



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	LB EXPLORATION INC.	Job Number	J3270
Contact	MIKE PETERMAN	Representative	JOHN RIEDL
Well Name	ROBERT FINGER #1	Well Operator	LB EXPLORATION INC.
Unique Well ID	DST #1 LANSING A+B	Report Date	2014/08/15
Surface Location	S28/16S/12W	Prepared By	JOHN RIEDL
Field	BEAVER SOUTH	Qualified By	JIM MUSGROVE

Test Information

Test Type	CONVENTIONAL
Formation	LANSING A+B
Well Fluid Type	WATER
Test Purpose	INITIAL TEST

Start Test Date	2014/08/15	Start Test Time	11:20:00
Final Test Date	2014/08/15	Final Test Time	17:10:00

Test Recovery

RECOVERY: 800' GAS IN PIPE
50' GASSY OIL (10% G 90% O)
40' GAS+OIL CUT MUD (10% G 15% O 75% M)
310' WATER (CHLORIDES 70,000 PPM)

ROBERT FINGER #1

