



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	J3274
Contact	MIKE PETERMAN	Representative	JOHN RIEDL
Well Name	ROBERT FINGER #1	Well Operator	LB EXPLORATION INC.
Unique Well ID	DST #5 ARBUCKLE	Report Date	2014/08/18
Surface Location	S18/16S/12W	Prepared By	JOHN RIEDL
Field	BEAVER SOUTH	Qualified By	JIM MUSGROVE

Test Information

Test Type	CONVENTIONAL
Formation	ARBUCKLE
Well Fluid Type	OIL
Test Purpose	INITIAL TEST

Start Test Date	2014/08/17	Start Test Time	20:00:00
Final Test Date	2014/08/18	Final Test Time	02:40:00

Test Recovery

RECOVERY: 120' GASSY OIL (15% G 85% O)
150' MUD CUT GASSY OIL (15% G 70% O 10% M)

LB EXPLORATION INC.
DST #5 ARBUCKLE
Start Test Date: 2014/08/17
Final Test Date: 2014/08/18

ROBERT FINGER #1
Formation: ARBUCKLE
Pool: INFIELD
Job Number: J3274

ROBERT FINGER #1

