



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Trans Pacific Oil Corporation
Well Name	HANKS A 1-11
Doc ID	1058507

All Electric Logs Run

Dual Induction
Micro
Compensated Density Neutron
Sonic

Diamond Testing

General information Report

General Information

Company Name TRANS PACIFIC OIL CORPORATION

Contact	ALAN BANTA	Job Number	
Well Name	HANKS 'A' #1-11	Representative	ROGER D. FRIEDLY
Unique Well ID	DST #1 LKC 160' 4,028' - 4,098'	Well Operator	TRANS PACIFIC OIL CORPORATION
Surface Location	SEC 11-17S-27W LANE COUNTY, KS	Report Date	2011/06/12
Well License Number		Prepared By	ROGER D. FRIEDLY
Field	WILDCAT		
Well Type	Vertical		

Test Type	CONVENTIONAL DRILL-STEM TEST		
Formation	DST #1 LKC 160' 4,028' - 4,098'		
Well Fluid Type	01 Oil	Start Test Time	21:41:00
		Final Test Time	06:54:00
Start Test Date	2011/06/11		
Final Test Date	2011/06/12		
Gauge Name	8471		
Gauge Serial Number			

Test Results

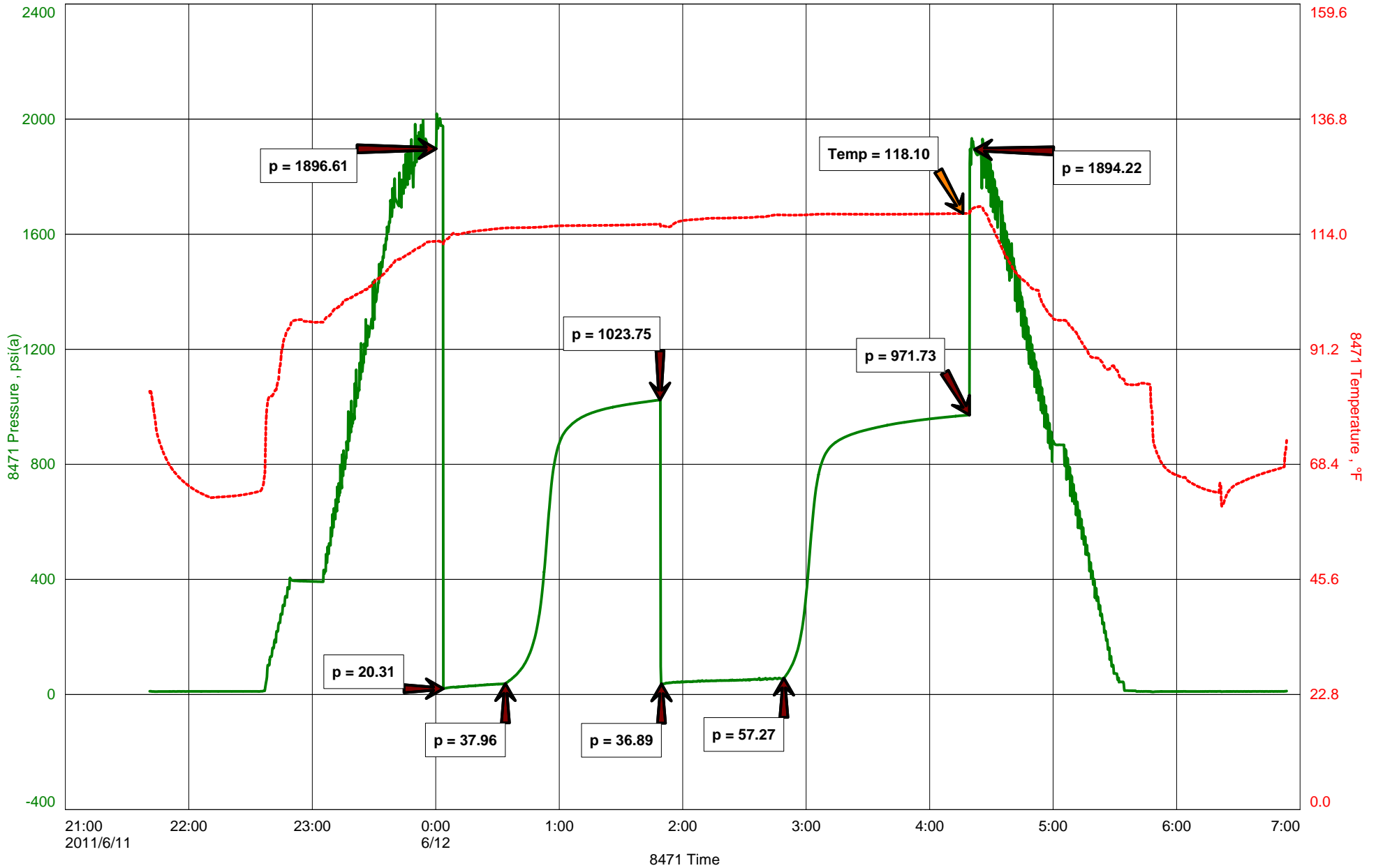
RECOVERED: 280' GAS IN PIPE
15' CLEAN OIL 29 GRAVITY @ 60 deg
15' HOCM 23% OIL, 77% MUD
62' HMC GO 35% GAS, 40% OIL, 25% MUD
92' TOTAL FLUID

TOOL SAMPLE: 24% OIL, 76% MUD

TRANS PACIFIC OIL CORPORATION
DST #1 LKC 160' 4,028' - 4,098'
Start Test Date: 2011/06/11
Final Test Date: 2011/06/12

HANKS 'A' #1-11
Formation: DST #1 LKC 160' 4,028' - 4,098'
Pool: WILDCAT

HANKS 'A' #1-11





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313

DRILL -STEM TEST TICKET

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 ROGER D. FRIEDLY

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 _____

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 BOWEN 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 _____
Remarks: _____

	Price Job
	Other Charges
	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.

Diamond Testing

General information Report

General Information

Company Name TRANS PACIFIC OIL CORPORATION

Contact ALAN BANTA
Well Name HANKS 'A' #1-11
Unique Well ID DST #2 LKC 200'-220'-PLEAS. 4,126' - 4,215'
Surface Location SEC 11-17S-27W LANE COUNTY, KS
Well License Number
Field WILDCAT
Well Type Vertical

Job Number
Representative ROGER D. FRIEDLY
Well Operator TRANS PACIFIC OIL CORPORATION
Report Date 2011/06/13
Prepared By ROGER D. FRIEDLY

Test Type CONVENTIONAL DRILL-STEM TEST
Formation DST #2 LKC 200'-220'PLEAS. 4,126' - 4,215'
Well Fluid Type 01 Oil
Start Test Date 2011/06/12
Final Test Date 2011/06/13

Start Test Time 22:21:00
Final Test Time 06:57:00

Gauge Name 8471
Gauge Serial Number

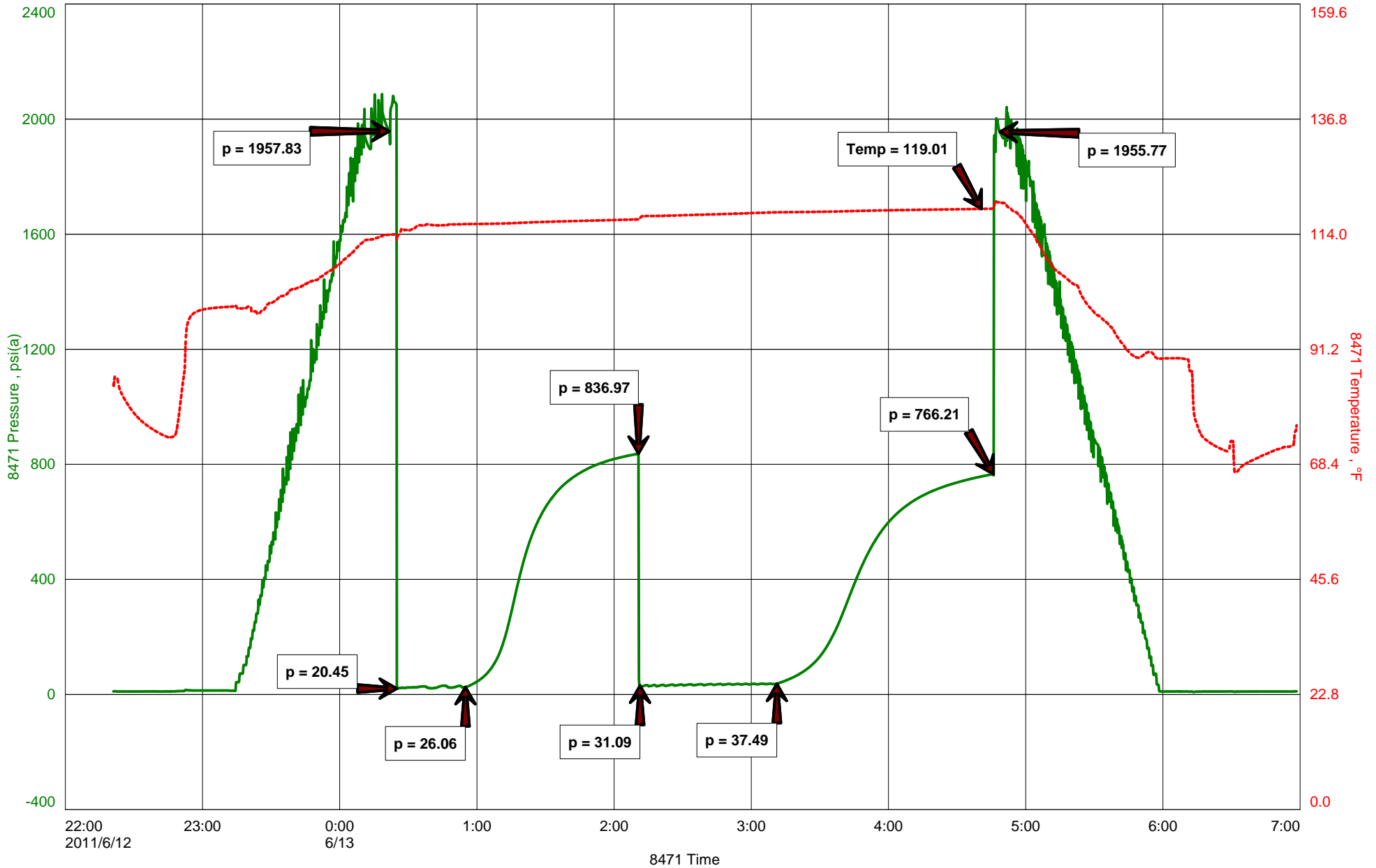
Test Results

RECOVERED: 60' GAS IN PIPE
35' OCWM 8% OIL, 14% WTR, 78% MUD
35' TOTAL FLUID

TOOL SAMPLE: 8% GAS, 8% OIL, 15% WTR, 69% MUD

CHLORIDES: 24,000 Ppm
PH: 7.0
RW: .25 @ 73 deg.

HANKS 'A' #1-11





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313

DRILL -STEM TEST TICKET

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 ROGER D. FRIEDLY

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 _____

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 BOWEN 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 _____

Remarks: _____ _____	Price Job
	Other Charges
	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.

Diamond Testing

General information Report

General Information

Company Name TRANS PACIFIC OIL CORPORATION

Contact ALAN BANTA

Well Name HANKS 'A' #1-11

Unique Well ID DST #3 MARMATON 4,234' - 4,310'

Surface Location SEC 11-17S-27W LANE COUNTY, KS

Well License Number

Field

Well Type

ALAN BANTA

HANKS 'A' #1-11

DST #3 MARMATON 4,234' - 4,310'

SEC 11-17S-27W LANE COUNTY, KS

WILDCAT

Vertical

Job Number

Representative

Well Operator

Report Date

Prepared By

ROGER D. FRIEDLY

TRANS PACIFIC OIL CORPORATION

2011/06/14

ROGER D. FRIEDLY

Test Type CONVENTIONAL DRILL-STEM TEST

Formation DST#3 MARMATON 4,234' - 4,310'

Well Fluid Type 01 Oil

Start Test Date 2011/06/13

Final Test Date 2011/06/14

Gauge Name 8471

Gauge Serial Number

Start Test Time

Final Test Time

18:26:00

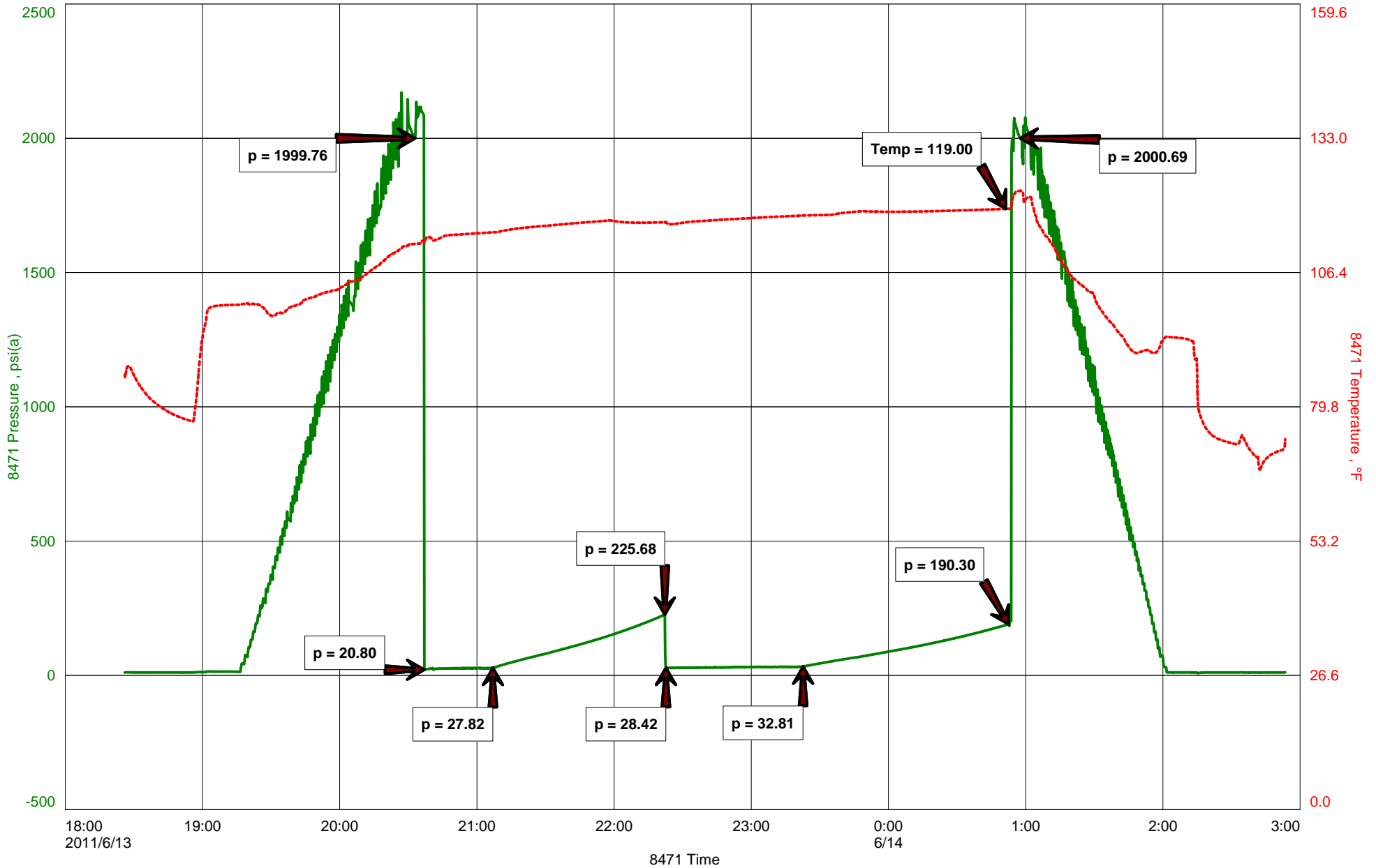
02:54:00

Test Results

RECOVERED: 280' GAS IN PIPE
31' G&OCM 4% GAS, 17% OIL, 79% MUD
31' TOTAL FLUID

TOOL SAMPLE: 8% GAS, 44% OIL, 48% MUD

HANKS 'A' #1-11





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313

DRILL -STEM TEST TICKET

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Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State KANSAS
Test Approved By _____ Diamond Representative ROGER D. FRIEDLY

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 _____

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 BOWEN 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 _____
Remarks: _____

	Price Job
	Other Charges
	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.

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Well: Hanks A 1-11 **STR:** 11-17S-27W **Cty:** Lane **State:** Kansas

Log Tops:

Anhydrite	1980' (+600) -1'
B/Anhydrite	2011' (+569) -1'
Heebner	3839' (-1259) -4'
Lansing	3878' (-1298) -5'
Stark Shale	4132' (-1552) -9'
BKC	4203' (-1623) -8'
Ft. Scott	4395' (-1815) -12'
Cherokee Sh.	4419' (-1839) -12'
Mississippian	4529' (-1949) -17'
RTD	4560' (-1980)

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 28, 2011

Glenna Lowe
Trans Pacific Oil Corporation
100 S MAIN STE 200
WICHITA, KS 67202-3735

Re: ACO1
API 15-101-22295-00-00
HANKS A 1-11
SW/4 Sec.11-17S-27W
Lane County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Glenna Lowe

ALLIED CEMENTING CO., LLC. 038824

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Greasy Bend

DATE <u>6-15-11</u>	SEC. <u>11</u>	TWP. <u>17S</u>	RANGE <u>27W</u>	CALLED OUT	ON LOCATION	JOB START 1330	JOB FINISH 130 PM
LEASE <u>Honyus</u>		WELL # <u>1-11</u>	LOCATION <u>Pennington's US Scout</u>	COUNTY <u>hony</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)		OWNER <u>Trans Pacific Oil</u>					

CONTRACTOR Duke 4
 TYPE OF JOB Rotary Plus
 HOLE SIZE 7 7/8 T.D. 4560
 CASING SIZE 9 5/8 DEPTH 2040
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 68LS
 EQUIPMENT

OWNER Trans Pacific Oil
 CEMENT
 AMOUNT ORDERED 2705X 60/40 + 1/8 seal
1/4 flo seal
 COMMON 162 @ 16-25 2.632.50
 POZMIX 108 @ 8-50 918.00
 GEL 9 @ 21-25 191.30
 CHLORIDE @
 ASC @
1/8 seal 67 @ 2-20 180.20
 HANDLING 281
 MILEAGE 281X70X.11
 TOTAL 6.718.50

PUMP TRUCK CEMENTER wayne
 # 366 HELPER G-cy
 BULK TRUCK
 # 341 DRIVER Tina
 BULK TRUCK DRIVER

REMARKS:
1st plus at 2040 Mix 505X
2nd plus at 1200 Mix 803X
3rd plus at 650 Mix 505X
4th plus at 250 Mix 405X
5th plus at 60 Mix 205X
Rat hole Mix 305X
washup Rig Down

SERVICE
 DEPTH OF JOB 1250.00
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE 7.400 140 @ 7.00 980.00
 MANIFOLD @
light Truck 140. @ 4.00 560.00
 TOTAL 2790.00

CHARGE TO: Trans Pacific oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

SALES TAX (If Any) _____
 TOTAL CHARGES 2790.00
 DISCOUNT 0.00
 TOTAL _____

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Rich Wheeler
 SIGNATURE Rich Wheeler

IF PAID IN 30 DAYS

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY: IBRAMS FERTILIZER Co. Corp. LEASE: Hanks 4-1-11 ELEVATIONS: _____

FIELD: _____ LOCATION: 4025 ESK 3300' FEL DE: 2530

SEC: 11 TWP: 17S RGE: 27W MEASUREMENTS ARE ALL FROM KB

COUNTY: Keosauqua STATE: KS CONTRACTOR: Dave Rice CASTING: _____

SPR: 646/11 COMP: _____ PRODUCTIVE STRATIGRAPHY: _____

RTD: 45200 LITD: 45144 PRODUCED BY: Dave Rice

HAND UP: 34820 TYPE: MUD OTHER: _____

SAMPLES SAVED FROM: 3800 TO: RTD

DRILLING TIME KEPT FROM: 3500 TO: RTD

SAMPLES EXAMINED FROM: 3800 TO: RTD

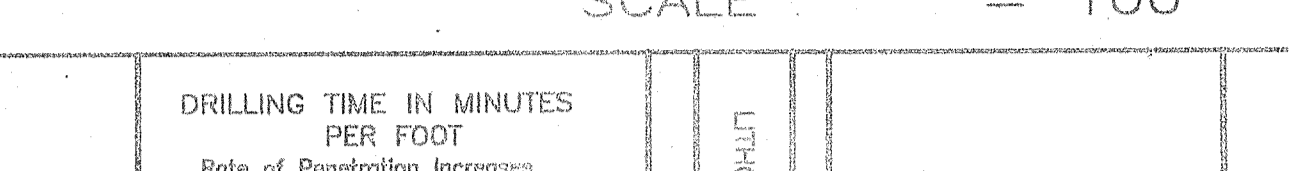
GEOLOGICAL SUPERVISION FROM: 3550 TO: RTD

GEOLOGIST ON WELL: Michael Kidwell

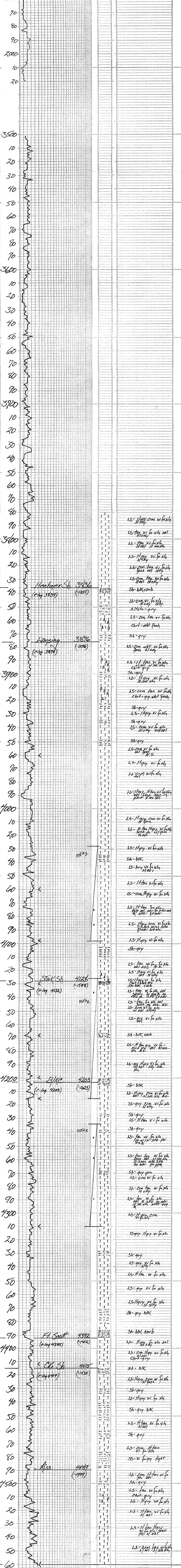
OPERATION TOPS	LOG	SAMPLES
Hydraulic	1980	4440
Shifting	2010	4440
Shifting	2040	4440
Shifting	2070	4440
Shifting	2100	4440
Shifting	2130	4440
Shifting	2160	4440
Shifting	2190	4440
Shifting	2220	4440
Shifting	2250	4440
Shifting	2280	4440
Shifting	2310	4440
Shifting	2340	4440
Shifting	2370	4440
Shifting	2400	4440
Shifting	2430	4440
Shifting	2460	4440
Shifting	2490	4440
Shifting	2520	4440
Shifting	2550	4440
Shifting	2580	4440
Shifting	2610	4440
Shifting	2640	4440
Shifting	2670	4440
Shifting	2700	4440
Shifting	2730	4440
Shifting	2760	4440
Shifting	2790	4440
Shifting	2820	4440
Shifting	2850	4440
Shifting	2880	4440
Shifting	2910	4440
Shifting	2940	4440
Shifting	2970	4440
Shifting	3000	4440
Shifting	3030	4440
Shifting	3060	4440
Shifting	3090	4440
Shifting	3120	4440
Shifting	3150	4440
Shifting	3180	4440
Shifting	3210	4440
Shifting	3240	4440
Shifting	3270	4440
Shifting	3300	4440
Shifting	3330	4440
Shifting	3360	4440
Shifting	3390	4440
Shifting	3420	4440
Shifting	3450	4440
Shifting	3480	4440
Shifting	3510	4440
Shifting	3540	4440
Shifting	3570	4440
Shifting	3600	4440
Shifting	3630	4440
Shifting	3660	4440
Shifting	3690	4440
Shifting	3720	4440
Shifting	3750	4440
Shifting	3780	4440
Shifting	3810	4440
Shifting	3840	4440
Shifting	3870	4440
Shifting	3900	4440
Shifting	3930	4440
Shifting	3960	4440
Shifting	3990	4440
Shifting	4020	4440
Shifting	4050	4440
Shifting	4080	4440
Shifting	4110	4440
Shifting	4140	4440
Shifting	4170	4440
Shifting	4200	4440
Shifting	4230	4440
Shifting	4260	4440
Shifting	4290	4440
Shifting	4320	4440
Shifting	4350	4440
Shifting	4380	4440
Shifting	4410	4440
Shifting	4440	4440

REMARKS: _____

LEGEND

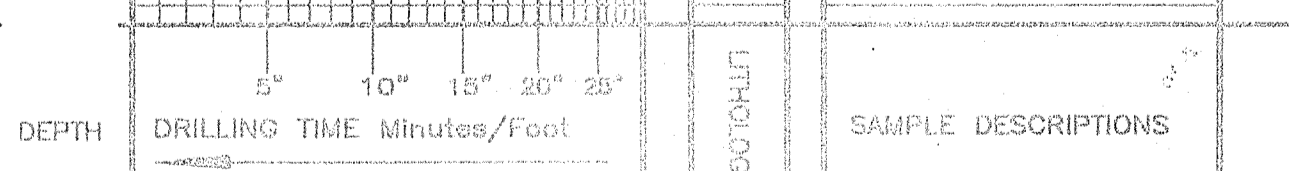


SCALE " = 100'

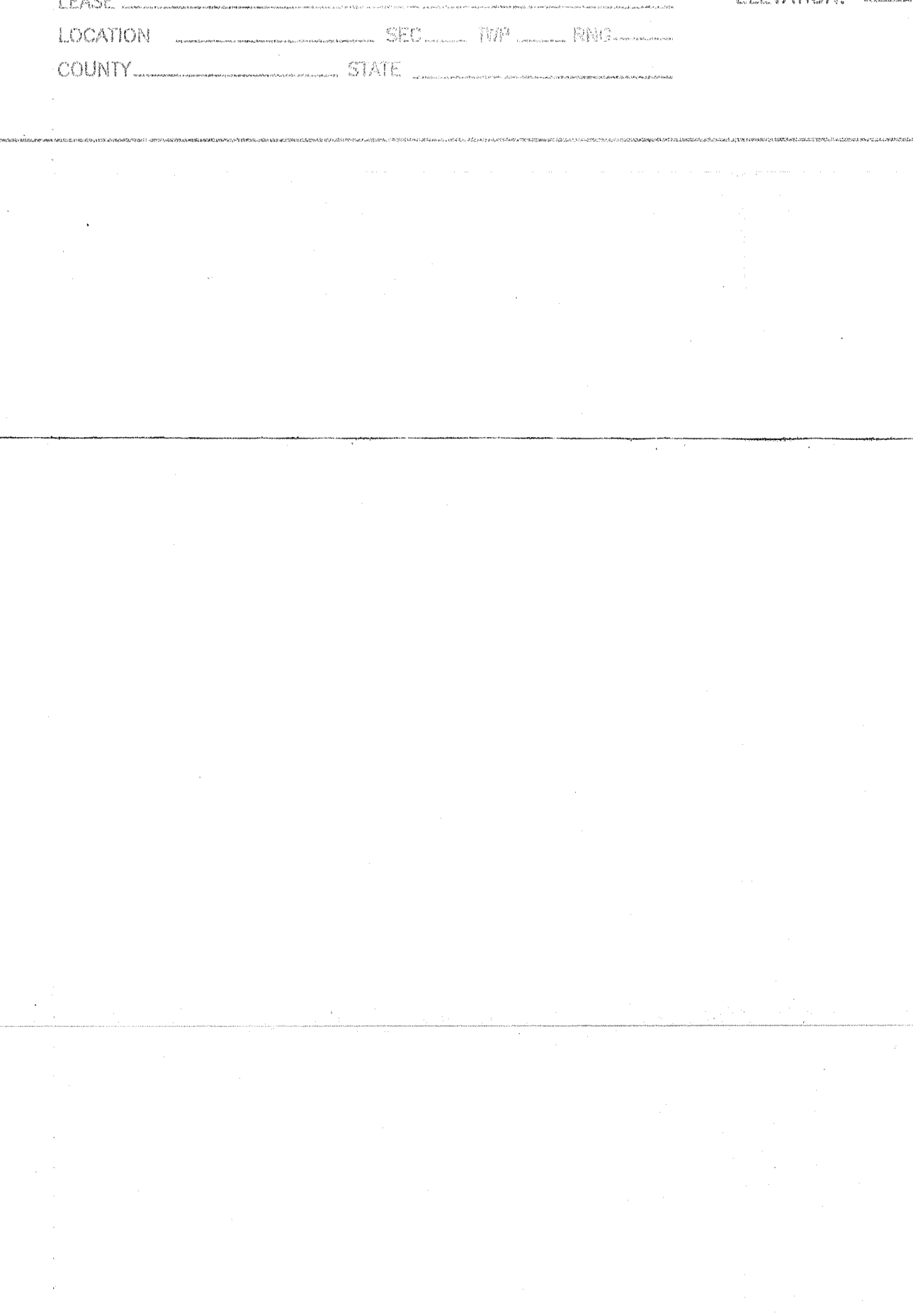


RTD 4560
ATO 4564

LEGEND



SCALE " = 100'



COMPANY: _____ LEASE: _____ ELEVATION: _____

LOCATION: _____ SEC. _____ TWP. _____ RANG. _____

COUNTY: _____ STATE: _____