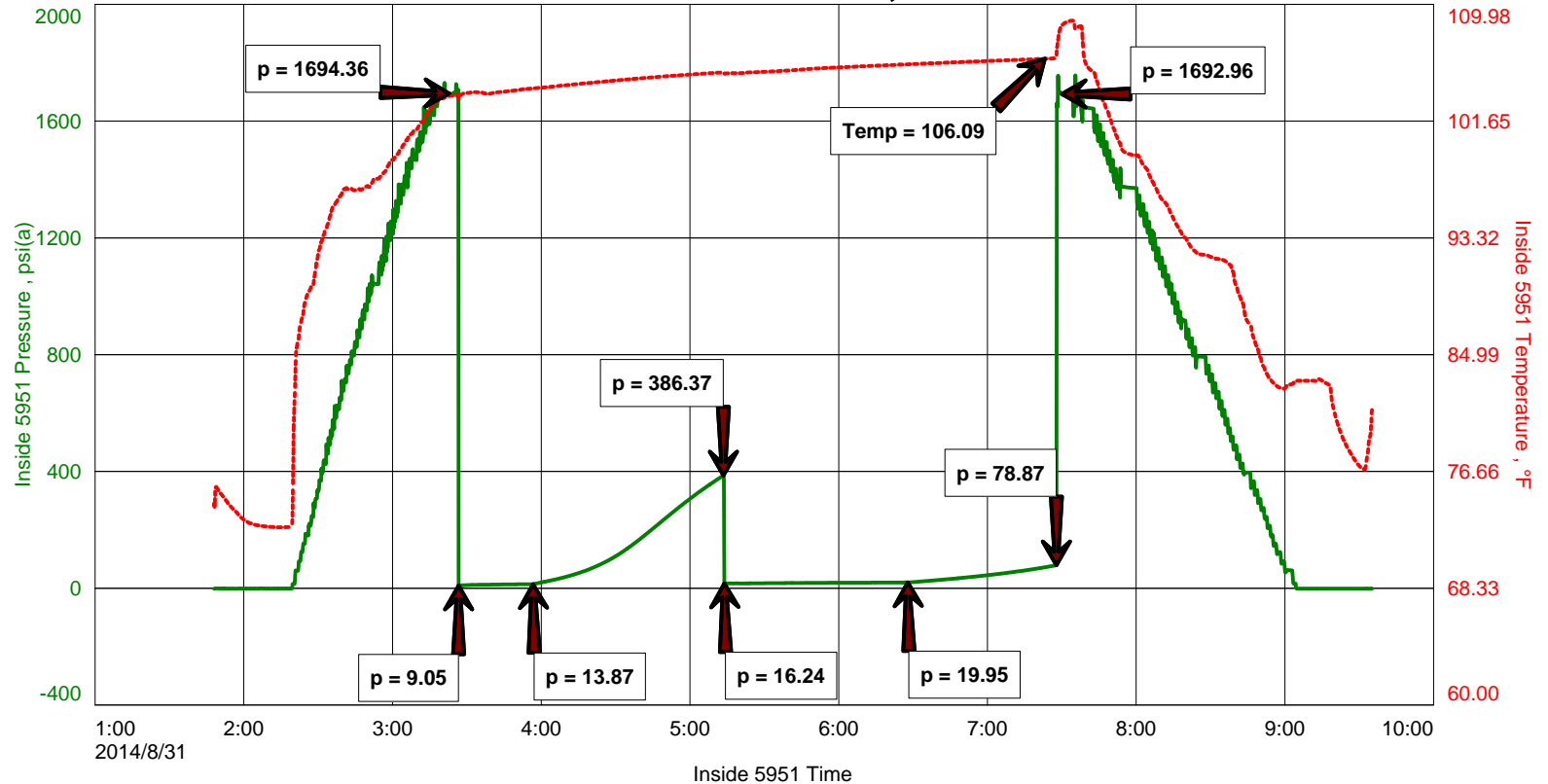
Initial flow, Surface blow increased to 3/4". No blowback.  
 Final flow, Surface blow, died off. No blowback.

Recovered 20' of OCM, 15% oil, 85% mud.

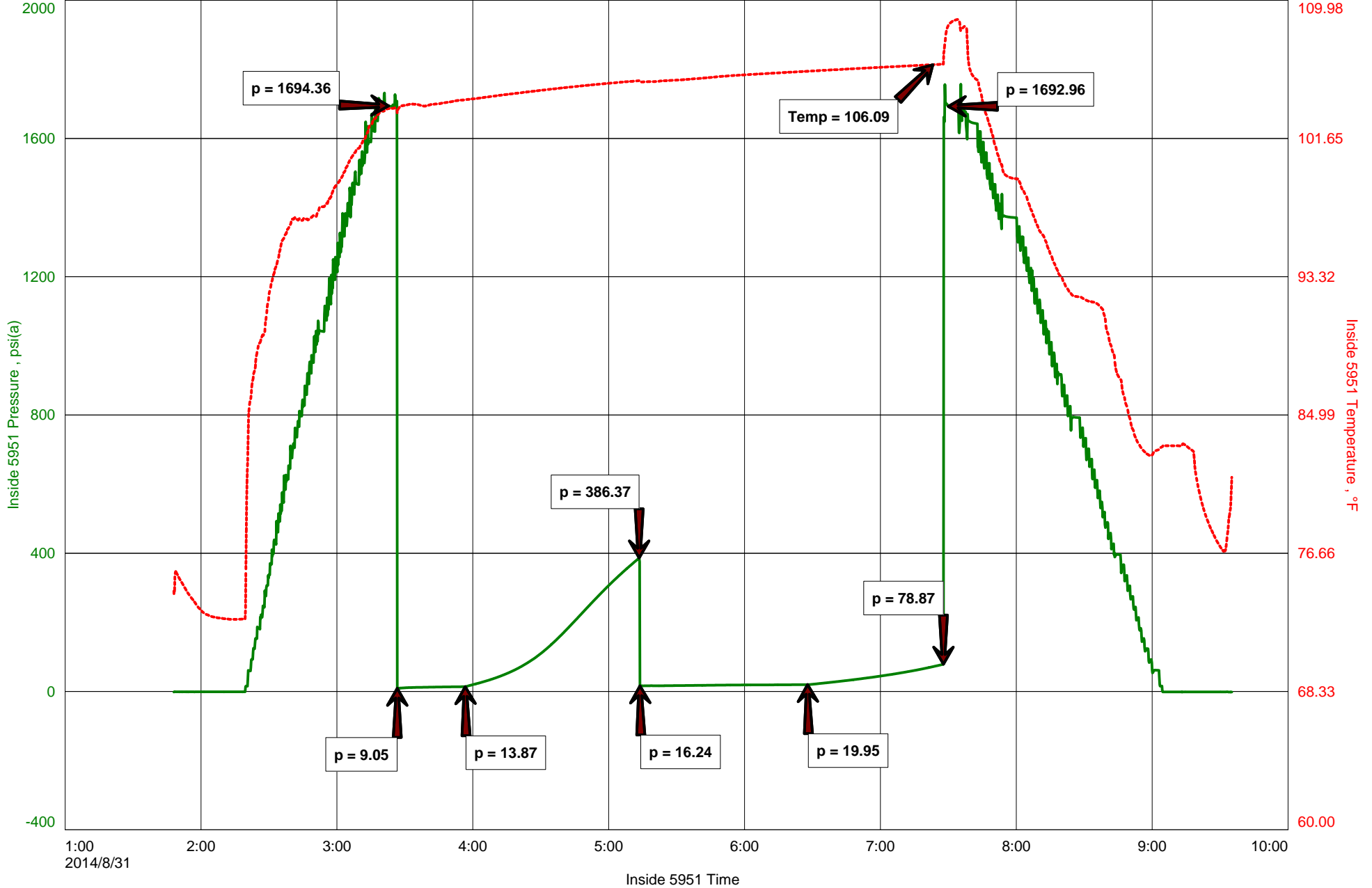
Trans Pacific Oil Corporation  
 Start Test Date: 2014/08/31  
 Final Test Date: 2014/08/31

Gilliland A #1-9  
 Formation: 220' zone 3496'-3584'  
 Job Number: F309

## GILLILAND A#1-9, DST #3



# GILLILAND A#1-9, DST #3





**DIAMOND TESTING**  
 P. O. Box 157  
 HOISINGTON, KANSAS 67544  
 (800) 542-7313  
**DRILL-STEM TEST TICKET**  
 FILE: GILLILAND A1D513

ON LOCATION: 01:30  
 START RECORDERS: 01:48  
 STOP RECORDERS: 09:36

Company TRANS PACIFIC OIL CORPORATION Lease & Well No. GILLILAND A #1-9  
 Contractor AMERICAN EAGLE DRUG #3 Charge to TRANS PACIFIC OIL CORPORATION  
 Elevation 2147' KB Formation 220' ZONE Effective Pay \_\_\_\_\_ Ft. Ticket No. F309  
 Date 8-31-14 Sec. 9 Twp. 7S Range 21W County GRAHAM State KANSAS  
 Test Approved By MIKE KEDWELL Diamond Representative JAKE FAHRENBRUCH

Formation Test No. 3 Interval Tested from 3496 ft. to 3584 ft. Total Depth 3584 ft.  
 Packer Depth 3491 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
 Packer Depth 3496 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
 Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) 3482 ft. Recorder Number 5951 Cap. 5000 P.S.I.  
 Bottom Recorder Depth (Outside) 3563 ft. Recorder Number 5584 Cap. 5000 P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type CHEMICAL Viscosity 51 Drill Collar Length 30 ft. I.D. 2 1/4 in.  
 Weight 9.3 Water Loss 6.4 cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides 2400 P.P.M. Drill Pipe Length 3441 ft. I.D. 3 1/2 in.  
 Jars: Make STERLING Serial Number \_\_\_\_\_ Test Tool Length 25 ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length 88 ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2" XH in. Surface Choke Size \_\_\_\_\_ in. Bottom Choke Size 5/8 in.

Blow: 1st Open: SURFACE BLOW, INCREASED TO 3/4". NO BLOWBACK.  
 2nd Open: SURFACE BLOW, DIED. NO BLOWBACK.

Recovered 20 ft. of OCM 15" oil, 85" mud

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total 73 MRT (PLAINVILLE)

Time Set Packer(s) 3:30 <sup>AM</sup> ~~PM~~ Time Started Off Bottom 7:15 <sup>AM</sup> ~~PM~~ Maximum Temperature 106 °F

Initial Hydrostatic Pressure..... (A) 1694 P.S.I.  
 Initial Flow Period..... Minutes 30 (B) 9 P.S.I. to (C) 14 P.S.I.  
 Initial Closed In Period..... Minutes 75 (D) 386 P.S.I.  
 Final Flow Period..... Minutes 60 (E) 16 P.S.I. to (F) 20 P.S.I.  
 Final Closed In Period..... Minutes 60 (G) 79 P.S.I. THANKS!  
 Final Hydrostatic Pressure..... (H) 1693 P.S.I. Jake Fahrenbruch

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(800) 542-7313  
**DRILL-STEM TEST TICKET**  
FILE: \_\_\_\_\_

TIME ON: \_\_\_\_\_  
TIME OFF: \_\_\_\_\_

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State **KANSAS**  
Test Approved By \_\_\_\_\_ Diamond Representative \_\_\_\_\_

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
Packer Depth \_\_\_\_\_ ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
Jars: Make STERLING Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. 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.

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