



# Diamond Testing General Report

**John Riedl**  
**TESTER**  
**CELL: 620-793-0550**

## General Information

|                         |             |                       |             |
|-------------------------|-------------|-----------------------|-------------|
| <b>Company Name</b>     | RJM COMPANY | <b>Job Number</b>     | J3357       |
| <b>Contact</b>          | BRAD MILLER | <b>Representative</b> | JOHN RIEDL  |
| <b>Well Name</b>        | REIF #1     | <b>Well Operator</b>  | RJM COMPANY |
| <b>Unique Well ID</b>   |             | <b>Report Date</b>    | 2015/08/15  |
| <b>Surface Location</b> | S1/17S/12W  | <b>Prepared By</b>    | JOHN RIEDL  |
| <b>Field</b>            |             | <b>Qualified By</b>   | WYATT URBAN |

## Test Information

|                        |                     |
|------------------------|---------------------|
| <b>Test Type</b>       | DST #1 CONVENTIONAL |
| <b>Formation</b>       | LANS A-F            |
| <b>Well Fluid Type</b> |                     |
| <b>Test Purpose</b>    |                     |

|                        |            |                        |          |
|------------------------|------------|------------------------|----------|
| <b>Start Test Date</b> | 2015/08/14 | <b>Start Test Time</b> | 22:00:00 |
| <b>Final Test Date</b> | 2015/08/15 | <b>Final Test Time</b> | 04:40:00 |

## Test Recovery

RECOVERY: 970' SLIGHTLY MUD CUT GASSY FROTHY OIL (10%MUD 15%GAS 75%OIL)  
500" WATER



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

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.

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.

# REIF #1

