

Confidentiality Requested:

Yes  No

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

**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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

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

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	THOMPSON 1A
Doc ID	1424807

All Electric Logs Run

Micro Log
Sonic Log
Dual Induction Log
Compensated Density/Neutron Log
Cement Bond Log
Geo Report

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	THOMPSON 1A
Doc ID	1424807

Tops

Name	Top	Datum
Herington	2285	-93
Krider	2292	-100
Winfield	2340	-148
Towanda	2404	-212
Ft Riley	2458	-266
Heebner Shale	3726	-1535
Lansing	3796	-1605
Ft Scott	4264	-2073
Mississippi	4365	-2175
Viola	4504	-2312





New well

FIELD ORDER N° C 45402

BOX 438 • HAYSVILLE, KANSAS 67060  
316-524-1225

DATE 6-28 2018

IS AUTHORIZED BY: Bear Petroleum LLC  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Thompson Well No. 1A Customer Order No. \_\_\_\_\_

Sec. Twp. Range S16 T22S R20W County PAWNEE State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	35	Mileage Pickup	2.00	70.00
2	35	Mileage Pump Truck	4.00	140.00
2	1	Pump Chg.	1100.00	1100.00
2	500sx	60-40 P022% Gel	10.75	5375.00
2	15sx	Calcium Chloride	30.00	450.00
2	515	Bulk Charge	1.25	643.75
2	35	Bulk Truck Miles $22.375 = 783.125 \times 1.10$		861.44
		Process License Fee on _____ Gallons		
TOTAL BILLING				8640.19

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Duane Brozek

Station Gr. Bend, Ks

Dick Schremmer

Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS







New Well

FIELD ORDER Nº C 45449

BOX 438 • HAYSVILLE, KANSAS 67060  
316-524-1225

DATE 7/5/12 20

IS AUTHORIZED BY: Beer Petroleum (NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Thompson Well No. A#1 IA Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Pennec State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	45	mileage pump truck	4. <sup>00</sup>	180.00
2	45	mileage pickup	2. <sup>00</sup>	90.00
2	1	Pump Charge - Cons string		1,600.00
2	400	60/40 per. 2% gel.	10. <sup>75</sup>	4,300.00
2	200 #	C-47	6. <sup>00</sup>	1,200.00
2	200 #	C-41p	3. <sup>75</sup>	750.00
2	2,000 #	Salt	.25	600.00
2	750 #	Gilsarite	.75	562.50
2	600 gal	Mud-Flush	.75	450.00
2	7	5 1/2" Turba - Centralizers	85. <sup>00</sup>	595.00
2	2	5 1/2" Bcstets.	155. <sup>00</sup>	310.00
2	1	5 1/2" Float shoe w/ auto-fill		355.00
2	1	5 1/2" AU tool w/ pluss		2,450.00
2	1	Rot. Head Rental		250.00
2	465	Bulk Charge	1. <sup>25</sup>	581.25
2		Bulk Truck Miles 19.23 T x 45 = 865.35 T x 1. <sup>10</sup>	1. <sup>10</sup>	951.89
		Process License Fee on _____ Gallons		
<b>TOTAL BILLING</b>				<b>15225.64</b>

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I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.

Station G.D

Dick S.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**





**TREATMENT REPORT**

Acid Stage No. \_\_\_\_\_

Date 7/5/2018 District GB F.O. No. C45449  
 Company Bear Petroleum  
 Well Name & No. Thompson A#1  
 Location \_\_\_\_\_ Field \_\_\_\_\_  
 County Pawnee State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand  
 Bkdown \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Flush \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

Casing: Size 5.5" Type & Wt. New 15.5# Set at \_\_\_\_\_ ft.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Liner: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.  
 Cemented:  Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ ft.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: \_\_\_\_\_ Bbl./Gal.

Open Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

Pump Trucks. No. Used: Std. 365 Sp. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment 367/310  
 Personnel Nathan-Tim-Mike-Duane  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type \_\_\_\_\_ Gals. \_\_\_\_\_ lb.

Company Representative Dick S. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
4:00		5.5"		On Location. Rig laying down drill pipe.
				Pipe-4572' Centralizers-1,3,5,7,9,48,49
				Baffle-4554' Baskets-5,46
				DV Tool-2602'
				Run casing in and tag bottom. Pick pipe up off bottom.
8:10				Break circulation with mud pump. Circulate for 1 hour.
				Pump 600gal of Mud Flush.
				Plug Rat Hole with 30sks and Mouse Hole with 20sks.
				Mix 150sks 60/40poz 2%gel .75%C-47 .75%C-41p 12% Salt 5#/sk Gilsonite.
				Wash out pump and lines. Start displacement. Displace with 108.3bbls
10:00				at 6.5bpm-750# Plug landed at 1000# Pressure up to 1500# Held.
10:50				Release pressure and open DV Tool. Circulate for 1 hour.
				Mix 200sks 60/40poz 2gel .75% C-47 .75% C41p 12% Salt.
				Displace with 61.9bbls at 6.5bpm-350# Plug landed at 700#
11:40				Pressure up to 1500# Held. Release pressure.
				Thank You!
				Nathan W.



Field Service

P.O. BOX 438  
Haysville, KS 67060

CEMENT BOND LOG

Company BEAR PETROLEUM, LLC  
Well THOMPSON "A" #1  
Field  
County PAWNEE  
State KANSAS

Company BEAR PETROLEUM, LLC  
Well THOMPSON "A" #1  
Field  
County PAWNEE State KANSAS

Location 660' FNL & 1605' FEL  
SEC. 16 TWP. 22S RGE. 20W  
Permanent Datum GROUND LEVEL Elevation 2186  
Log Measured From KELLY BUSHING 6' AGL  
Drilling Measured From KELLY BUSHING  
Other Services  
Elevation  
K.B. 2192  
D.F.  
G.L. 2186

Date	07-11-2018		07-11-2018				
Run Number	ONE		ONE				
Depth Driller	4580						
Depth Logger	4501		2700				
Bottom Logged Interval	4500		2699				
Top Log Interval	3580		1850				
Open Hole Size	WATER		WATER				
Type Fluid							
Density / Viscosity							
Max. Recorded Temp.							
Estimated Cement Top	3780		2050				
Time Well Ready							
Time Logger on Bottom							
Equipment Number	405						
Location	GREAT BEND						
Recorded By	LEE BRETZ						
Witnessed By	MR. DICK SCHREMMER						
Borehole Record			Tubing Record				
Run Number	Bit	From	To	Size	Weight	From	To
Casing Record	Size	Wgt/Ft		Top	Bottom		
Surface String	8.625			0	1278		
Prot. String							
Production String	5.5			0	4572		
Liner							

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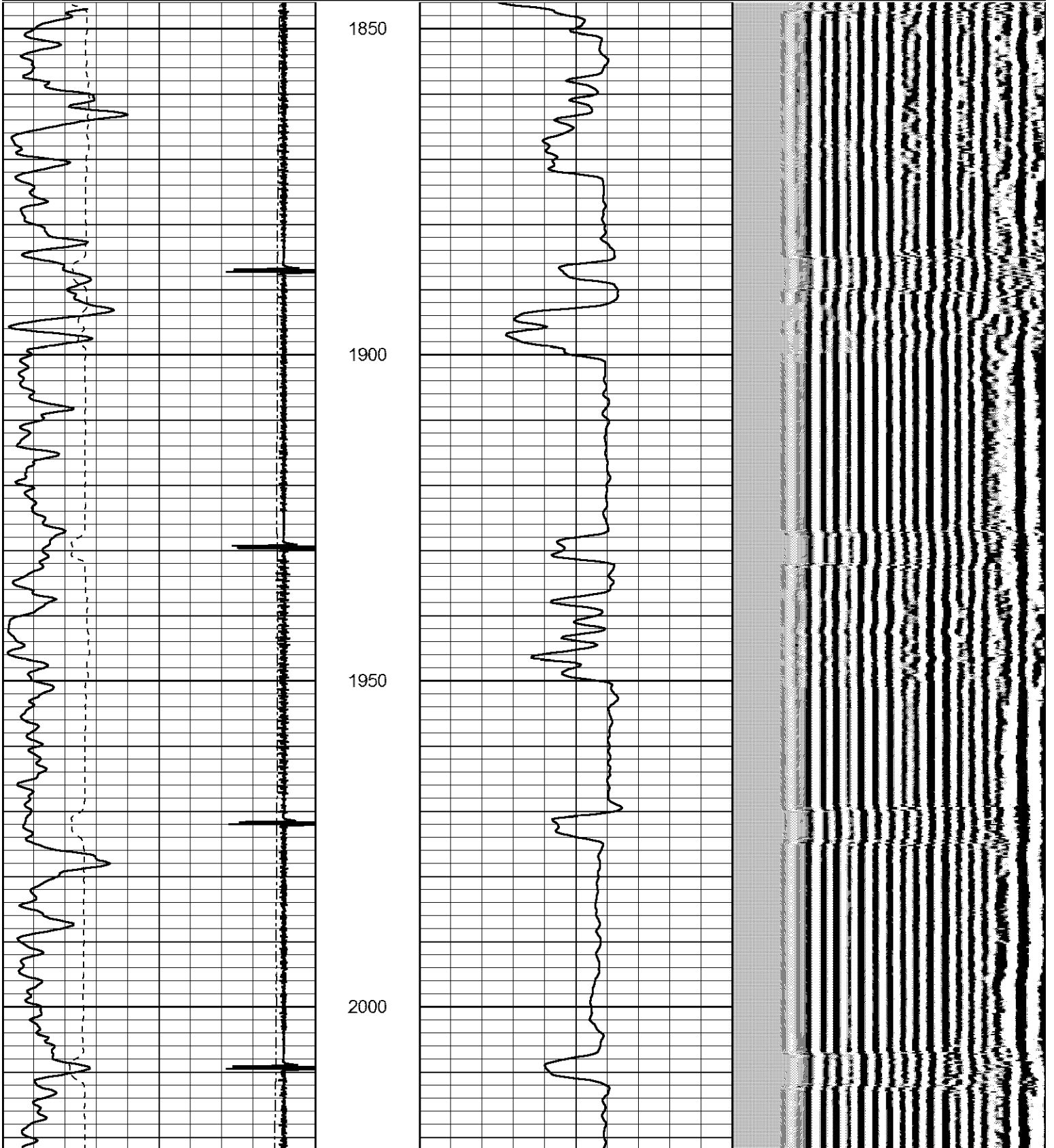
All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

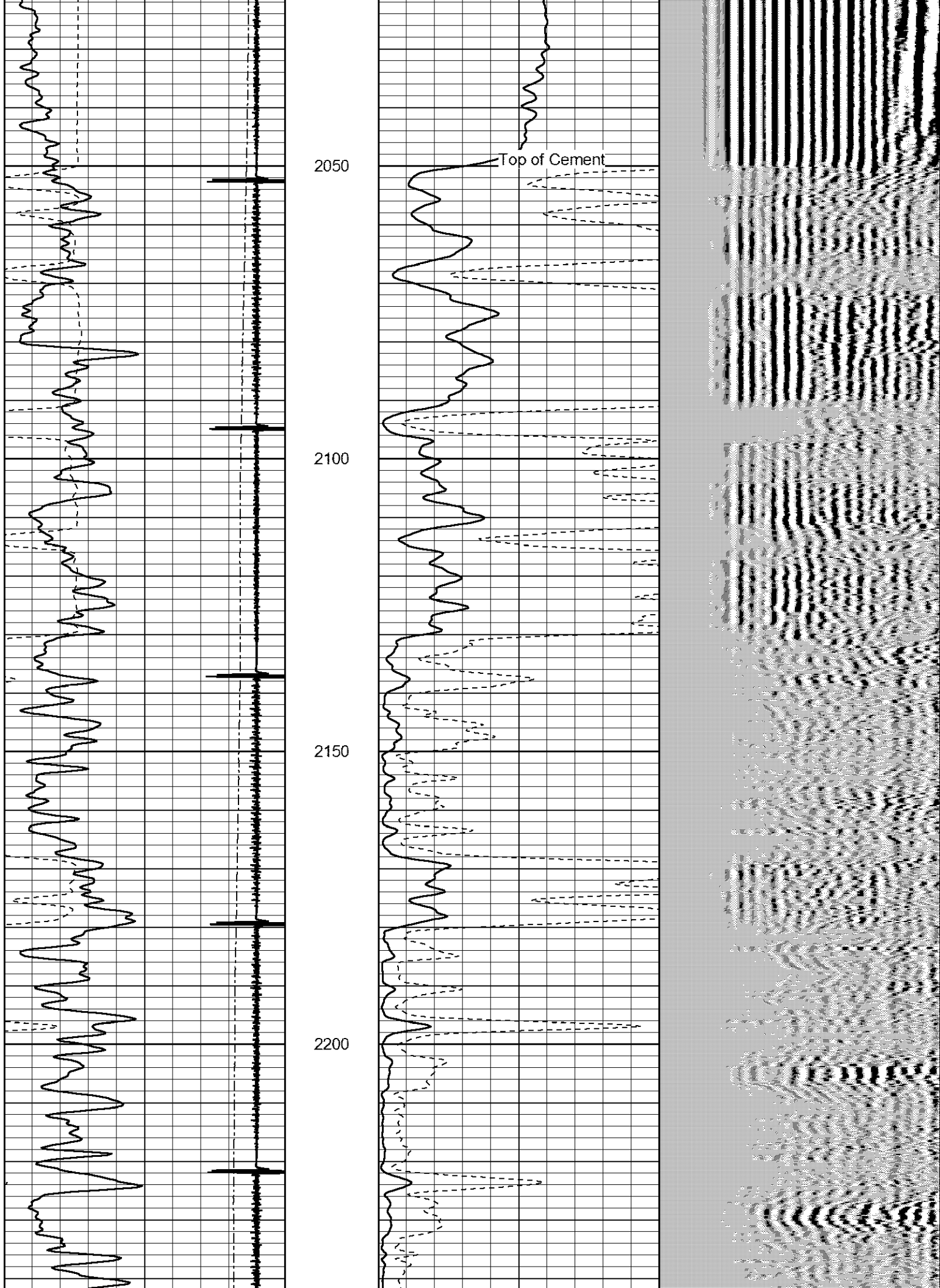
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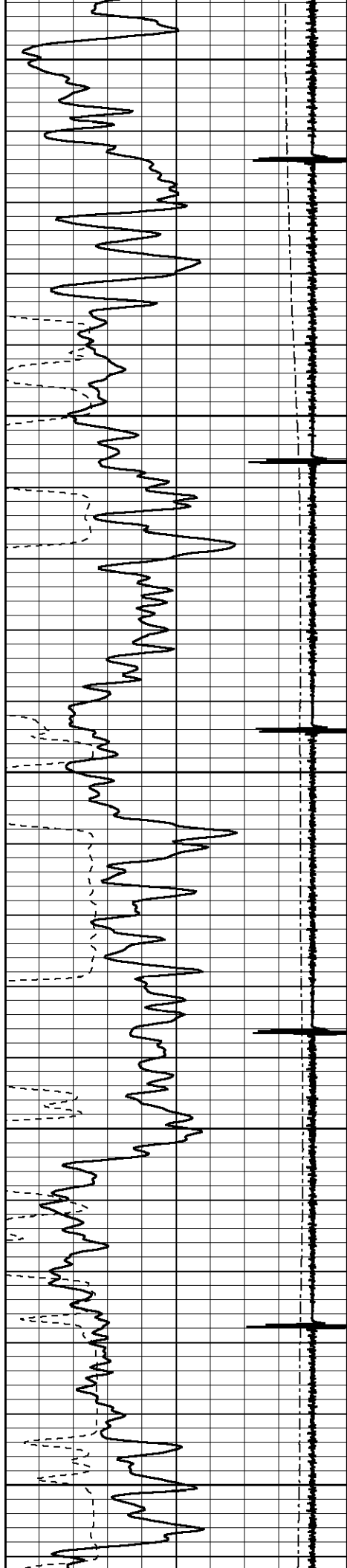
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 Charted by: Depth in Feet scaled 1:240

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0	Gamma Ray (GAPI)	150	0	X5 Amplitude (mV)	20			
320	TT3 (usec)	120	-----					
0	LTEN (lb)	2500	-----					







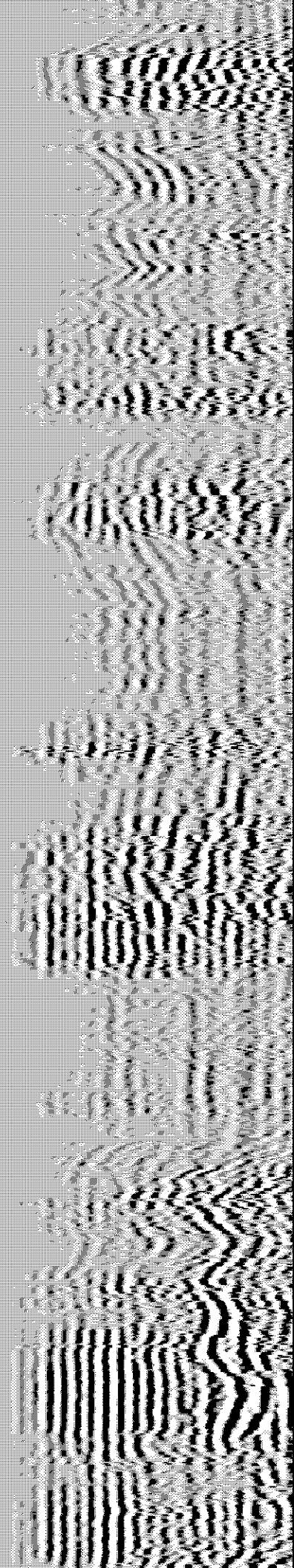
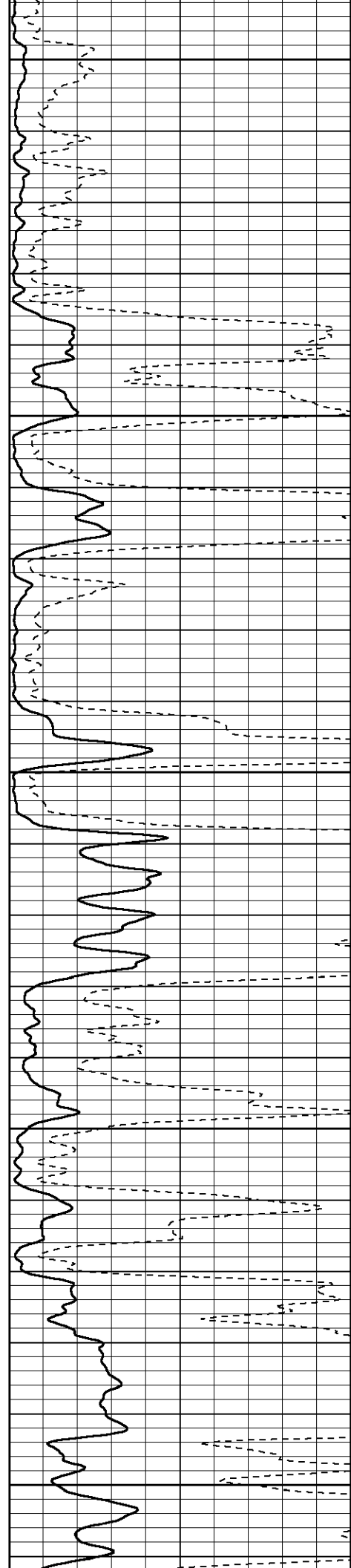
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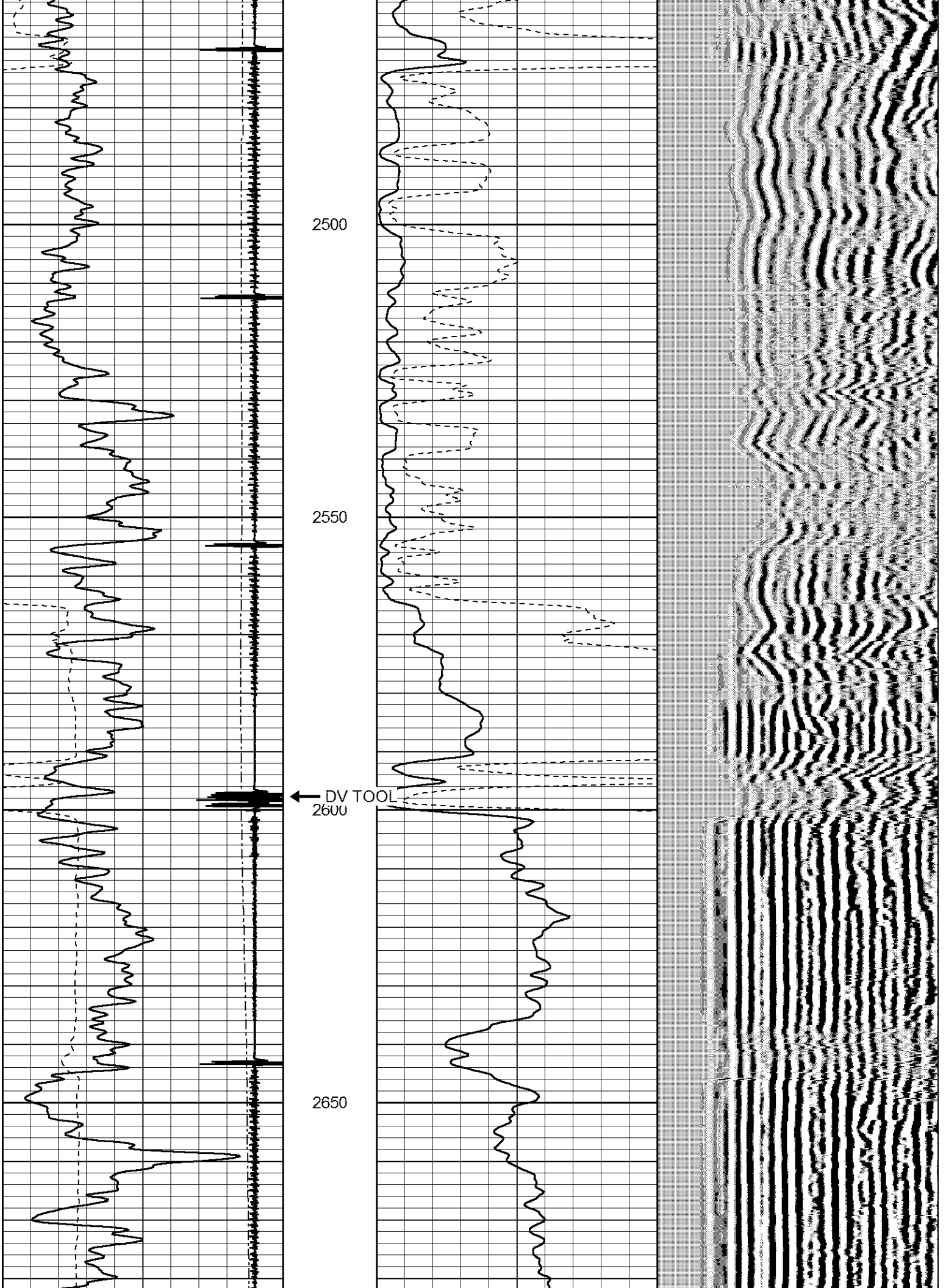
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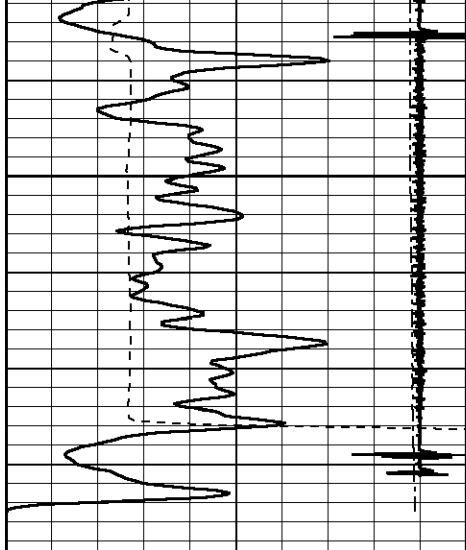
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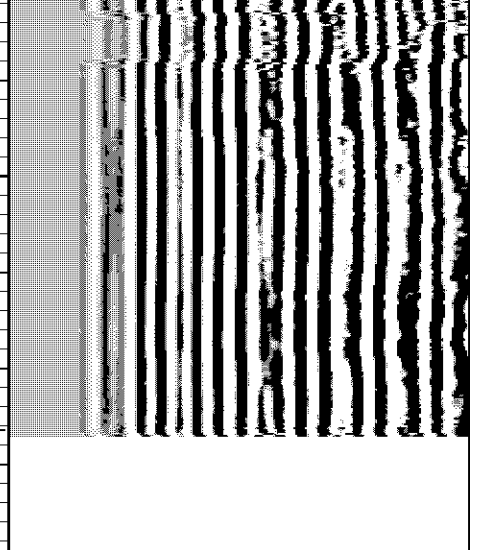
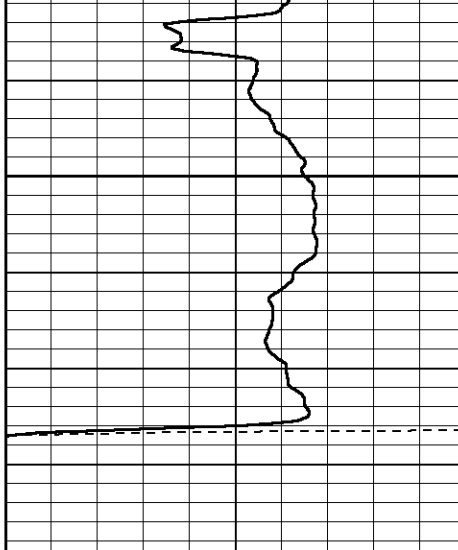








2700



9	Collar Locator	-1
0	Gamma Ray (GAPI)	150
320	TT3 (usec)	120
0	LTEN (lb)	2500

0	Amplitude (mV)	100
0	X5 Amplitude (mV)	20

200 VARIABLE DENSITY 1200

**GRESSEL OIL**   
 Field Service  
 P.O. BOX 438  
 Haysville, KS 67060

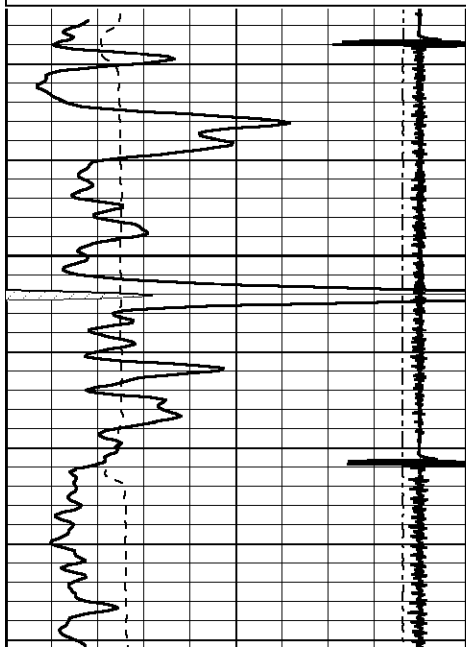
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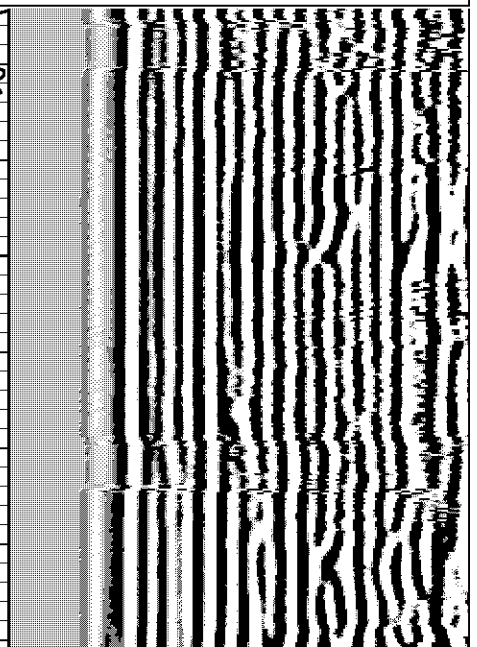
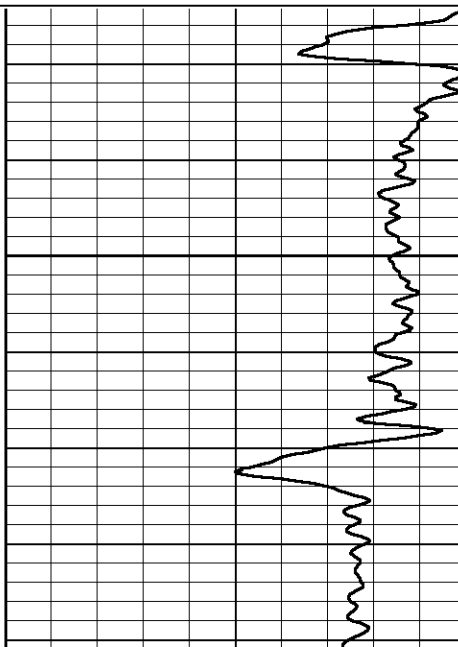
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320	TT3 (usec)	120
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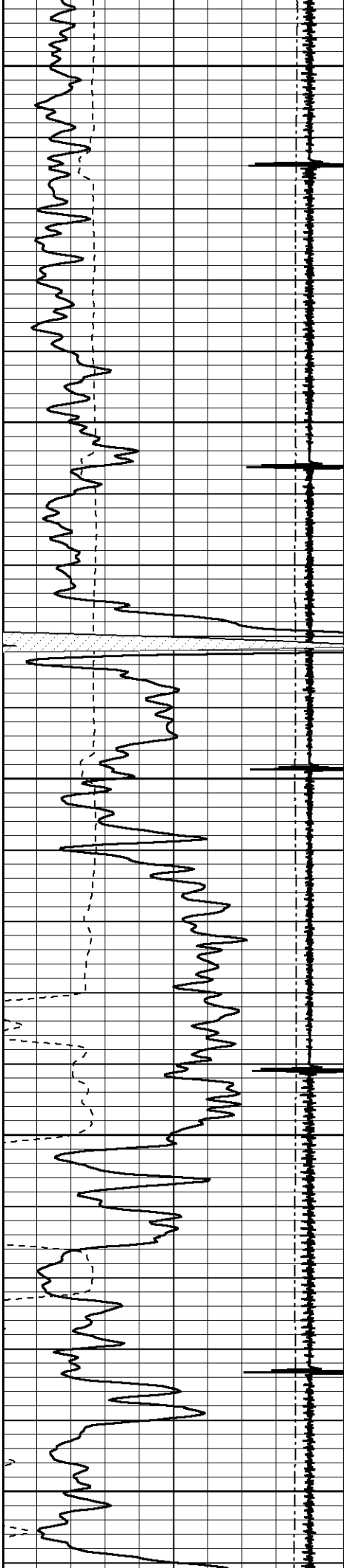
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3600





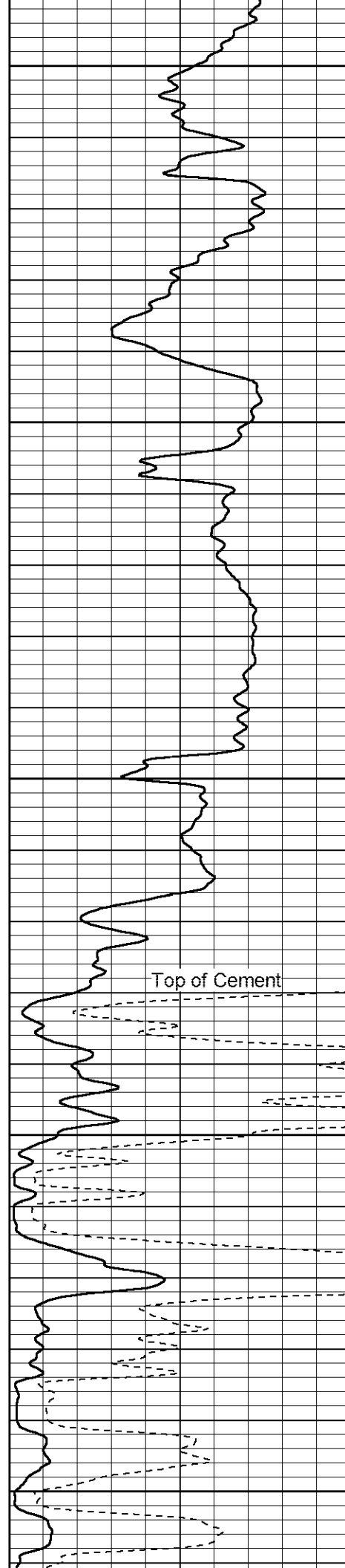
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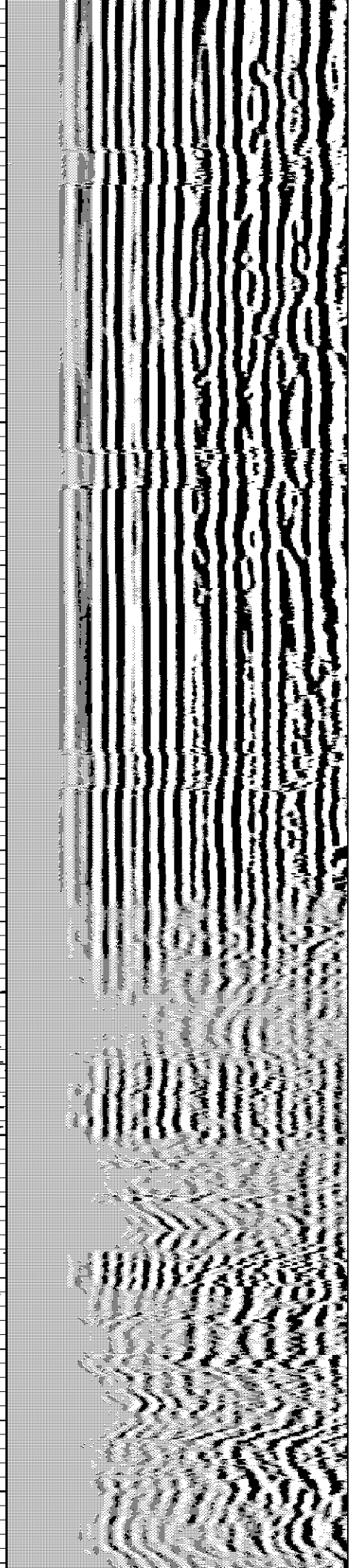
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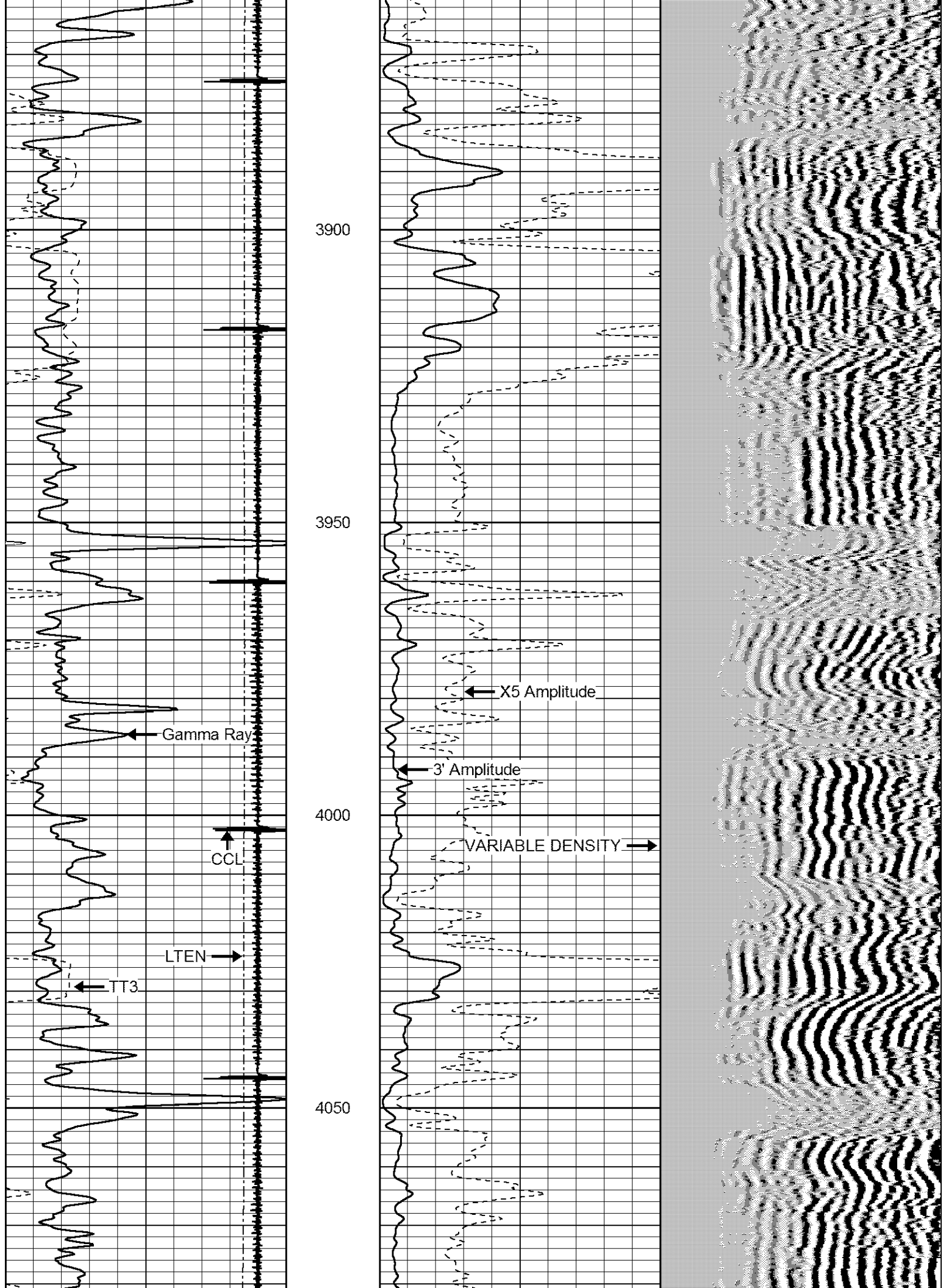
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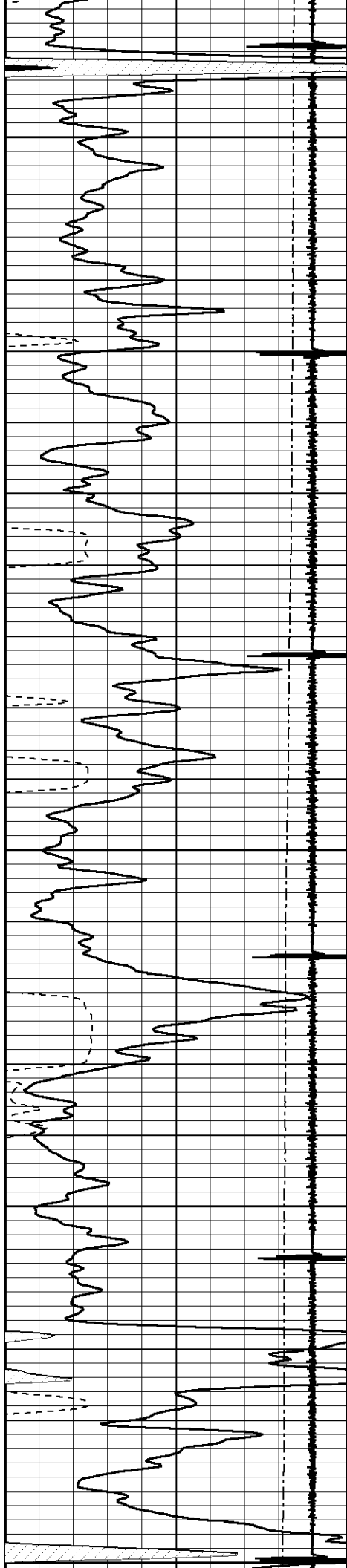
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Top of Cement







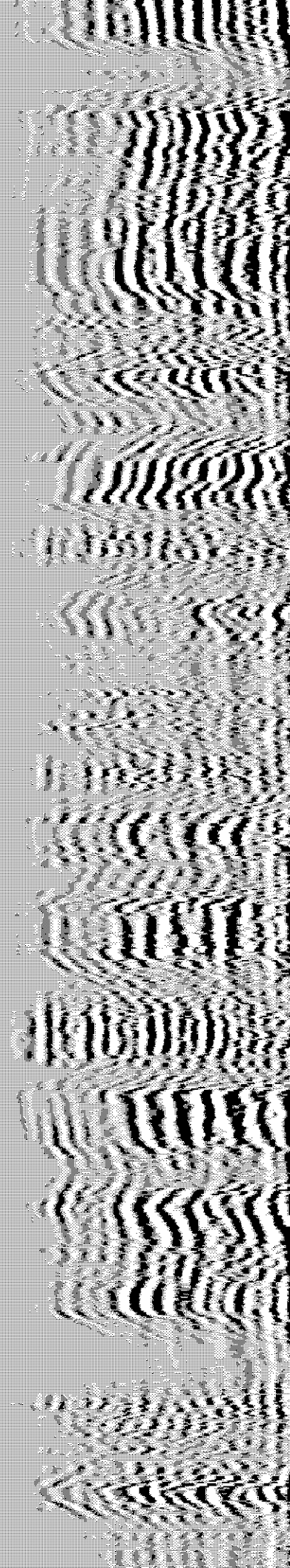
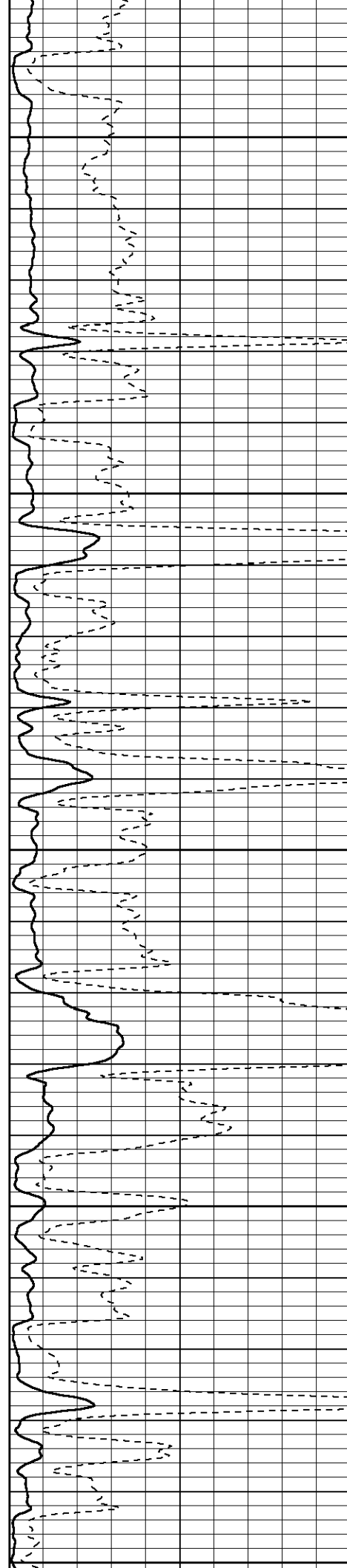
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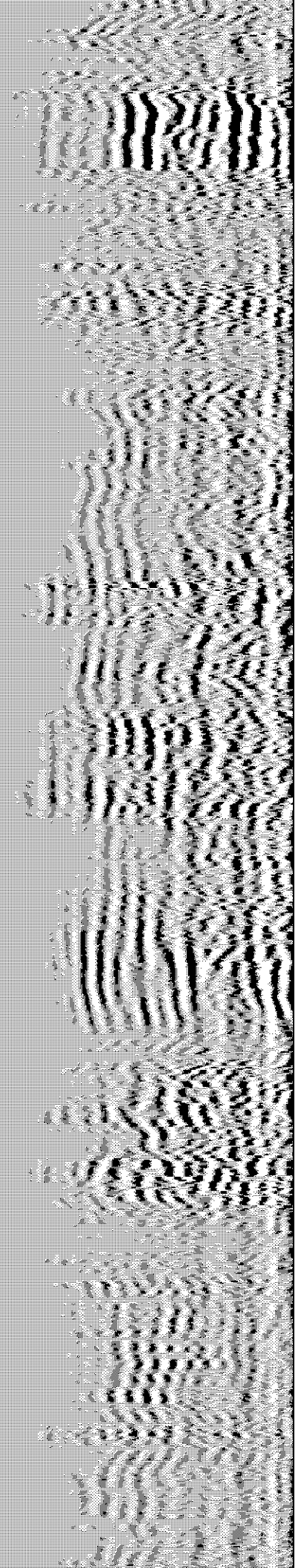
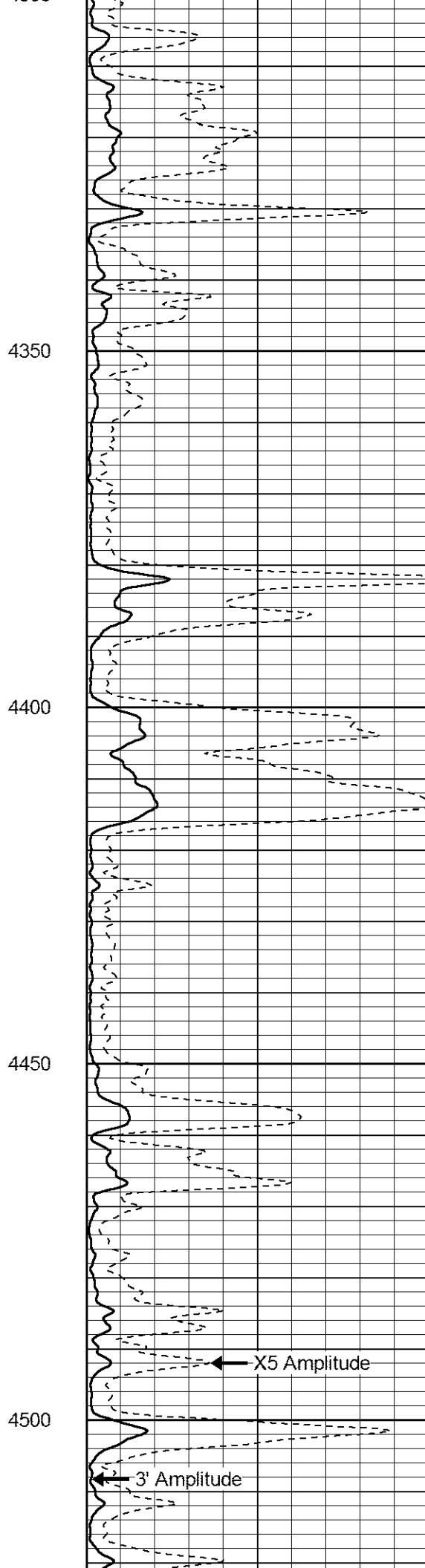
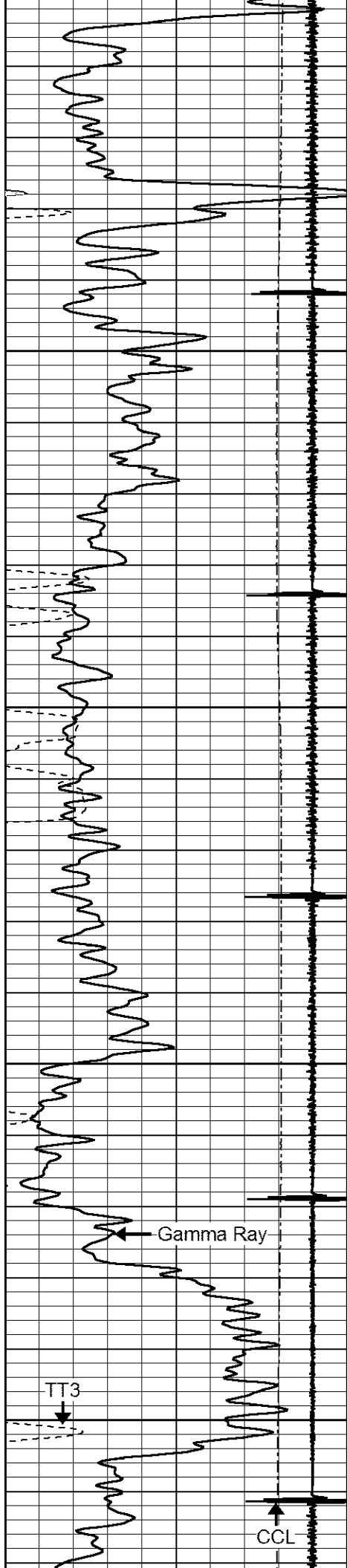
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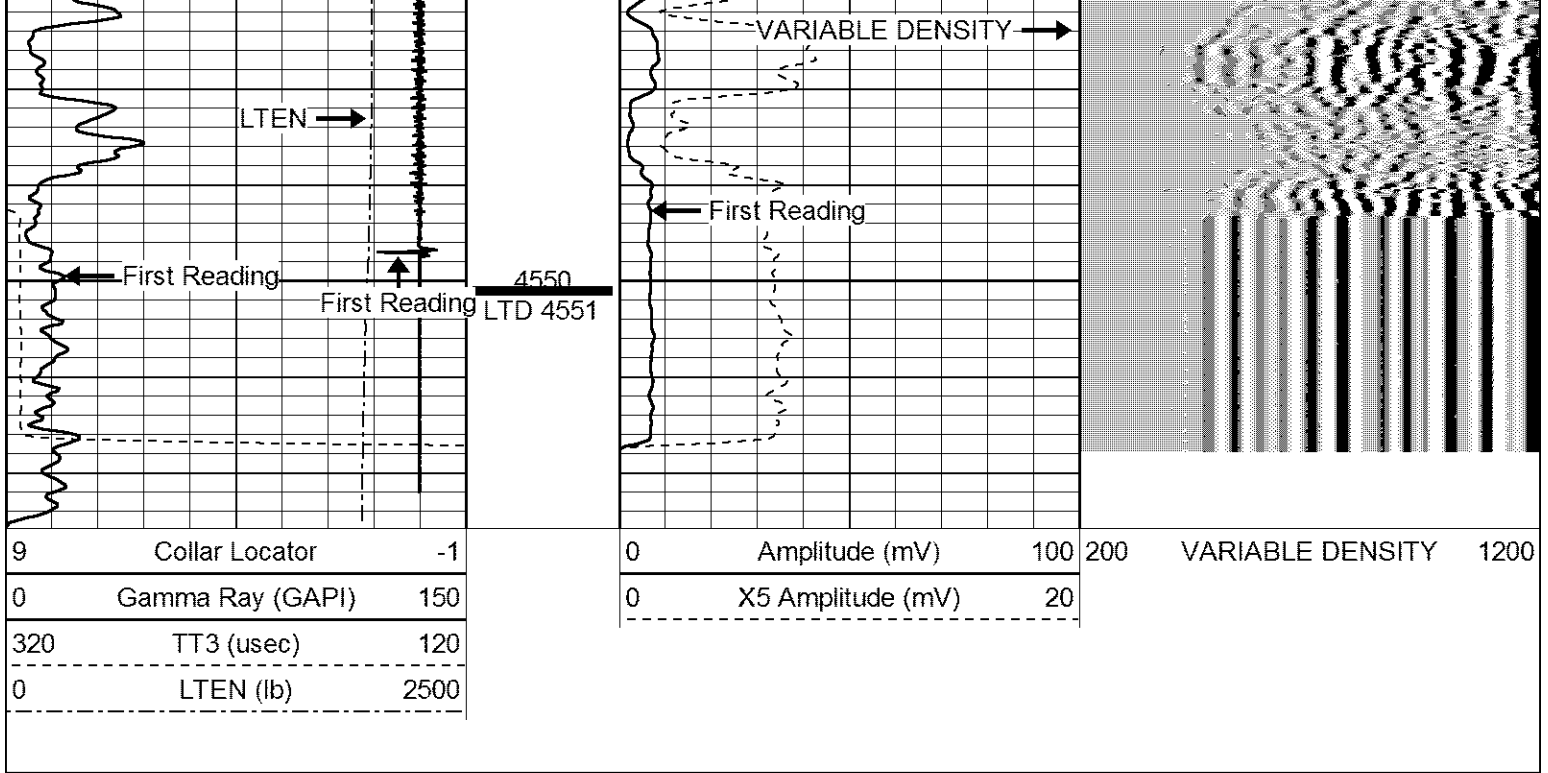
4200

4250

4300



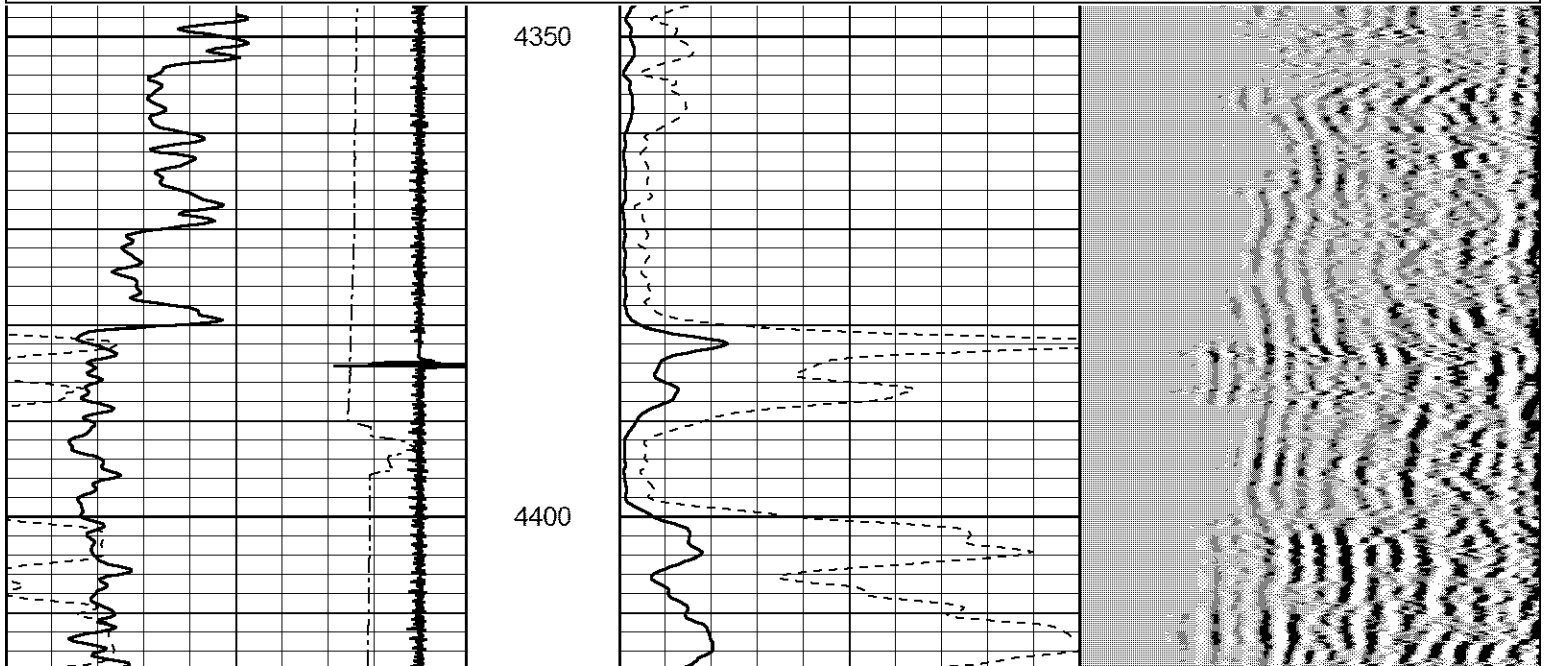
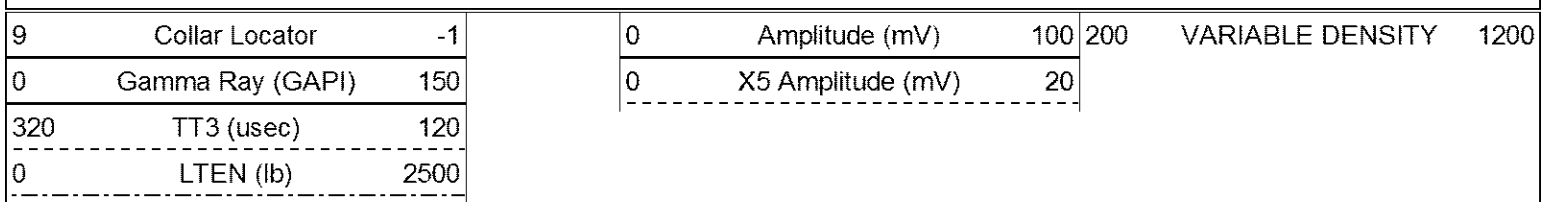




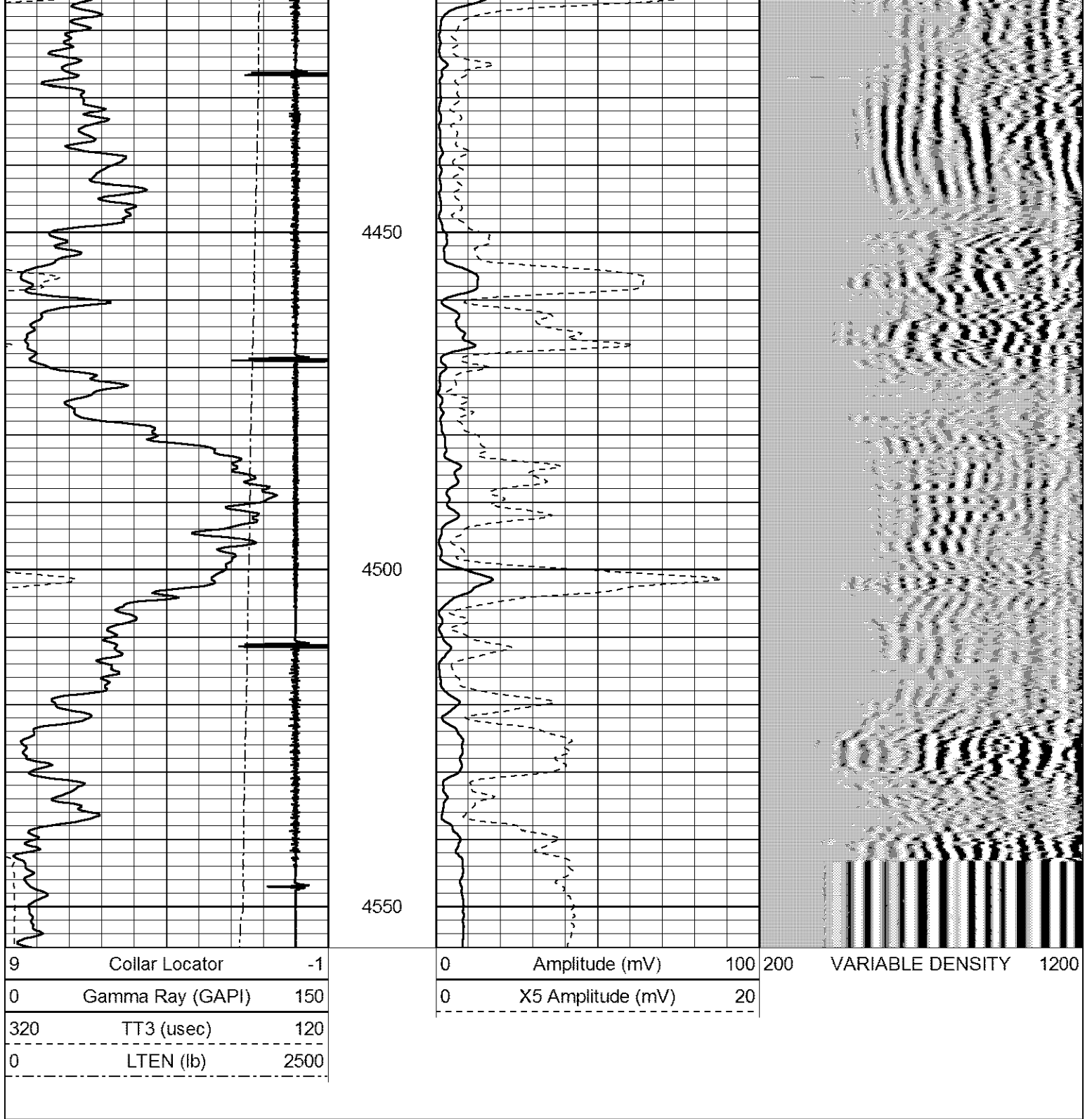
**PRESEEL OIL**  
 Field Service  
 P.O. BOX 438  
 Haysville, KS 67060


# REPEAT SECTION

Database File: thompsona1.db  
 Dataset Pathname: pass3  
 Presentation Format: cbl02  
 Dataset Creation: Wed Jul 11 13:32:50 2018 by Log 7.0 B1  
 Charted by: Depth in Feet scaled 1:240







Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
			STNDRD Standard Cable Head	1.00	1.69	10.00



# LITHOLOGY STRIP LOG

## WellSight Systems

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

Well Name: Thompson A #1

Well Id:

Location: 1700' FEL & 660' FNL Secion 16 T22S-R20W

License Number:

Spud Date: 6/27/2018

Region:

Drilling Completed: 7/5/2018

Surface Coordinates:

Bottom Hole

Coordinates:

Ground Elevation (ft): 2185

K.B. Elevation (ft): 2191

Logged Interval (ft): 2250

To:

Total Depth (ft): 4582

Formation: Viola

Type of Drilling Fluid: Chemical mud

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

### OPERATOR

Company: Bear Petroleum

Address: P.O. Box438

Haysville, KS 67060

### GEOLOGIST

Name: Rod Andersen

Company: Eurypterid LLC

Address: 100 S. Main Suite 226




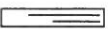
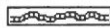


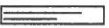
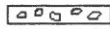



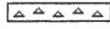


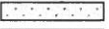




Wichita, Kansas 67202

### Cores

### DSTs

### Comments

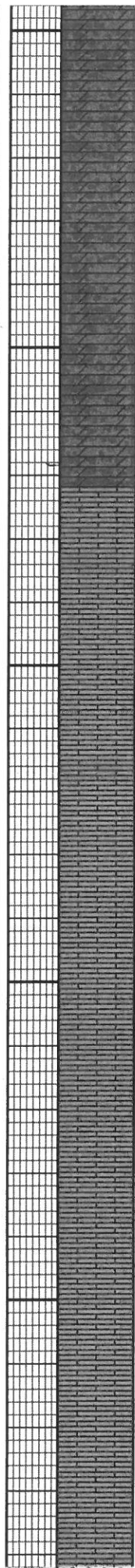
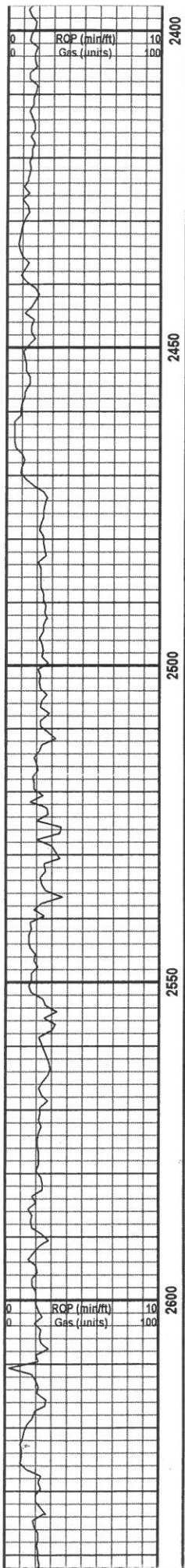
### ROCK TYPES

 Anhy	 Coal	 Lmst	 Shcol
 Bent	 Congl	 Meta	 Shgy
 Brec	 Dol	 Mrlst	 Sltst
 Cht	 Gyp	 Salt	 Ss
 Clyst	 Igne	 Shale	 Till

### ACCESSORIES

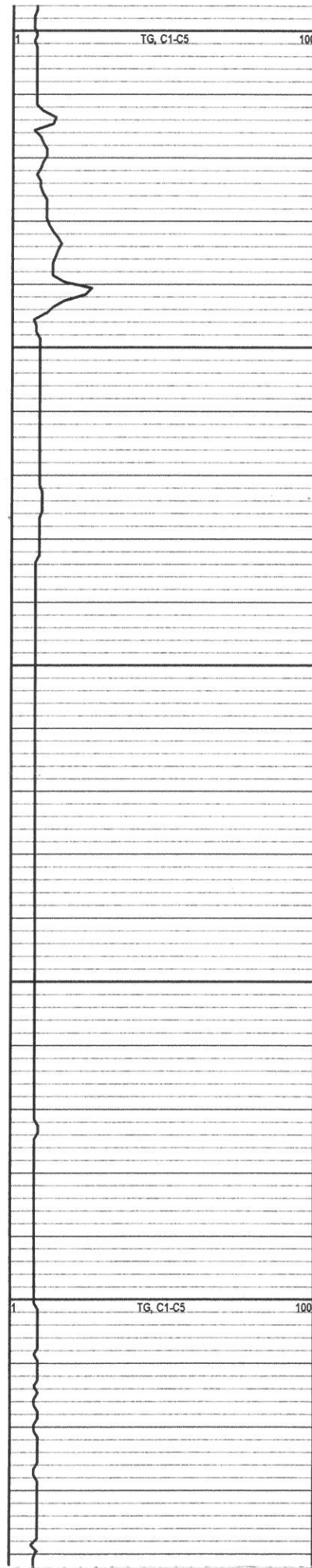
<b>MINERAL</b>	 Minxl	 Crin	 Gyp
 Anhy	 Nodule	 Echin	 Ls
 Arggrn	 Phos	 Fish	 Mrst
 Arg	 Pyr	 Foram	 Sltstrg
 Bent	 Salt	 Fossil	 Ssstrg
 Bit	 Sandy	 Gastro	
 Brecfrag	 Silt	 Oolite	<b>TEXTURE</b>
 Calc	 Sil	 Ostra	 Boundst
 Carb	 Sulphur	 Pelec	 Chalky
 Chtdk	 Tuff	 Pellet	 Cryxln
 Chtdk		 Pellet	 Earth

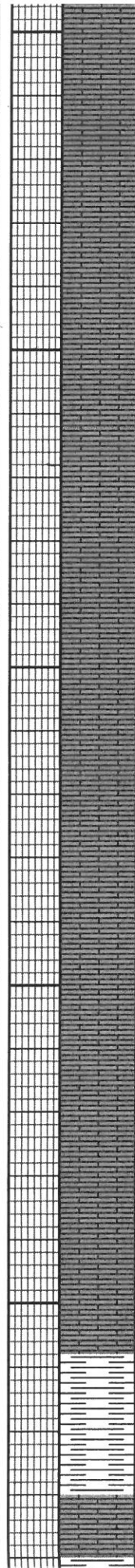
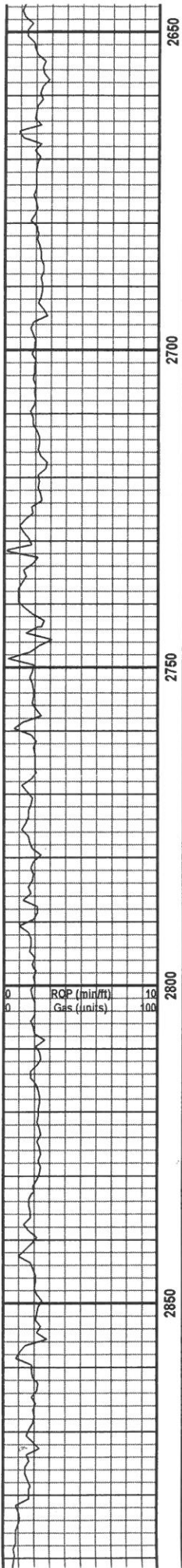




Towanda 2404  
-212

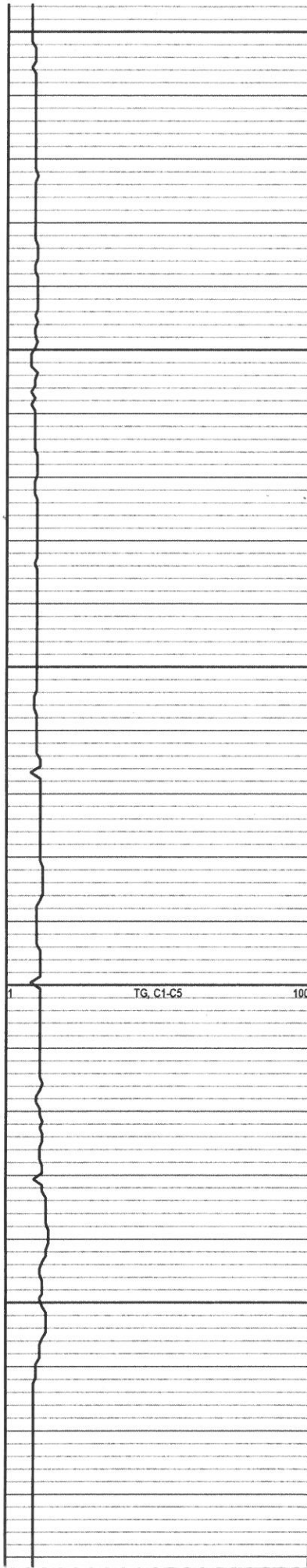
Ft Riley  
2458-266



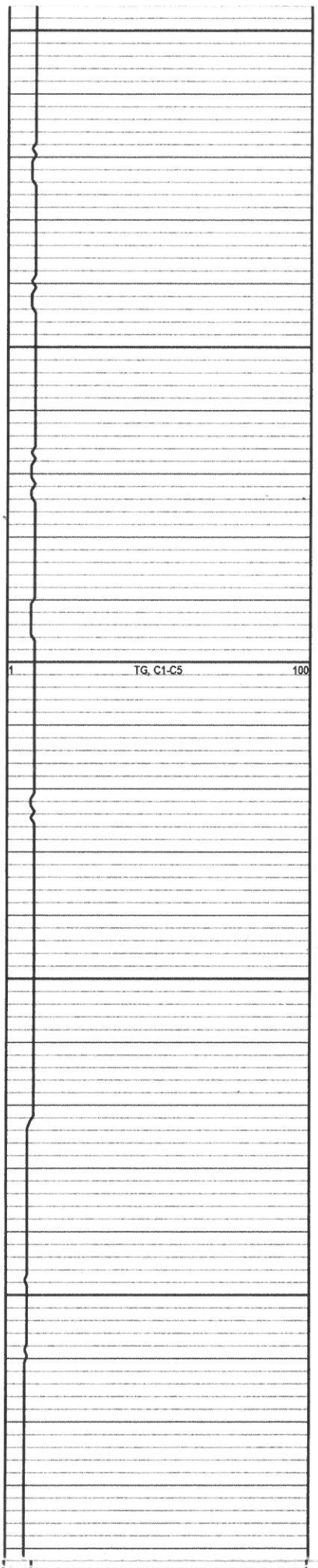
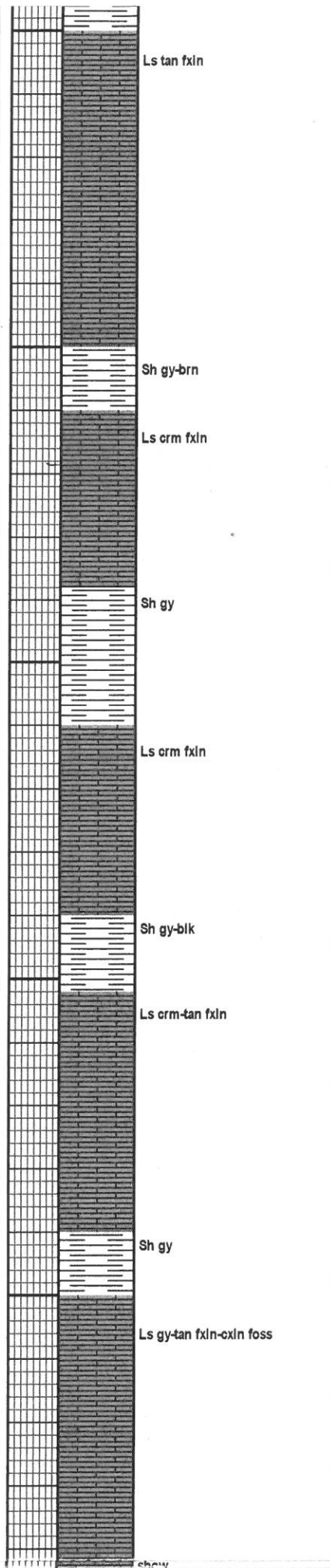
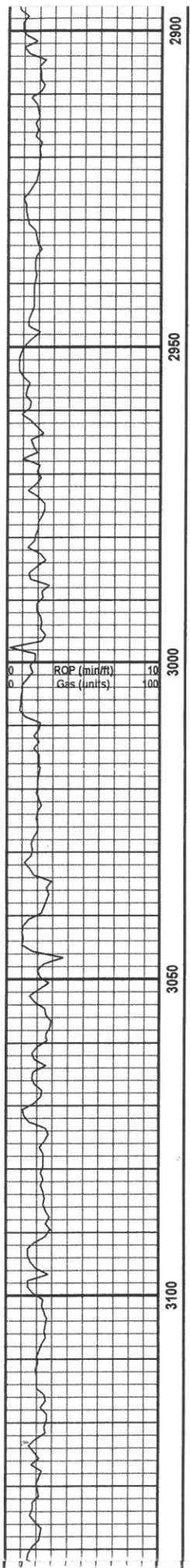


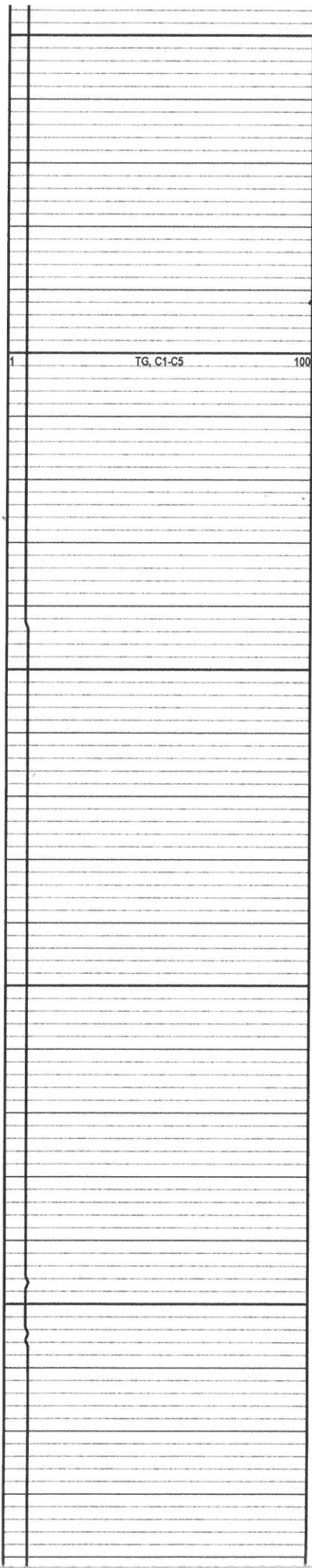
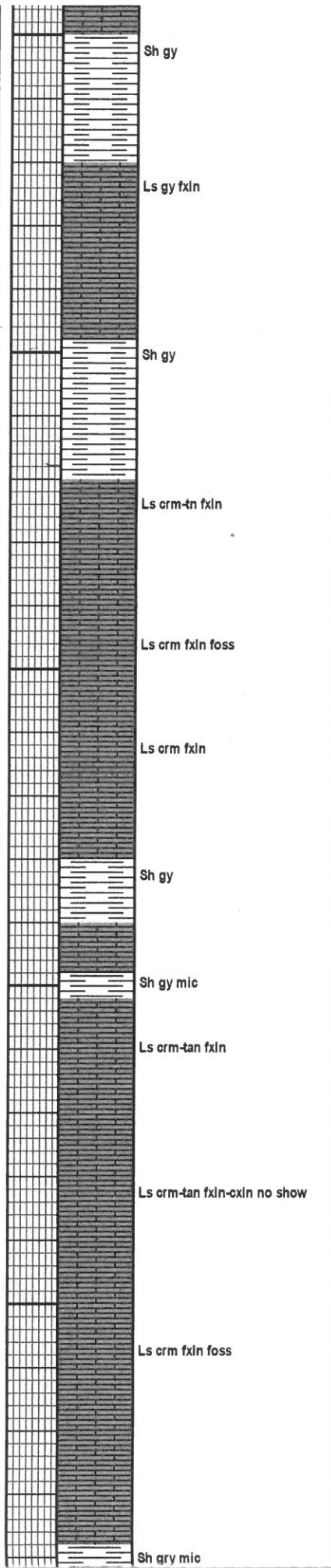
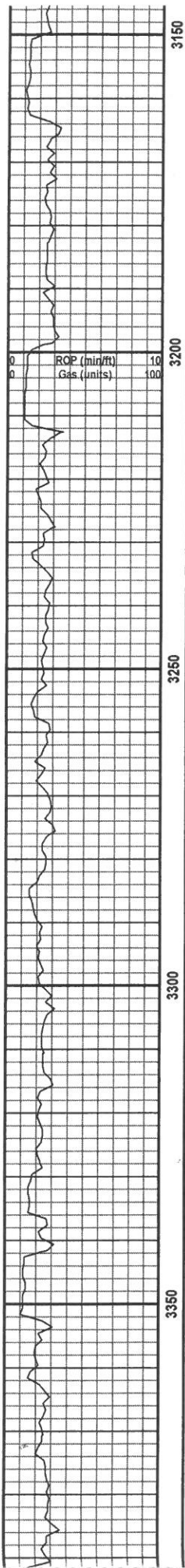
Sh gy mic

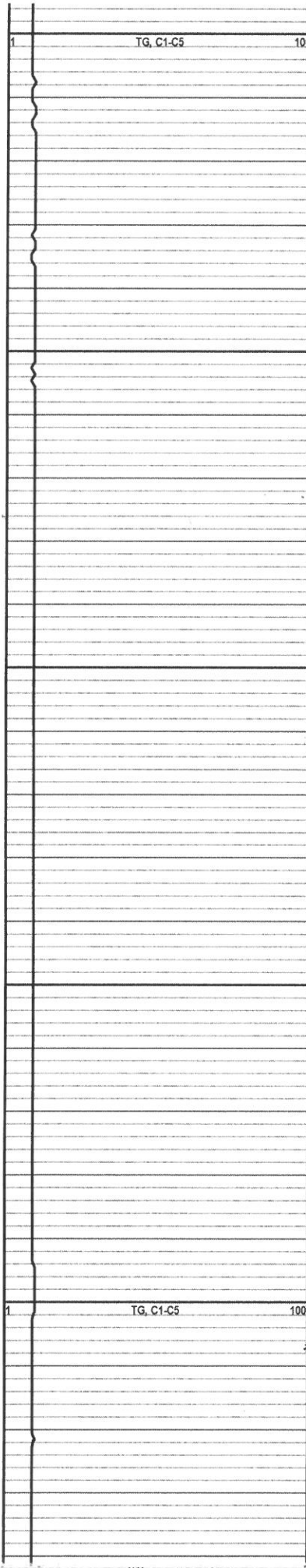
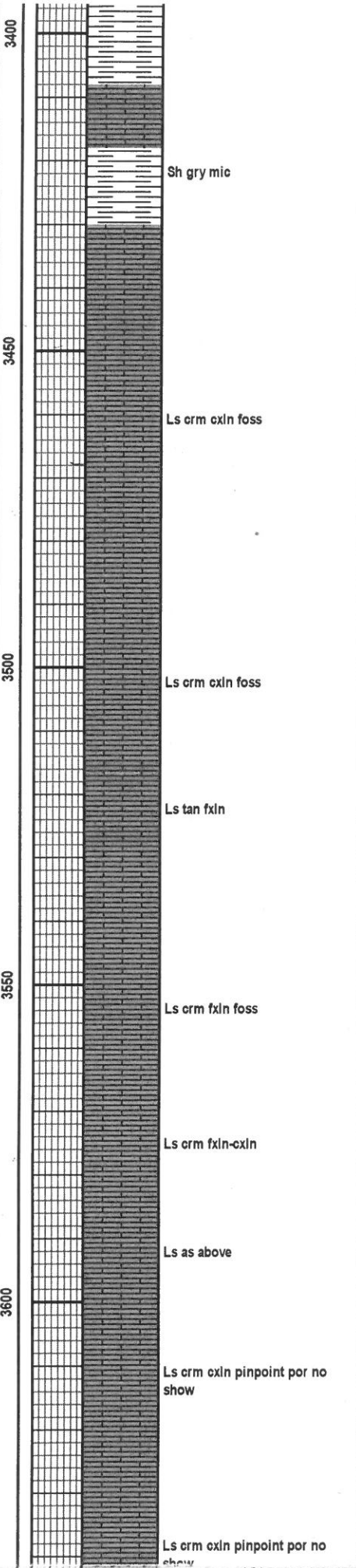
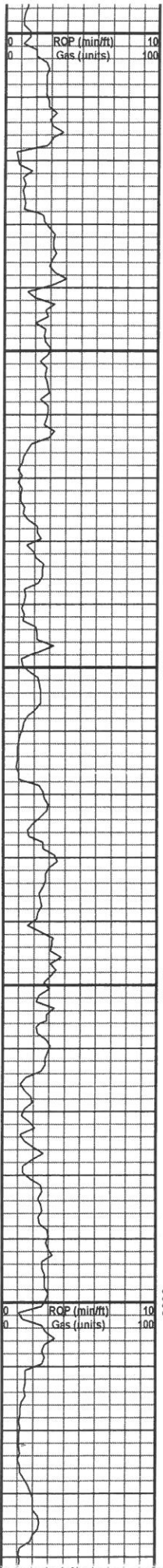
Ls crm fxln

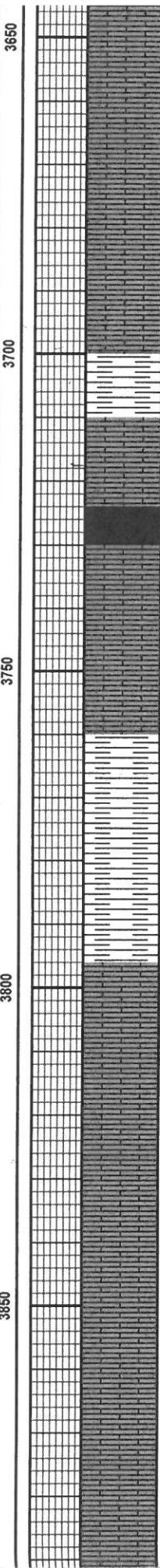
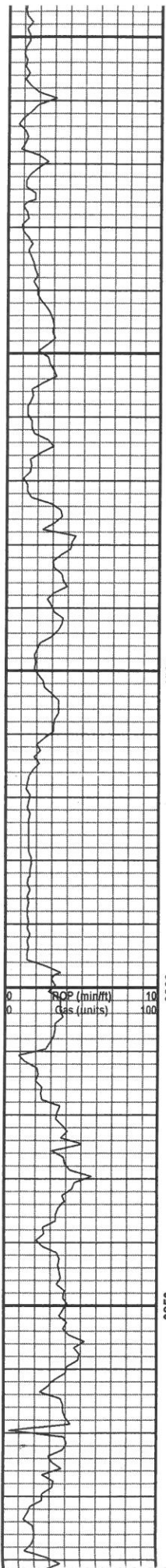












Ls crm fxln-cxln scattered dead oil stain

Ls crm fxln-cxln scattered black oil stain

**Heebner Shale 3726 -1535**

Ls crm-brn fxln foss

Sh gry-dk gry fissel mic

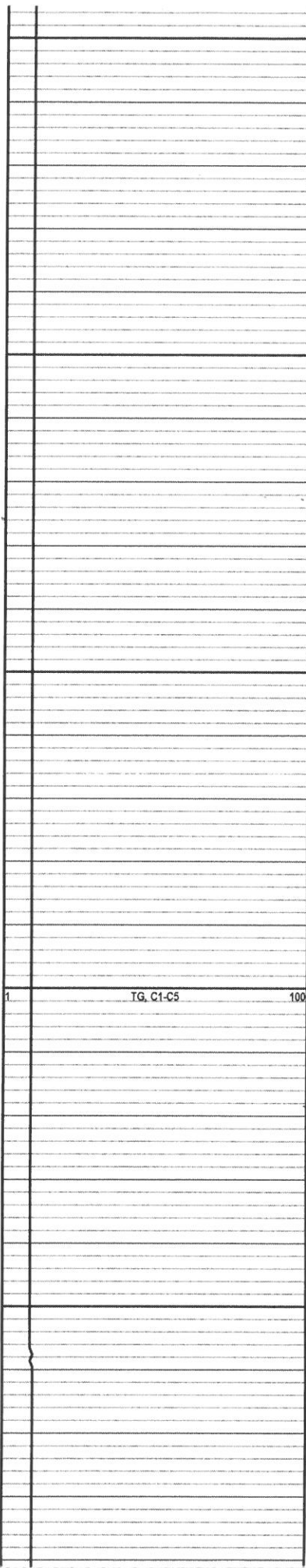
**Lansing 3796 -1605**

Ls crm-tan fxln-cxln foss traces of pyrite

Ls crm-tan fxln

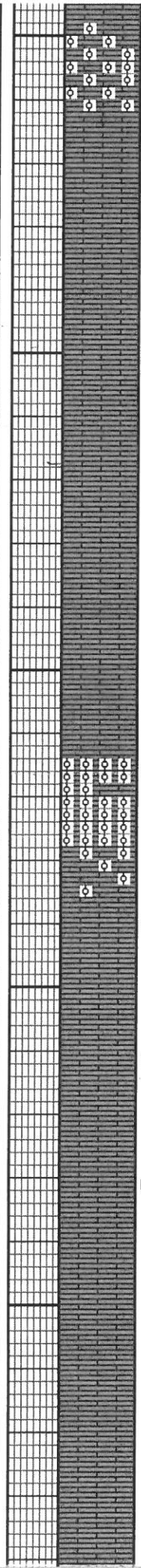
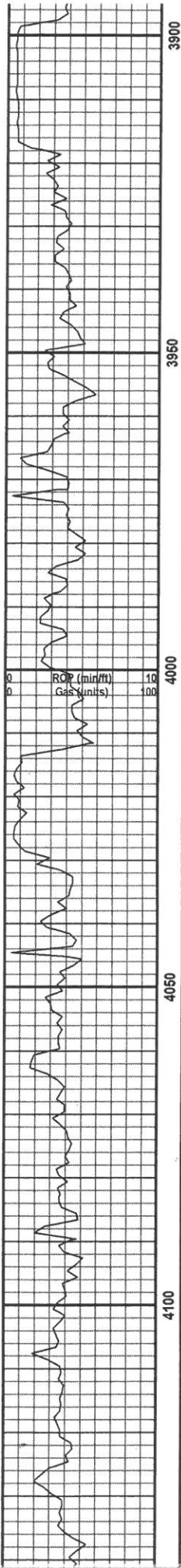
Ls crm fxln fos

Ls crm fxln foss



TG, C1-C5





Ls crm-tan Oolitic

Ls tan fxln

Ls crm fxln-cxln

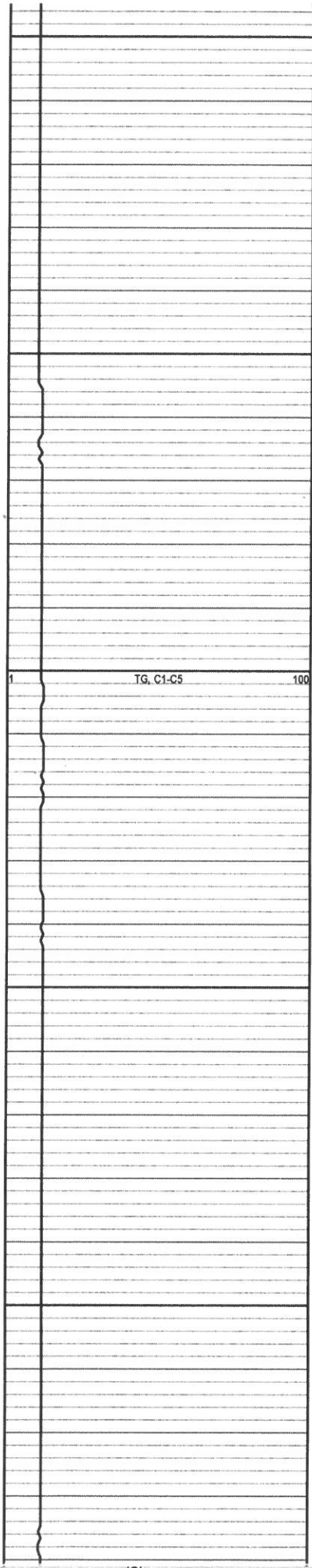
Ls crm-brn fxln

Ls crm-tan oolitic

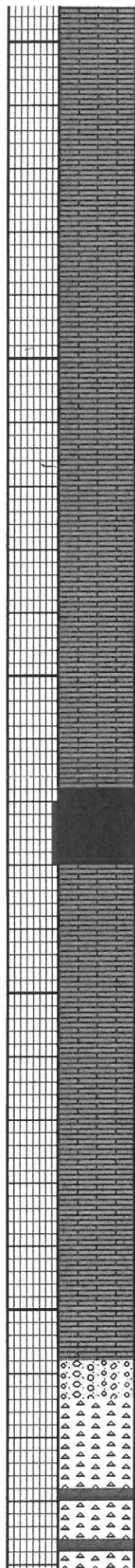
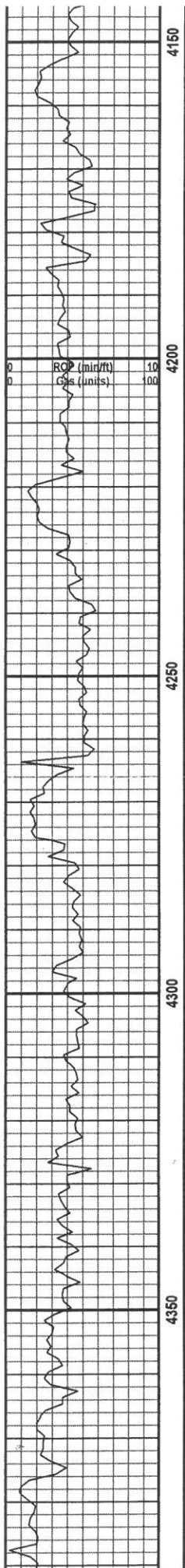
Ls tan fxln

Ls tan fxln

Ls fxln foss



TG, C1-C5



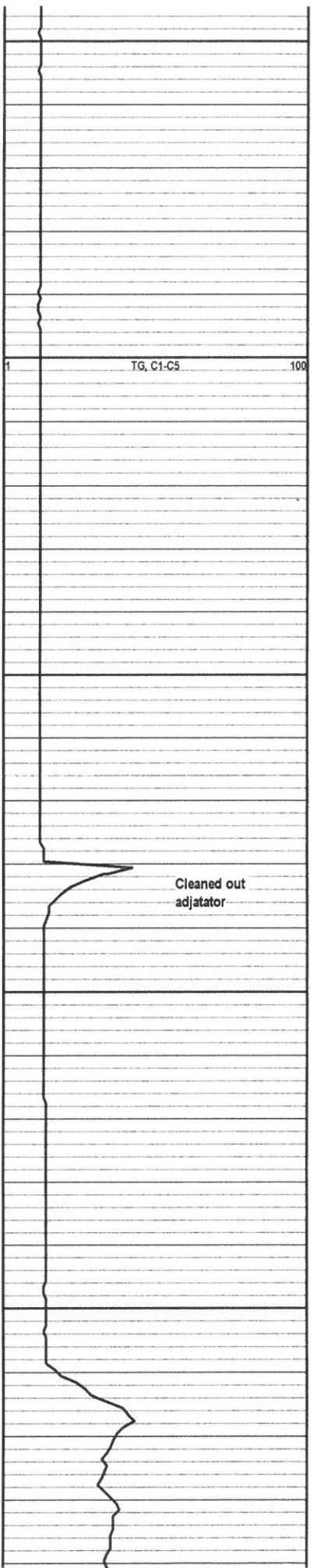
**Ft Scott 4264 -2073**

**Ls crm-tan fxln foss**

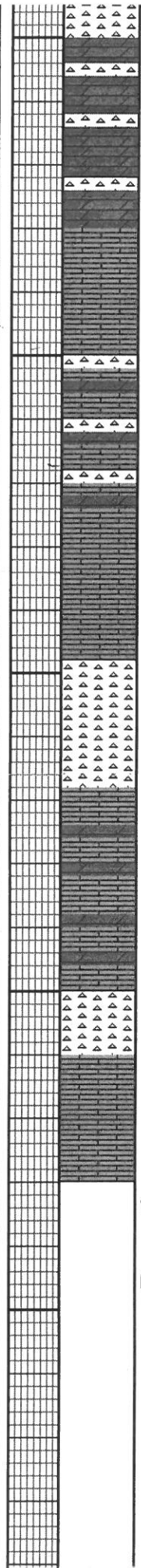
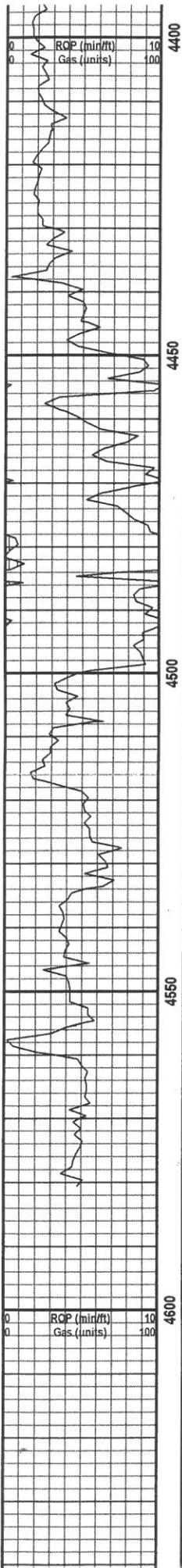
*Cherokee 4292  
- 2102*

**Miss 4365 -2175**

Chrt trip. varicolored good stain  
throughout bleeding oil gas  
bubbles good odor yellow flor.  
vuggy porosity throughout Dol  
streaks good vis por bleeding oil







Dolomite good stain bleeding oil  
Chert white good staining vis  
por odor flor.

Ls wt fxl n foss no show

Kindenhook  
4452  
-2260  
SS For subround-  
round clear  
clusters  
NO show

VIOLA  
4504  
-2312

TD 4580

No DST's

