

SIDE TWO

Operator Name **Galloway Drilling Co., Inc.** Lease Name **Kisslinger** Well # **1**

Sec. **1** Twp. **17** Rge. **23** East West County **Ness**

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

DST #1 4296-4326 15-30-15-30 Very weak blow
 Rec 10' Oil Specked Mud IF 41-41 ISIP 88
 FSIP 72 FF 46-46
 DST #2 4326-4340 30-30-30-30 Rec 15' Mud Slight
 show oil IF 31-31 ISIP 41 FSIP 36 FF 31-31
 DST #3 4400-4414 15-15 Rec 2' mud IF 20-20
 ISIP 20
 DST #4 4389-4419 30-30-30-30
 Rec 64' Slight mud cut gassey oil
 IF 31-31 ISIP 947 FSIP 718 FF 41-41
 DST #5 4418-4429 30-60-45-60
 Good blow Rec 450" muddy salt water
 IF 26-62 ISIP 1251 FSIP 1230 FF 98-166

Name	Top	Bottom
Anhydrite	1705	+697
Heebner	3800	-1398
Lansing	3838	-1436
B/KC	4102	-1700
Pawnee	4214	-1812
Ft. Scott	4310	-1908
Cherokee Shale	4328	-1926
Upper Cherokee Sand	4330	-1931
Basil Sand	4416'	-2014
Mississippi	4420	-2018
RTD	4520	-2118

CASING RECORD <input checked="" 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
Surface	12 1/4"	8 5/8"	23#	250'	60/40 PQZ	150	2% gel 3% cacl.
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
TUBING RECORD				Size	Set At	Packer at	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First Production		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (explain) _____					
Estimated Production Per 24 Hours		Oil Bbls	Gas MCF	Water Bbls	Gas-Oil Ratio	Gravity CFPB	

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify) _____
 Used on Lease

Daily Completed
 Commingled