



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1086146  
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: \_\_\_\_\_

1086146

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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# ALLIED OIL & GAS SERVICES, LLC 054066

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge*

DATE <i>4-8-12</i>	SEC <i>32</i>	TWP <i>33s</i>	RANGE <i>14W</i>	CALLED OUT <i>2:00 PM</i>	ON LOCATION <i>3:30</i>	JOB START <i>6:45</i>	JOB FINISH <i>7:15</i>
LEASE <i>Z Bar</i>	WELL # <i>32-6</i>	LOCATION <i>160' Dearhead Rd. 1 1/2 S</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)			<i>4.3 E, 3 1/2 N, 1 E, S/S</i>				

CONTRACTOR *Southwind*

TYPE OF JOB *Intermediate*

HOLE SIZE *12 1/4* T.D. *281*

CASING SIZE *8 5/8* DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT *40*

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT *54 Blk*

EQUIPMENT

---

PUMP TRUCK CEMENTER *Bon Gilley*

# *471-302* HELPER *Derick G. / ~~Carl B.~~*

BULK TRUCK

# *356-250* DRIVER *Brett L.*

BULK TRUCK

# DRIVER

OWNER *M & M Exploration*

CEMENT

AMOUNT ORDERED *150sq Class A + 37% CC + 2% gel*

*Class A + CC*

*50s x A + 37% CC*

COMMON <i>200 SY "A"</i>	@ <i>116.25</i>	<i>3250.00</i>
POZMIX	@	
GEL <i>3SY</i>	@ <i>21.25</i>	<i>63.75</i>
CHLORIDE <i>7SY</i>	@ <i>58.20</i>	<i>407.40</i>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <i>210</i>	@ <i>2.25</i>	<i>472.50</i>
MILEAGE <i>40x.11x210</i>		<i>924.00</i>
TOTAL		<i>\$5117.165</i>

REMARKS:

*See Cement log*

CHARGE TO: *M & M Exploration*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB	<i>281'</i>	
PUMP TRUCK CHARGE	<i>1125-</i>	
EXTRA FOOTAGE <i>581'</i>	@ <i>.95</i>	<i>551.95</i>
MILEAGE <i>40</i>	@ <i>7.00</i>	<i>280-</i>
MANIFOLD	@	
<i>Light Veh. 40</i>	@ <i>4.00</i>	<i>160-</i>
	@	
TOTAL		<i>\$2116.95</i>

*8 5/8* PLUG & FLOAT EQUIPMENT

<i>1- AFU Insert</i>	@	<i>382-</i>
<i>1- Rubber Plug</i>	@	<i>112-</i>
<i>1- Basket</i>	@	<i>478-</i>
	@	
	@	
TOTAL		<i>\$972.00</i>

To: Allied Oil & Gas Services, 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 \_\_\_\_\_

SIGNATURE *[Signature]*

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES *\$8206.160*

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

FIELD SERVICE TICKET

1718 06251 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 4-16-2012		DISTRICT: PRATT, Ks.		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:					
CUSTOMER: M & M EXPLORATION		LEASE: Z-BAR		WELL NO: 32-6					
ADDRESS:		COUNTY: BARBER		STATE: Ks.					
CITY:		STATE:		SERVICE CREW: LESLEY, MARQUEZ, YOUNG					
AUTHORIZED BY:		JOB TYPE: CNW-4 1/2" L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	1						4-16-12	9:00	
19829-19843	1					ARRIVED AT JOB		12:00	
19832-21010	1					START OPERATION		5:50	
						FINISH OPERATION		6:30	
						RELEASED		7:00	
						MILES FROM STATION TO WELL	65		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: *[Signature]*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 CEMENT	SK	300		5,100.00
CC 102	CELL-FLAKE	lb	75		277.50
CC 111	SALT	lb	1631		815.50
CC 113	GYPSUM	lb	1410		1,057.50
CC 129	FLA-322	lb	226		1,695.00
CC 201	GILSONITE	lb	1800		1,206.00
CF 6006	LATCH DOWN PLUG & BAFFLE, 4 1/2"	EA	1		370.00
CF 1250	AUTO FILL FLOAT SHOE, 4 1/2"	EA	1		330.00
CF 1650	TURBOLIZER, 4 1/2"	EA	8		680.00
CF 1900	BASKET, 4 1/2"	EA	1		270.00
C 704	CLAYMAX KCL SUBSTITUTE	GAL	4		140.00
E 100	PICKUP MILEAGE	MI	65		276.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	130		910.00
E 113	BULK DELIVERY CHARGE	TM	917		1,4166.40
CE 200	DEPTH CHARGE: 500'-6000'	HR	1-4		2,880.00
CE 240	BLENDING SERVICE CHARGE	SK	300		420.00
CE 504	PLUG CONTAINER CHARGE	DRB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL \$ 14,655.32  
DLS

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: *[Signature]*  
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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 29, 2012

Michael Austin  
M & M Exploration, Inc.  
4257 MAIN ST., #230  
WESTMINSTER, CO 80031

Re: ACO1  
API 15-007-23855-00-00  
Z Bar 32-6  
NW/4 Sec.32-33S-14W  
Barber 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,  
Michael Austin



Scale 1:240 (5"=100') Imperial  
Measured Depth Log

Well Name: M & M Exploration, Inc. Z-Bar 32-6  
Location: Sec. 32--33S-14W Barber Co., KS.  
License Number: 15-007-23855 Region: Aetna  
Spud Date: 4/6/2012 Drilling Completed: 4/15/2012  
Surface Coordinates: 2080'FNL & 2420'FWL, NW/4

Bottom Hole As Above  
Coordinates:  
Ground Elevation (ft): 1,690' K.B. Elevation (ft): 1,702'  
Logged Interval (ft): 3,850' To: 4,950' Total Depth (ft): 4,950'  
Formation: Pennsylvanian & Mississippian  
Type of Drilling Fluid: Chemical Mud

Printed by WellSight Log Viewer from WellSight Systems 1-800-447-1534 www.WellSight.com

#### OPERATOR

Company: M & M Exploration, Inc.  
Address: Attn: Mike Austin  
4257 Main St., Suite 230  
Westminster, CO 80031

#### GEOLOGIST

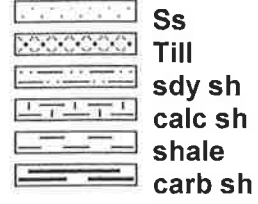
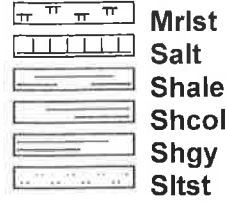
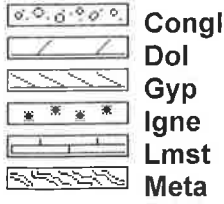
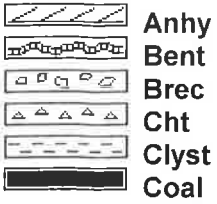
Name: Mike Pollok  
Company: MAP Exploration, Inc.  
Address: P.O. Box 106  
Purcell, OK 73080

#### Comments

Southwind Rig # 70 Samples  
Mudlogging Unit #17  
Mudlogger: Beth Brock

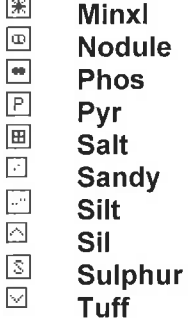


### ROCK TYPES



### ACCESSORIES

#### MINERAL



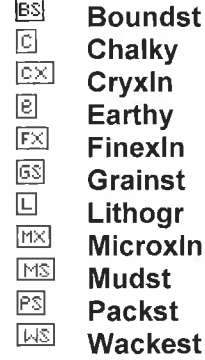
#### FOSSIL



#### STRINGER

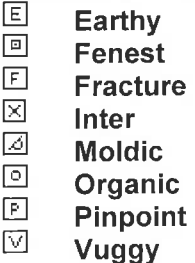


#### TEXTURE



### OTHER SYMBOLS

#### POROSITY TYPE



#### SORTING



#### ROUNDING



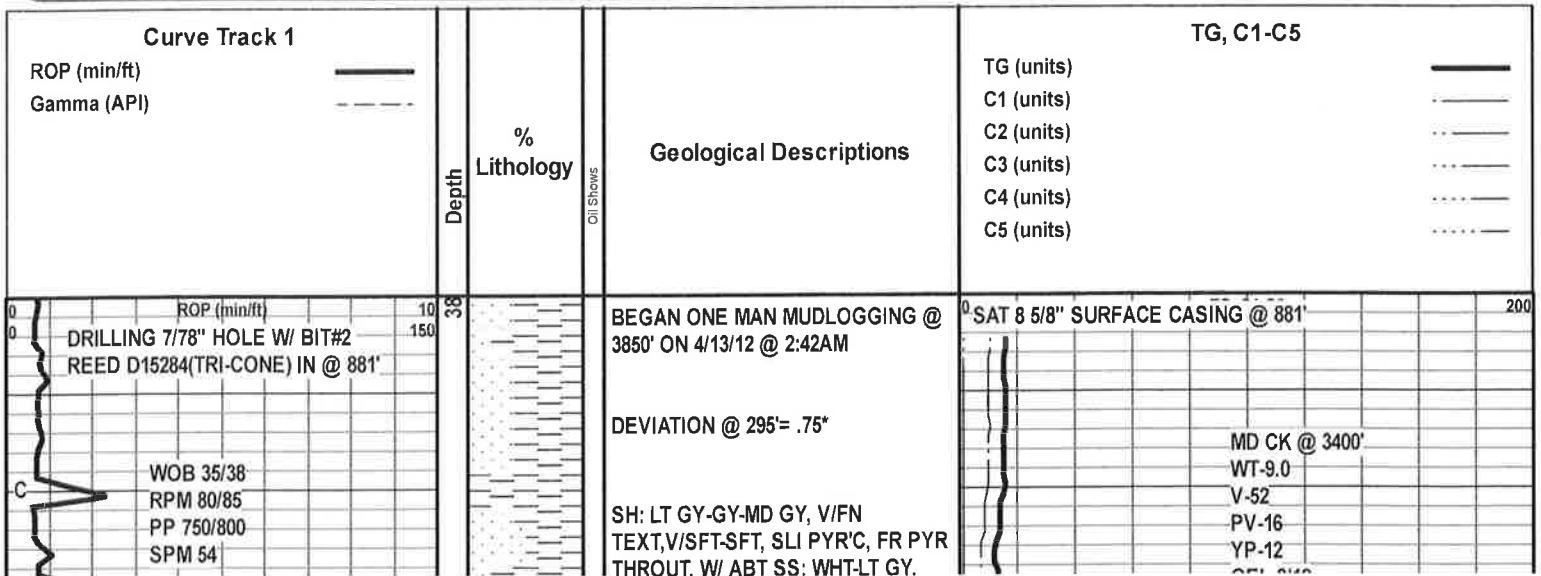
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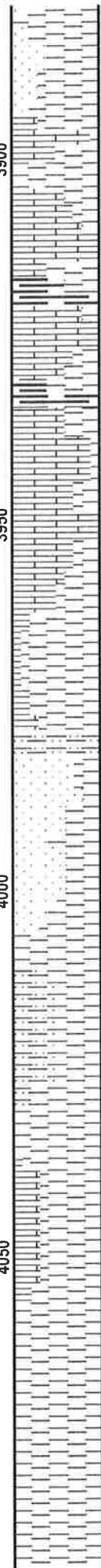
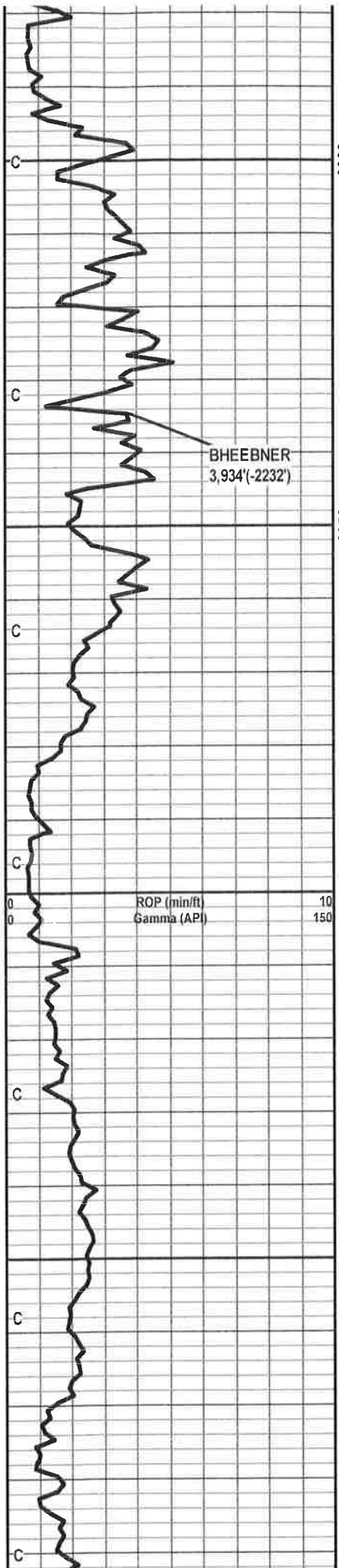


#### INTERVALS



#### EVENTS





FN-MD GRN, CONS, WELL RND, SM GLAUC SPKS, NO VIS FLU, STN, OR ODOR

LS: OFF WT-TN-DK BRN, V/FN MICRO-XLN, DNS, ARG, SLI SHLY, CALC I.P., BRT WHTSH YEL FLU, NO VIS STN, CUT, OR ODOR

SH: DK GY-VDK BRN-BLK, V/FN WXY TEXT, HD, SLI PLTY, PYR, CARB, CALC

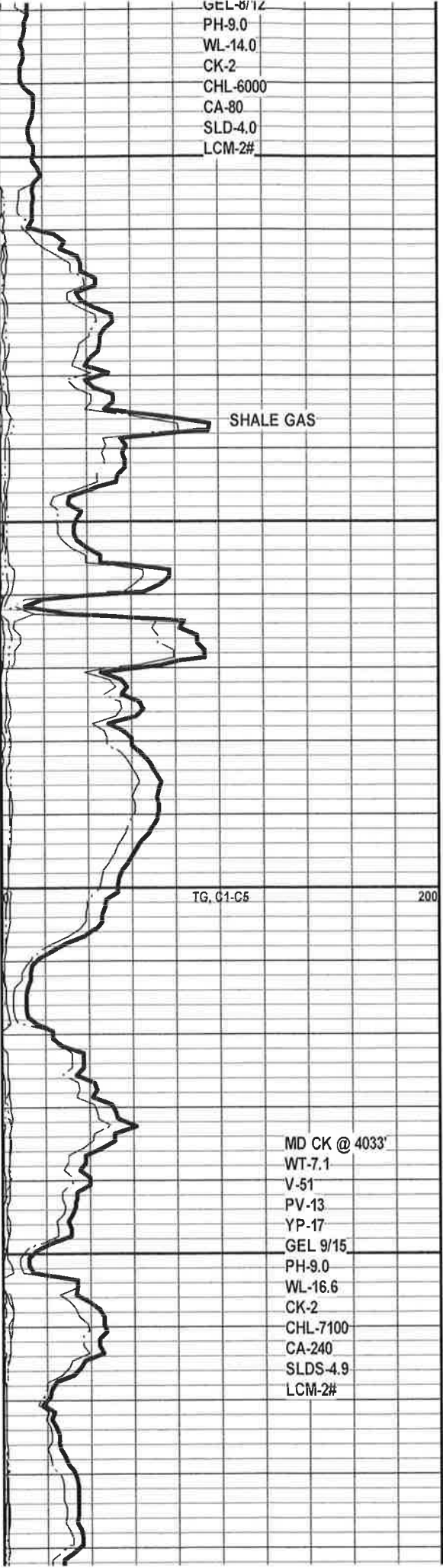
LS: WHT-OFF WT TN-BRN, FN MICRO-XLN GRDING INTO INTER-XLN, V/GD P.P.POR W/ ABT VUG POR., SLI FRI, SM FOSS, ABT DUL YEL AND YEL FLU, TR DOS, NO VIS CUT OR ODOR

SS: GY-TN, TRNSL, MD-CG GRN, SUB-ANG GRDING TO RND, CONS, INTER-XLN POR, FRI, PYR'C, SHLY, FN GLAUC SPKS, SIL, NO VIS FLU, STN, CUT, OR ODOR

SH: LT GY-GY-DK GY, FN TEXT, GRTY, SNDY I.P., PYR'C, MICA, FISS, PYR THROUT

SH: LT GY-GY-DK GY, V/FN TEXT, MD SFT, SLI LMY, PLTY, SLI MICA, SLI FISS

SH: GY-DK GY-LT GRN, V/FN TEXT, V/SFT, GLAUC, V/PLTY, SLI PYR'C

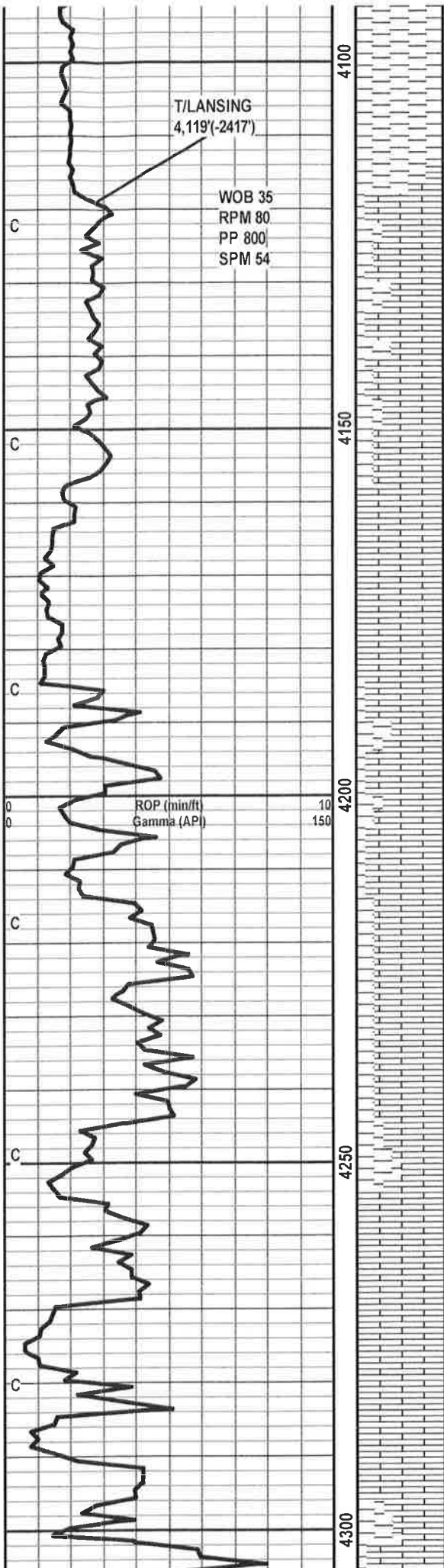


GEL-8/12  
PH-9.0  
WL-14.0  
CK-2  
CHL-6000  
CA-80  
SLD-4.0  
LCM-2#

SHALE GAS

TG, C1-C5 200

MD CK @ 4033'  
WT-7.1  
V-51  
PV-13  
YP-17  
GEL 9/15  
PH-9.0  
WL-16.6  
CK-2  
CHL-7100  
CA-240  
SLDS-4.9  
LCM-2#



LS: GY-TN-DK GY, V/FN MICRO-XLN, DNS, V/SHLY, FOSS, V/DULL FLU, NO VIS STN, CUT, OR ODOR

LS: WHT-OFF WT-TN, V/FN MICRO-XLN, SM P.P.POR. FOSS, SLI CALC, SLI ARG, SM DUL YEL FLU, NO VIS STN, CUT, OR ODOR

LS: OFF WT-LT GY-TN-BRN, V/FN MICRO-XLN, DNS, V/ARG, FOSS, SLI SHLY, SM V/DULL FLU, NO VIS STN, CUT, OR ODOR

LS: AAB

LS: OFF WT-TN-DK BRN, MICRO-XLN, GD P.P, POR, SLI FRI, SLI SUC, ARG, GD YEL FLU, NO VIS STN, CUT, OR ODOR

TG, C1-C5

200

4/14/12  
12:01 AM

LS: WHT-OFF WT-TN-LT GY, V/FN  
MICRO-XLN, DNS, HD, SLI SHLY,  
ARG, V/CALC, FOSS, SM V/DULL  
FLU, NO VIS STN, CUT, OR ODOR

LS: AAB

LS: OFF WT-TN-DK BRN, FN  
MICRO-XLN, SM P.P.POR, ARG, SLI  
FOSS, DUL BRNSH YEL FLU, NO  
VIS STN, CUT, OR ODOR

LS: WT-OFF WT-GY-TN, V/FN  
MICRO-XLN, DNS, SM P.P.POR,  
V/ARG, CALC, SHLY, V/DUL BRNSH  
YEL FLU, NO VIS STN, CUT, OR  
ODOR

LS: OFF WT-TN-DK BRN, INTER-XLN,  
FRI, SUC, V/GD P.P.POR W/ SM VUG  
POR., ARG, SLI MOTT, W/SM  
SCTTRD FRSH CHT, ABT DUL YEL  
FLU, SM DOS, NO CUT OR ODOR

SH: GY-DK GY-BLK, V/FN WXY  
TEXT, MD FM-HD, PYR'C SPKS,  
CALC, CARB

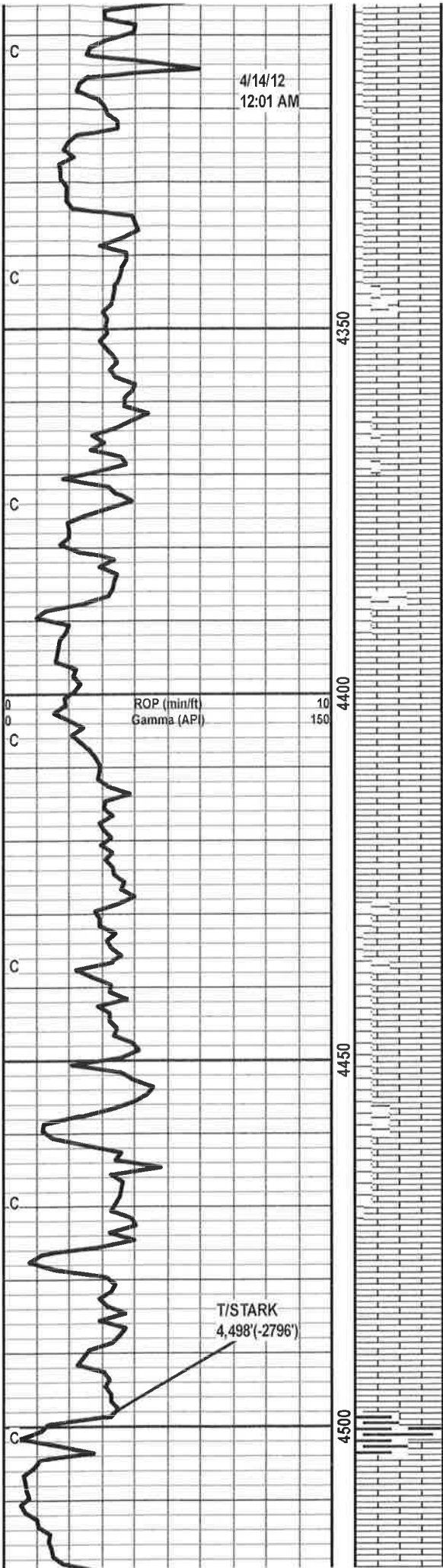
LS: WT-OFF WT-TN, V/FN  
MICRO-XLN, CHLKY I.P. GRDING  
INTO HD DNS, ARG, SLI MOTT

TG, C1-C5

200

MD CK @ 4490'  
WT-9.3  
V-45  
PV-16  
YP-12  
GEL-6/10  
PH-9.5  
WL-10.0  
CK-2  
CHL-6200  
CA-160  
SLDS-7  
LCM-4#

SHALE GAS 104  
UNITS



WOB 36  
RPM 80  
PP 90  
RPM 54

T/HUSHPUCKNEY  
4,544'(-2842')

ROP (in/ft)  
Gamma (API)

4550

4600

4650

4700

INTO HD, DNS, ARG, SLI MOTI, SLI  
FOSS, YEL FLU, SM DOS, NO VIS  
CUT, OR ODOR

SH: DK GY-BRN-BLK, V/FN WXY  
TEXT, HD, V/CARB, CALC, MICA,  
PLTY

SH: AAB

SH: LT GY-GY-GRN, V/FN TEXT, MD  
SFT-FM, GLAU'C, LIMEY, PLTY, W/  
ABT LS: OFF WT-TN, V/FN  
MICRO-XLN, SLI DNS, ARG,  
FOSS, SM DUL YEL FLU, NO VIS  
STN, CUT, OR ODOR

LS: WHT-OFF WT-TN, V/FN  
MICRO-XLN, DNS, ARG, SHLY,  
FOSS, CALC, V/DUL YEL FLU, NO  
VIS STN, CUT, OR ODOR

SH: DK GY-BLK, V/FN WXY TEXT,  
MD FM-HD, PLTY, CARB, SLI CALC,  
GRDING INTO MULTI COLOR SH

SS: WHT-GRN-TN, V/FN GRND,  
CEMENT, SM P.P.POR, W/ ABT FRSH  
AND SM TRIP'C CHERT OPA, TAN,  
GRN, DUL YEL FLU, SLI ODOR, AND  
V/SLW STRMING CUT,

DOLO: WHT-TN-BRN, MICRO-XLN W/

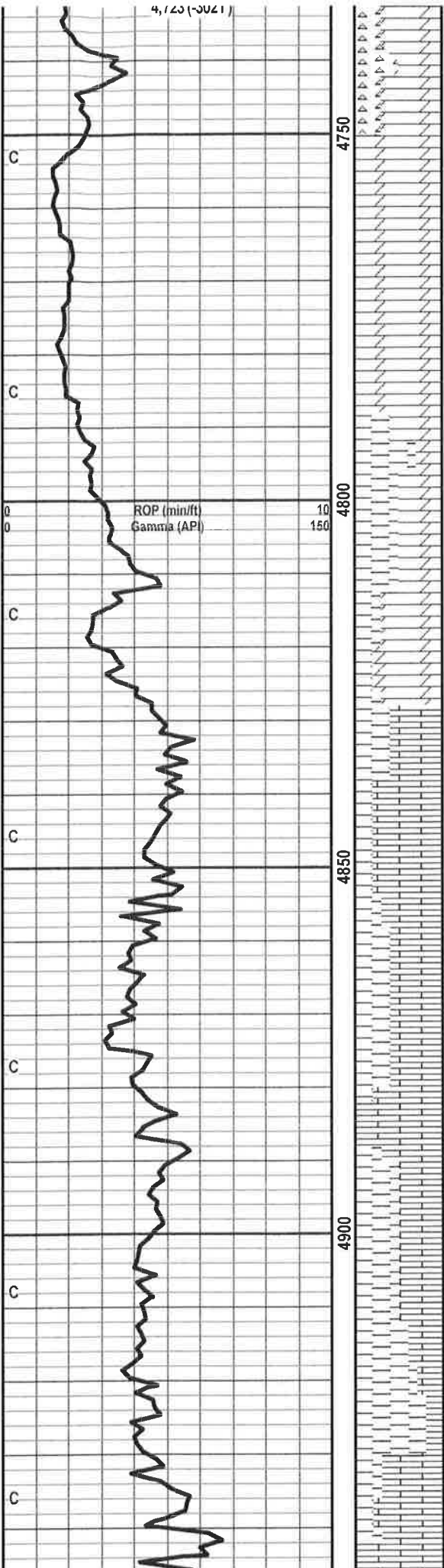
SHALE GAS  
140 UNITS

SHALE GAS  
202 UNITS

SHALE GAS  
67 UNITS

4/15/12  
12:06 AM

T/MISSISSIPPIAN



SM INTER-XLN, SLI FRI, ABT P.P.POR, W/ TR INTER-XLN POR, CHTY I.P., SUC, DUL YEL FLU, TR LOS, GD STRMING CUT, AND MILD ODOR

DOLO: OFF WT-TN-DK BRN, INTER-XLN, V/SUC, FRI, V/GD INTER-XN POR AND SM P.P.POR, SM GLAU'C SPECKS, ABT YEL FLU, V/STRNG ODOR, SM LOS, AND EXC STRMING CUT

DOLO: LT GY-GY-DK GY, V/FN MICRO-XN, MD HD, SM P.P.POR, V/SHLY, NO VIS FLU, STN, OR CUT

LS: OFF WT-TN-GY, V/FN MICRO-XLN, DNS, SM P.P.POR, SHLY I.P., CALC, SLI ARG, V/DUL BRNSH YEL FLU, NO VIS STN, CUT OR ODOR

LS: AAB W/ SH-GY-DK GY-GRN, V/FN TEXT, MD FM-HD, LIMEY I.P., GLAU'C

SH: GY-DK GY-GRN, V/FN TEXT, SFT-MD FM, PLTY, V/GLAU'C, SLI LMY, MICA, PYR'C SPKS

SMALL GAS SHOW 44 UNITS

TG, G1-C5

200

- MD CK@ 4915'
- WT-9.2
- V-55
- PV-17
- GEL-8/13
- PH-10.0
- WL-8.4
- CK-2
- CHL-5000
- CA-100
- SLDS-6.1
- LCM-8#
- YP-15

