



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1072211  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

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
- Plug Back       Conv. to GSW       Conv. to Producer
- 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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1072211

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Hogsett 1-8
Doc ID	1072211

All Electric Logs Run

CDL/CNL
DIL
MICRO
SONIC

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Hogsett 1-8
Doc ID	1072211

Tops

Name	Top	Datum
Anhydrite	1742	+ 659
B/Anhydrite	1780	+ 621
Heebner Shale	3768	- 1366
Lansing	3806	- 1402
Stark	4025	- 1624
B/KC	4074	- 1673
Marmaton	4087	- 1686
Fort Scott	4264	- 1862
Cherokee Shale	4278	- 1876
Mississippi	4362	- 1961

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

January 18, 2012

Mark Shreve  
Mull Drilling Company, Inc.  
1700 N WATERFRONT PKWY  
BLDG 1200  
WICHITA, KS 67206

Re: ACO1  
API 15-135-25295-00-00  
Hogsett 1-8  
NE/4 Sec.08-16S-22W  
Ness 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,  
Mark Shreve



**CONSOLIDATED**  
Oil Well Services, LLC



TICKET NUMBER 28240  
LOCATION Oakley  
FOREMAN Kelly Gabel

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8678

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-28-11	5659	Hoysett #1-8	8	165	22 <sup>W</sup>	Ness
CUSTOMER <u>Mull Oil Co.</u>		Brownell W to Rd 3 N-3/4 E 5 into	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			399	M. Jess		
CITY			566	Damon M		
STATE	ZIP CODE					

JOB TYPE Surface-0 HOLE SIZE 12 1/4 HOLE DEPTH 220 CASING SIZE & WEIGHT 8 5/8" 24#  
 CASING DEPTH 219' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14# SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 12 3/4 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rigged up on W to W drilling Rig #10. Hooked up to circulate. Mixed 165 sks com 390cc + 290 gal. Displaced with 1234 bbl H2O. Shut in. Washed pumps and lines clean. Rigged down & left location. Circulated approx. 4 bbl cement to pit.

Cement did circulate.

Thank You  
Kelly & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1025.00	1025.00
5406	20	MILEAGE	5.00	100.00
11045	165 sks	Class A cement	16.80	2772.00
1102	465#	Calcium Chloride	1.84	390.00
1118B	310#	Bentonite	1.24	74.00
5407A	2.75#	Ten Mileage delivery (min)	150.00	410.00
				4772.00
			Lead 10% disc	477.30
				4294.70
		244610	SALES TAX	183.35
			ESTIMATED TOTAL	4478.35

Revin 3737

AUTHORIZATION [Signature]

TITLE \_\_\_\_\_

DATE 9-28-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

## GENERAL INFORMATION

### Client Information:

Company: MULL DRLG CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: MAC ARMSTRONG

Phone: Fax: e-mail:

### Well Information:

Name: HOGSETT 1-8

Operator: MULL DRLG CO INC

Location-Downhole:

Location-Surface: S8/16S/22W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MAC ARMSTRONG

Test Type: CONVENTIONAL Job Number: D1030

Test Unit:

Start Date: 2011/10/03 Start Time: 05:10:00

End Date: 2011/10/03 End Time: 10:30:00

Report Date: 2011/10/03 Prepared By: JOHN RIEDL

Qualified By: MAC ARMSTRONG

### Remarks:

RECOVERY: 10' OIL SPECKED DRILLING MUD



# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (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 \_\_\_\_\_  
 Test Approved By \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

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: \_\_\_\_\_

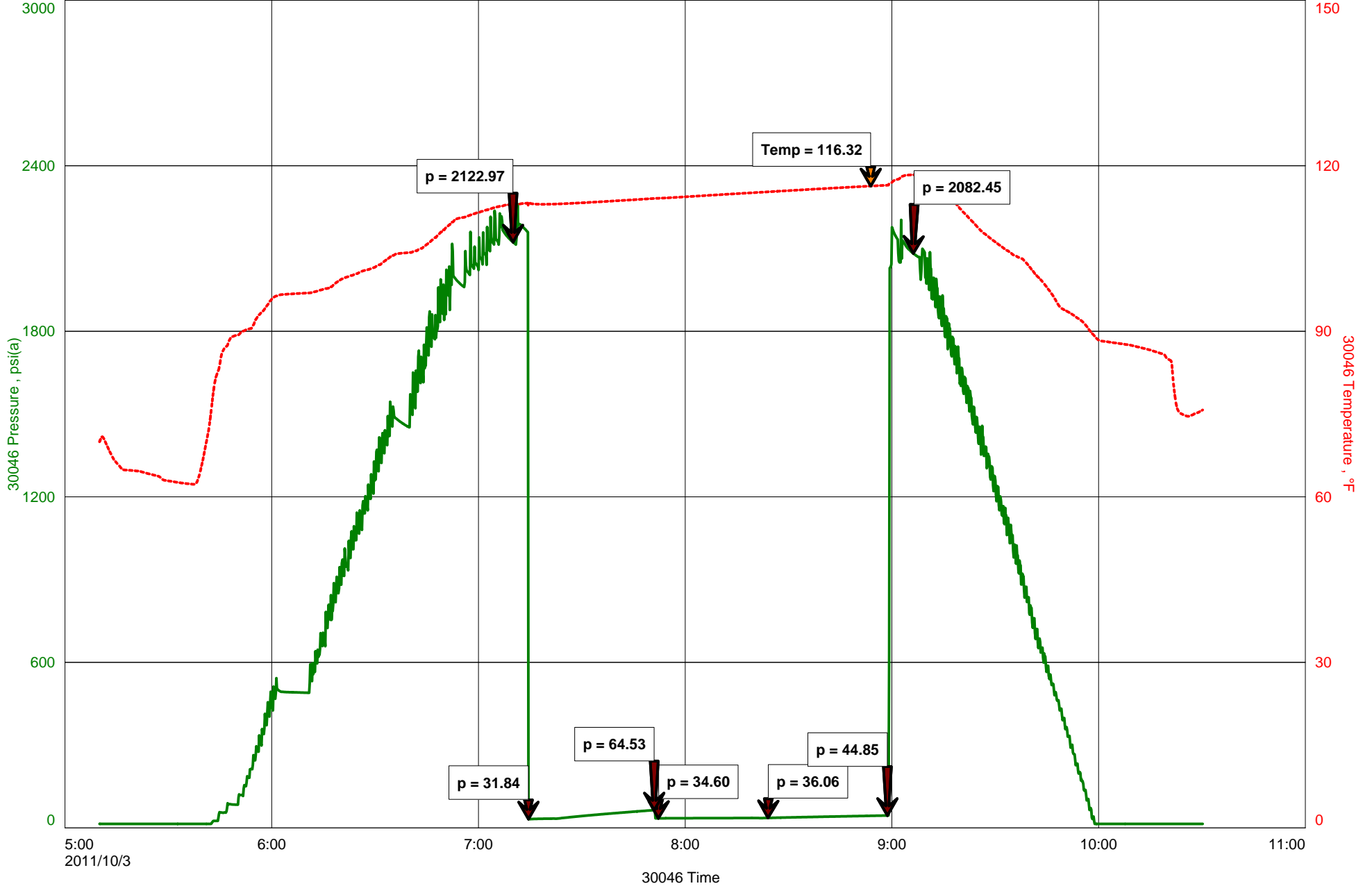
	Price Job
	Other Charges
	Insurance
	Total

	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.



# HOGSETT 1-8



## GENERAL INFORMATION

### Client Information:

Company: MULL DRILING CO

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: MAC ARMSTRONG

Phone: Fax: e-mail:

### Well Information:

Name: HOGSETT 1-8

Operator: MULL DRILLING CO

Location-Downhole:

Location-Surface: S6/16S/22W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MAC ARMSTRONG

Test Type: CONVENTIONAL Job Number: D1031

Test Unit:

Start Date: 2011/10/03 Start Time: 21:20:00

End Date: 2011/10/04 End Time: 05:00:00

Report Date: 2011/10/04 Prepared By: JOHN RIEDL

Qualified By: MAC ARMSTRONG

### Remarks:

RECOVERY: 500' SLIGHTLY OIL CUT WATERY MUD



# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (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 \_\_\_\_\_  
 Test Approved By \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

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: \_\_\_\_\_

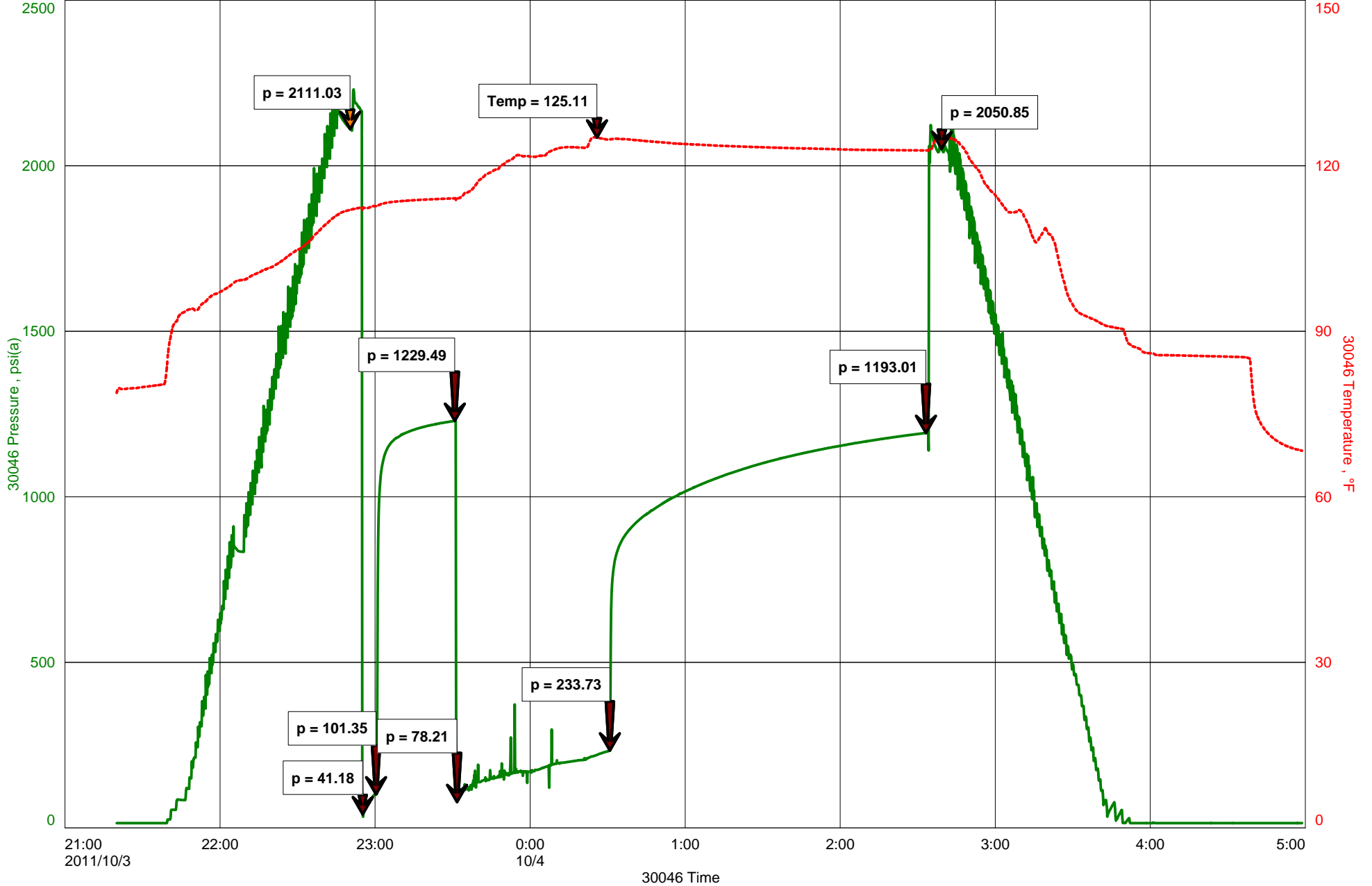
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

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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# HOGSETT 1-8



# MACKLIN M. ARMSTRONG

## Geologist

Kansas License Number 743

316-209-5047

Scale 1:240 Imperial

Well Name: Hogsett No. 1-8  
 Surface Location: SEC 8 T16S R22W  
 Bottom Location: 1181' FNL and 1740' FEL  
 API: 15-135-25295

License Number: 9/29/2011 Time: 1:45 PM  
 Spud Date: 10/5/2011 Time: 8:00 PM

Drilling Completed: 10/5/2011 Time: 8:00 PM

Surface Coordinates:  
 Bottom Hole Coordinates:  
 Ground Elevation: 2397.00ft  
 K.B. Elevation: 2402.00ft  
 Logged Interval: 3700.00ft To: 4440.00ft  
 Total Depth: 4400.00ft  
 Formation:  
 Drilling Fluid Type:

**OPERATOR**

Company: Mull Drilling Company  
 Address: 1700 North Waterfront Parkway  
 Wichita, Kansas 67206

Contact Geologist: Macklin Armstrong, Kansas License Number 743  
 Contact Phone Nbr: 316-209-5047  
 Well Name: Hogsett No. 1-8  
 Location: SEC 8 T16S R22W API: 15-135-25295  
 Pool: Wildcat Field: Wildcat  
 State: Kansas Country: Ness

**ELEVATIONS**

K.B. Elevation: 2402.00ft Ground Elevation: 2397.00ft  
 K.B. to Ground: 5.00ft

**NOTES**

Date Commenced: 9-28-11 Date Completed: 10-5-11

Surface Casing: 8 5/8" 23# at 219'

RTD: 4400 LTD: 4440

Date	Depth	Activity
9-28-11	MIRU	Spud at 1:45 pm
9-29-11	700'	Drilling
9-30-11	2750'	Drilling
10-1-11	3500'	Drilling
10-2-11	4065'	Drilling
10-3-11	4284'	TIH for DST No. 1
10-4-11	4380'	TIH after DST No. 2
10-5-11	4440'	P & A

Formation	Sample	E-Log	Datum	Well 1	Well 2	Well 3
Anhydrite	1741	1742	+660	-4	+2	+8
B/Anhydrite	1783	1780	+622	+1	-2	+3
Heebner	3769	3767	-1365	+7	-6	-4
Lansing	3810	3806	-1404	+7	-5	-7
Stark	4028	4022	-1620	+10	+3	-2
B/Kansas City	4077	4073	-1671	+6	-3	-4
Marmaton	4090	4087	-1685	+9	0	-4
Pawnee	4174	4170	-1768	+8	-1	-3
Fort Scott	4263	4264	-1862	+12	-3	-5
Cherokee Shale	4278	4278	-1876	+12	-1	-1
Mississippi	4356	4356	-1954	+12	+9	+26
Total Depth	4440	4440	-2038			

Reference Well 1: Coral Coast Petroleum, Virginia No. 1, 2260' FNL & 1910' FEL, Sec 8 T16S R22W  
 Reference Well 2: Sun Flower Exploration, Wieman No. 1, NW SE NW, Sec 8 T16S R22W  
 Reference Well 3: Falcon Exploration, Inc., Janet Sue No. 1, 280' FSL & 460' FWL, Sec 5 T16S R22W

Due to the Drill Stem Test results and the Electrical Log calculations, it was decided to plug this test well.

Respectfully submitted,  
 Macklin M. Armstrong

### ROCK TYPES

Chert (triangle symbol)  
 Limestone (horizontal line symbol)  
 Shaly (horizontal line with dots symbol)  
 Shaly (horizontal line with dots symbol)

### ACCESSORIES

**MINERAL**  
 ▲ Chert, dark

**FOSSIL**  
 F Fossils < 20%  
 ◊ Oolite

### OTHER SYMBOLS

**OIL SHOWS**  
 ● Even Str  
 ● Spotted Strn 50 - 75 %  
 ● Spotted Strn 25 - 50 %  
 ○ Spotted Strn 1 - 25 %  
 ○ Questionable Strn  
 D Dead Oil Str  
 ■ Fluorescence

**INTERVALS**  
 ■ Core  
 - DST

