



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1078735
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
-----------------------------------	-----------------	---

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: _____

1078735

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 <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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Simpson-Mast Unit 1-20
Doc ID	1078735

All Electric Logs Run

CDL/CNL/PE
DIL
Micro
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Simpson-Mast Unit 1-20
Doc ID	1078735

Tops

Name	Top	Datum
Anhydrite	1848	(+ 659)
B/Anhydrite	1884	(+ 623)
Heebner Shale	3882	(- 1375)
Lansing	3925	(- 1418)
Stark	4157	(- 1650)
B/KC	4212	(- 1705)
Pawnee	4320	(- 1813)
Fort Scott	4409	(- 1902)
Cherokee Shale	4433	(- 1926)
Cherokee Sand	4486	(- 1979)
Mississippian	4508	(- 2001)



Services, Inc.

CHARGE TO: **Moul Dalg. Co. Inc**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No: **21991**

PAGE 1 OF 2

SERVICE LOCATIONS
 1. **Ness City, KS**
 WELL PROJECT NO. **1-20** LEASE **COMPSON MAST** COUNTY/PARISH **Ness** STATE **Ks** CITY **LOGAN** DATE **3-8-12** DRIVER **Same**
 2. **W-M Dalg.** CONTRACTOR **W-M Dalg.** RIG NAME/NO. **Ness** SHIPPED VIA **CT** DELIVERED TO **LOGAN** ORDER NO.
 3. **WELL TYPE** **Oil** **WELL CATEGORY** **Development** **LOG CATEGORY** **5 1/2" LONGSTRAND** **WELL PERMIT NO.** **RAYSON JG - 14W, 14E**
 4. **REFERRAL LOCATION** **INVOICE INSTRUCTIONS**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCOUNTING		DESCRIPTION	QTY	U/M	QTY	U/M	UNIT PRICE	AMOUNT
			ACCT	DF							
575		1			MILEAGE # 110	20	MZ			6.00	120.00
578		1			PUMP GUARD	1	STR	4588	FT	1500.00	1500.00
221		1			HEAD KE	2	EA			25.00	50.00
280		1			FLOCHER - 21	1000	GM			2.50	2500.00
400		1			GUDE SHOE	1	EA	5 1/2"		160.00	160.00
402		1			CANNULERS	9	EA			70.00	630.00
403		1			CONCAT BASKET	1	EA			250.00	250.00
404		1			PORT COVER TORST # 65	1	EA	1877	FT	2400.00	2400.00
410		1			TOP PLUG	1	EA			100.00	100.00
413		1			ROTARY SCATCHERS	15	EA			40.00	600.00
415		1			TRAP FLOOR COVER w/ FALL UP	1	EA			400.00	400.00
419		1			ROTARY HEAD RENTAL	1	HOB			200.00	200.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY,** and **LIMITED WARRANTY** provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED **3-8-12** TIME SIGNED **0300** BY **MAU**
 X **John M. Pashan**

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 YOUR SERVICE WAS PEASURABLE WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 CUSTOMER DID NOT WISH TO RESPOND

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	WE UNDERSTOOD AND MET YOUR NEEDS?	YOUR SERVICE WAS PEASURABLE WITHOUT DELAY?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	ARE YOU SATISFIED WITH OUR SERVICE?	PAGE TOTAL	TOTAL
					#2	13,061.97
					Subtotal	12,420.00
					Tax	641.97
						13,061.97

SWIFT OPERATOR **Wayne Watson** APPROVAL
 CUSTOMER ACCEPTABLE OF MATERIALS AND SERVICES
 Thank You!



PO Box 466,
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 21991

CUSTOMER: **MILL DRUG Co. Inc** WELL: **SIMPSON MAST 1-20** DATE: **3-8-12** PAGE: **2** OF: **2**

LINE REFERENCE	SECTION NUMBER	QUANTITY	UNIT	DESCRIPTION	WELL	DATE	PRICE	AMOUNT
321		1		50/50 POZMETX (270 GEL)	180 SMS	10/00	1800.00	
276		1		FLOEFL	50 LBS	2/00	100/00	
279		1		RESTORANT GEL	300 LBS	N/C	N/C	
283		1		SALT	900 LBS	20	180.00	
286		1		HALAD-1	100 LBS	7.50	750.00	
290		1		D-ADR	2 GEL	35.00	70.00	
581		1		SERVICE CHARGE		2.00	360.00	
582		1		TOTAL WEIGHT		250.00	250.00	
				LOADED MILES	20			
				CUBIC FEET	180			
				TOTAL MILES	152.82			
							3510.00	

JOB LOG

SWIFT Services, Inc.

DATE **3-8-12** PAGE NO. **1**

CUSTOMER **Mull Drilling Co, Inc** WELL NO. **1-20** LEASE **SEMPSON MAST** JOB TYPE **5 1/2" LONGSTRING** TICKET NO. **21991**

CHART NO.	TIME	RATE (BPM)	VOLUME (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0300							ON LOCATION
	0330							START 5 1/2" CASING IN WELL
								TD-4600 SET= 4588
								TP-4588 5 1/2" #14
								SJ-42
								CENTRALIZERS-1,2,3,4,5,7,9,11,64
								CMT BSKTS-65
								PORT COUNT=1877 TOPTT #65
	0530							DROP BALL - CIRCULATE ROTATE
	0708	6	15		✓		400	PUMP KCL FLUSH "
	0710	6	24		✓		400	PUMP 1000 GAL FLOCHECK-21 "
	0715	6	5		✓		400	PUMP KCL FLUSH "
	0718		7					PLUG RH (30SKS)
	0723	4	35		✓		200	MIX CMPT 150 SKS 50/50 P02 @ 14.4 PPG "
	0733							WASH OUT PUMP - LKBS
	0733							RELEASE TOP PLUG
	0735	7	0		✓			DISPLACE PLUG "
		7	101				600	SHUT OFF ROTATING
	0750	6 1/4	110.9				1250	PLUG DOWN
	0752						OK	RELEASE PST - HELD WASH TRUCK
	0830							JOB COMPLETE
								THANK YOU WAYNE, JEFF, ROB



CHARGE TO: **MULTI DRILLING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No: **22074**
 PAGE 1 OF

SERVICE LOCATION: **NESS CITY, KS** WELLPROJECT NO.: **1-20** LEASE: **SIMPSON-MAST** COUNTY: **NESS** STATE: **KS** CITY: **RAISON, KS** DATE: **16 MAR 12** OWNER: **NESS**

TICKET TYPE: **PROFESSIONAL PULLING** CONTRACTOR: **PROFESSIONAL PULLING** RIG NAME/NO.: **NESS** SHIPPED VIA: **TRUCK** DELIVERED TO: **NESS** ORDER NO.: **44283509, 14414645**

WELL TYPE: **DIL** WELL CATEGORY: **DEVELOPMENT II** JOB PURPOSE: **CEMENT BIT COLLAR** WELLS PERMIT NO.: **44283509, 14414645**

REFERENCE LOCATION: **INVOICE INSTRUCTIONS**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	IF								
575					MILEAGE #110	15	mi				6.00	90.00
576D					PUMP CHARGE	1	hr				185.00	185.00
276					FLUORE	4	oil				2.00	8.00
29D					D-AIR	1	hr				35.00	35.00
33D					SWIFT MULTI DENSITY	1	hr				16.50	16.50
881					SERVICE CHARGE CEMENT	2	hr				4.00	8.00
582					MAXIMUM DRAINAGE	1	hr				25.00	25.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **16 MAR 12** TIME SIGNED: **16:10** AM PM

SIGNED BY: **Ohly**

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BONDING?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: **476.25**

TAX: **174.67**

TOTAL: **4937.17**

SWIFT OPERATOR: **John Hoffarth** APPROVAL: **John Hoffarth**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: **John Hoffarth**

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 16 MAR 12 PAGE NO.

CUSTOMER MULL DRILLING WELL NO. 1-20 LEASE SIMPSON-MAST JOB TYPE CEMENT PORT COLLAR TICKET NO. 22074

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							ON LOCATION
								PORT COLLAR @ 1877
	1500				✓		1000	TEST - HELD
	1502	3			✓		200	OPEN PORT COLLAR TAKE LWS RATE
	1504	4	89	✓		250		MIX 11.0 SX SMO
		3 1/2	10.	✓		200		DISPLACE CEMENT
								CIRCULATE 20.5X TO PIT
	1529				✓		1000	CLOSE PORT COLLAR - TEST - HELD
	1535							RUN 4 JTS
	1539	4	24		✓		300	REVERSE CEMENT OUT OF TUBING
	1547							WASH TRUCK
	1610							JOB COMPLETE
								THANKS # 110
								JASON JEFF DOLG TS

GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

Well Information:

Name: SIMPSON-MAST UNIT 1-10

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S20/16S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIKKESSLER

Test Type: CONVENTIONAL Job Number: D1102

Test Unit:

Start Date: 2012/03/06 Start Time: 23:30:00

End Date: 2012/03/07 End Time: 06:45:00

Report Date: 2012/03/07 Prepared By: JOHN RIEDL

Remarks: Qualified By: KEVIN KESSLER

RECOVERY: 200' GAS IN PIPE, 1650' GASSY OL WITH SOME MUD CUT



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.

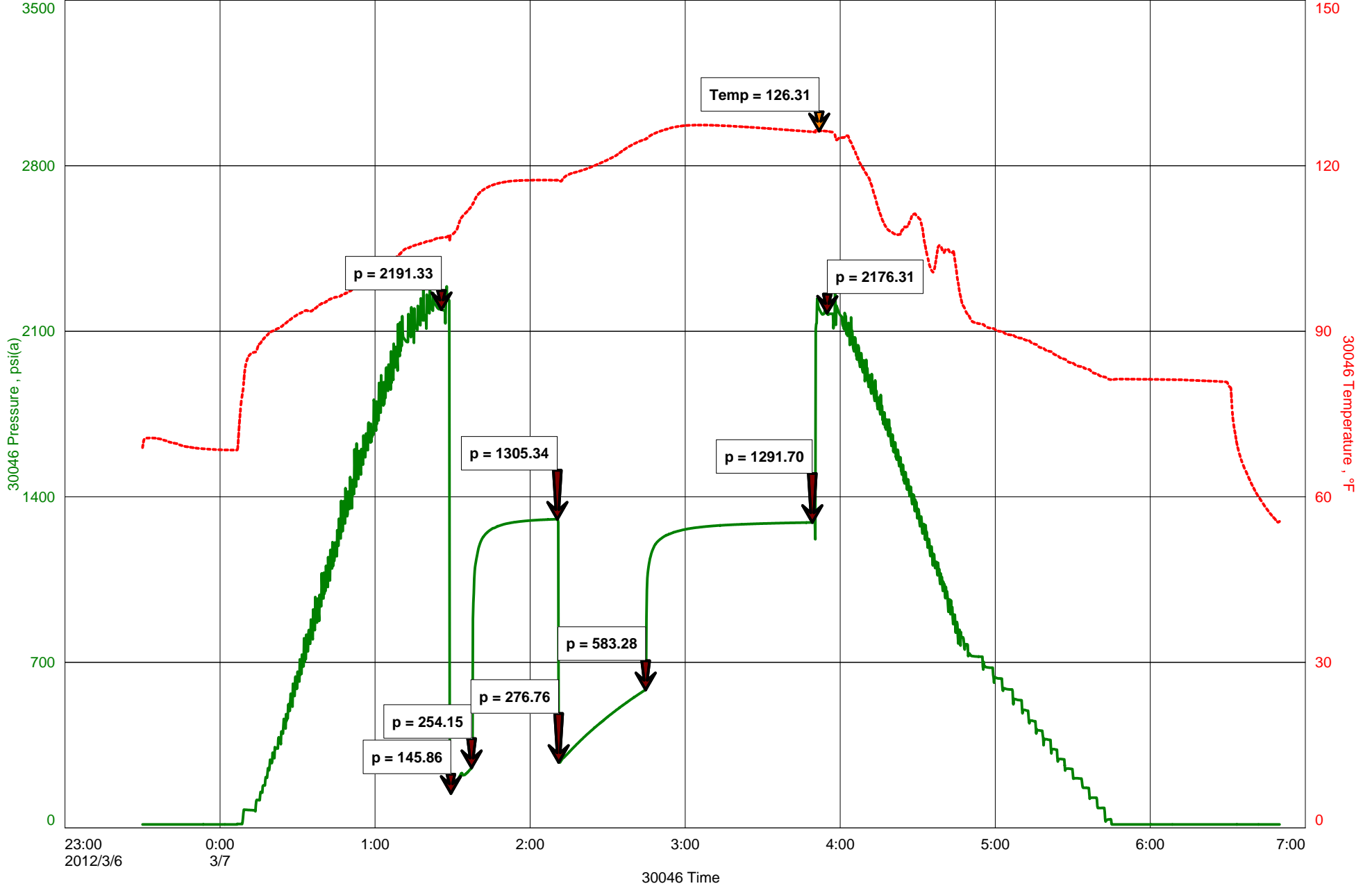
Final Flow Period Minutes (E) _____ P.S.I. to (F) _____ P.S.I.

Final Closed In Period Minutes (G) _____ P.S.I.

Final Hydrostatic Pressure (H) _____ P.S.I.

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.

SIMPSON-MAST UNIT 1-10



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 15, 2012

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

Re: ACO1
API 15-135-25353-00-00
Simpson-Mast Unit 1-20
SW/4 Sec.20-16S-23W
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

KEVIN L. KESSLER
CONSULTING PETROLEUM GEOLOGIST
 (316) 522-7338

OPERATOR : MULL DRILLING COMPANY INC.
LEASE : SIMPSON - MAST UNIT WELL # : 1 - 10
LOCATION : 80' FSL & 1193' FWL
SEC: 20 TWP : 16 S RGE : 23 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2507
GL : 2502
 MEASUREMENTS FROM
KB

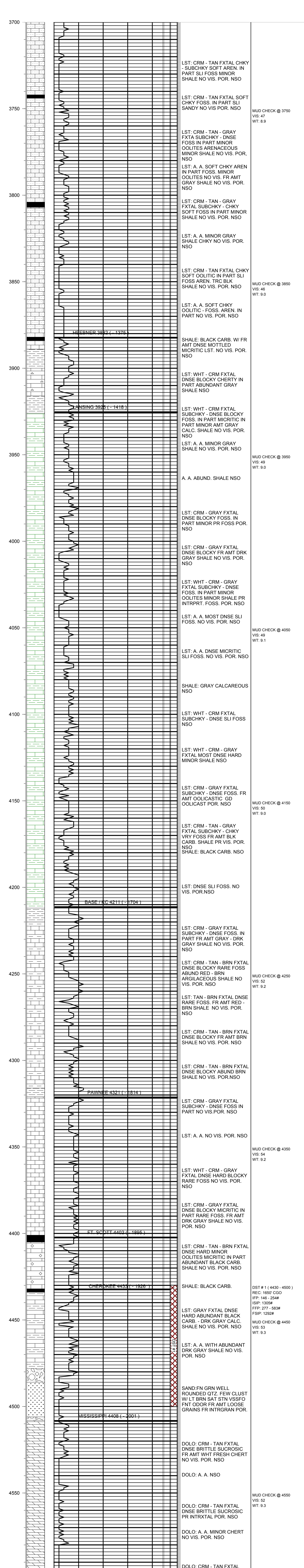
CONTRACTOR : W W DRILLING RIG # 10
COMM : 03 / 01 / 2012 **COMP : 03 / 07 / 2012**
RTD : 4600 **LOG TD : 4598**
SAMPLES SAVED FROM : 3700 **TO: RTD**
GEOLOGICAL SUPERVISION FROM : 3700 **TO : RTD**
MUD UP : 3600 **TYPE MUD : CHEMICAL**

CASING RECORD
SURFACE :
8 5/8" @ 233'
PRODUCTION :
5 1/2" @ 4600'

ELECTRICAL SURVEYS:
DIL
CNL / CDL
MICRO
SONIC

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3882		- 1375	3882		- 1375	+ 04
LANSING	3925		- 1418	3925		- 1418	+ 03
BASE / KC	4211		- 1704	4211		- 1704	+ 05
PAWNEE	4321		- 1814	4321		- 1814	+ 02
FORT SCOTT	4402		- 1895	4402		- 1895	+ 06
CHEROKEE	4433		- 1926	4433		- 1926	+ 03
MISSISSIPPI	4508		- 2001	4508		- 2001	+ 06

REFERENCE WELL FOR STRUCTURAL COMPARISON :
GRAND MESA # 1 - 29 DIETTERICH - MISHLER 29 - T 16 S - R 23 W NESS COUNTY KANSAS



COMMENTS:

**5 1/2" PRODUCTION CASING WAS SET TO FURTHER EVALUATE
 THE PRODUCTIVITY OF THIS WELL**

KEVIN L. KESSLER