



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Thomas Garner Inc
 305 E 7th St
 St John, KS 67576-1652
 ATTN: Josh Austin

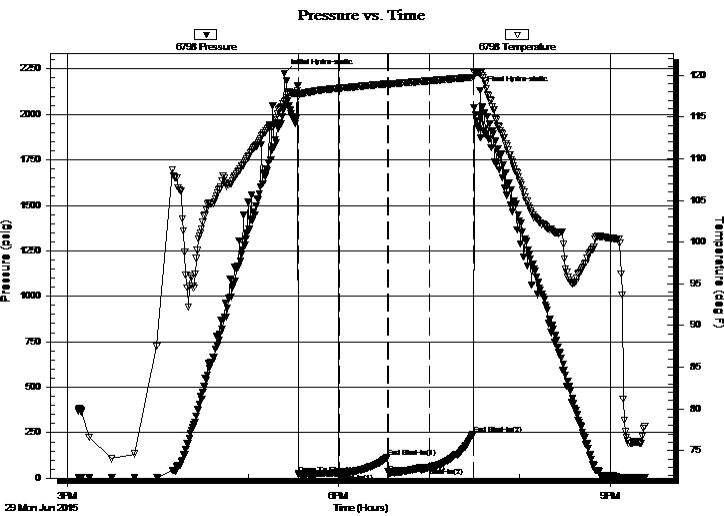
15-25S-13W Stafford
Garner 6
 Job Ticket: 59773 **DST#: 2**
 Test Start: 2015.06.29 @ 15:07:16

GENERAL INFORMATION:

Formation: **Simpson**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 17:33:01
 Time Test Ended: 21:23:01
 Interval: **4207.00 ft (KB) To 4245.00 ft (KB) (TVD)**
 Total Depth: 4207.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Leal Cason
 Unit No: 74
 Reference Elevations: 1939.00 ft (KB)
 1926.00 ft (CF)
 KB to GR/CF: 13.00 ft

Serial #: 6798 Inside
 Press @ Run Depth: 58.34 psig @ 4208.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.06.29 End Date: 2015.06.29 Last Calib.: 2015.06.29
 Start Time: 15:07:17 End Time: 21:23:01 Time On Btm: 2015.06.29 @ 17:23:46
 Time Off Btm: 2015.06.29 @ 19:33:46

TEST COMMENT: IF: Weak 1/4 inch Blow
 IS: No Blow Back
 FF: No Blow
 FS: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2226.32	116.89	Initial Hydro-static
10	23.48	117.51	Open To Flow (1)
37	25.99	118.46	Shut-In(1)
69	117.27	118.98	End Shut-In(1)
70	28.62	118.96	Open To Flow (2)
97	58.34	119.34	Shut-In(2)
126	242.65	119.78	End Shut-In(2)
130	2132.72	120.24	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud	0.02

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



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FLUID SUMMARY

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Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 46.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.98 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4000.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

