



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Vincent Oil Corporation

20-29S-24W Ford

155 N Market Ste 700
Wichita, KS 67202

Weddle 1-20

Job Ticket: 57911

DST#: 2

ATTN: Tom Dudgeon

Test Start: 2015.10.01 @ 00:45:28

GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:52:28

Time Test Ended: 09:04:13

Test Type: Conventional Bottom Hole (Reset)

Tester: Leal Cason

Unit No: 74

Interval: 5202.00 ft (KB) To 5311.00 ft (KB) (TVD)

Reference Elevations: 2571.00 ft (KB)

Total Depth: 5311.00 ft (KB) (TVD)

2557.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 14.00 ft

Serial #: 8525 Inside

Press@RunDepth: 46.97 psig @ 5203.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.10.01

End Date:

2015.10.01

Last Calib.: 2015.10.01

Start Time: 00:45:29

End Time:

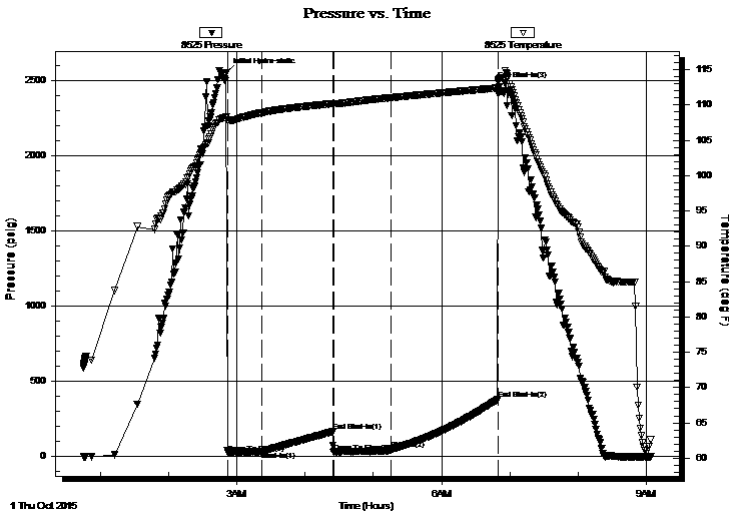
09:04:13

Time On Btm: 2015.10.01 @ 02:50:43

Time Off Btm:

TEST COMMENT: IF: Weak 1 1/2 inch Blow
IS: No Blow Back
FF: Weak Blow 2 1/2 inches
FS: No Blow Back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2550.95	108.30	Initial Hydro-static
2	25.48	107.86	Open To Flow (1)
32	32.48	108.92	Shut-In(1)
94	165.76	110.20	End Shut-In(1)
95	26.88	110.15	Open To Flow (2)
145	46.97	111.05	Shut-In(2)
239	379.45	112.41	End Shut-In(2)
239	2504.14	113.40	End Shut-In(3)

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud	0.10

* Recovery from multiple tests

Gas Rates

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



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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: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.58 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4900.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Mud	0.098

Total Length: 20.00 ft Total Volume: 0.098 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

