



Confidentiality Requested:

Yes  No

**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       SLOW
- 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: \_\_\_\_\_

1226633

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](mailto: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
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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				

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: <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

<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. <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	Oolite Energy Corp
Well Name	Stoltzfus 3-3
Doc ID	1226633

All Electric Logs Run

Array Compensated True Resistivity Log
Bore Hole Compensated Sonic Ray Log
Dual Spaced Neutron Spectral Density Log
Microlog
Radial Cement Bond Log

Form	ACO1 - Well Completion
Operator	Oolite Energy Corp
Well Name	Stoltzfus 3-3
Doc ID	1226633

Tops

Name	Top	Datum
Herrington	2649	-139
Krider	2690	-180
Winfield	2747	-237
Ft. Riley	2871	-361
Heebner	4404	-1894
Toronto	4441	-1931
Lansing	4572	-2062
Kansas City	4813	-2303
Marmaton	5196	-2686
Novinger	5270	-2760
Cherokee Sh	5398	-2888
Atoka	5602	-3092
Morrow	5717	-3207
Chester	5804	-3294
St. Genevieve	6144	-3634



## Summary of Changes

Lease Name and Number: Stoltzfus 3-3

API/Permit #: 15-119-21368-00-00

Doc ID: 1226633

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/01/2014	10/07/2014
Perf_Record_1	5965-5975	6057-6067
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1218791">../..kcc/detail/operatorEditDetail.cfm?docID=1218791</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1226633">../..kcc/detail/operatorEditDetail.cfm?docID=1226633</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1218791  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

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

**CONFIDENTIAL** 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.

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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).

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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)</i> <i>(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	Oolite Energy Corp
Well Name	Stoltzfus 3-3
Doc ID	1218791

All Electric Logs Run

Array Compensated True Resistivity Log
Bore Hole Compensated Sonic Ray Log
Dual Spaced Neutron Spectral Density Log
Microlog
Radial Cement Bond Log

Form	ACO1 - Well Completion
Operator	Oolite Energy Corp
Well Name	Stoltzfus 3-3
Doc ID	1218791

Tops

Name	Top	Datum
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Toronto	4441	-1931
Lansing	4572	-2062
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Marmaton	5196	-2686
Novinger	5270	-2760
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Chester	5804	-3294
St. Genevieve	6144	-3634

Form	ACO1 - Well Completion
Operator	Oolite Energy Corp
Well Name	Stoltzfus 3-3
Doc ID	1218791

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	5965-5975		



Customer <i>Oolite</i>	Lease No.	Date <i>6 5 14</i>
Lease <i>Stoltzfus</i>	Well # <i>3-3</i>	Service Receipt <i>5840</i>
Casing <i>8 5/8</i>	Depth <i>1590</i>	County <i>Meade</i> State <i>KS</i>
Job Type <i>2 1/2 Surface</i>	Formation	Legal Description <i>3-34-29</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8</i>	Tubing Size	Shots/Ft		Lead <i>385 SK A Con</i>
Depth <i>1590</i>	Depth <i>55 412</i>	From	To	<i>2.45 SK 3-56</i>
Volume <i>99</i>	Volume	From	To	<i>18.16 SK 11.4#</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>150 SK Class C</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To	<i>1.31 FT-56</i>
Plug Depth <i>1554</i>	Packer Depth	From	To	<i>6.36 SK 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1800</i>					<i>Arrive On location</i>
<i>1800</i>					<i>Safety Meeting Rig Up</i>
<i>2100</i>					<i>Rig Running Casing</i>
<i>2300</i>					<i>Circulate w/Rig</i>
<i>2325</i>					<i>Hook Up To BES</i>
<i>2330</i>	<i>2000</i>		<i>1</i>	<i>1</i>	<i>Pressure Test</i>
<i>1135</i>	<i>300</i>		<i>202</i>	<i>5</i>	<i>Pump Lead out @ 11.4#</i>
<i>1203</i>	<i>200</i>		<i>36</i>	<i>5</i>	<i>Pump Tail out @ 14.8#</i>
<i>1215</i>					<i>Drop Plug Wash Up</i>
<i>1220</i>	<i>300</i>		<i>99</i>	<i>5</i>	<i>Displace</i>
<i>1240</i>	<i>500</i>		<i>10</i>	<i>2</i>	<i>Slow Down</i>
<i>1245</i>	<i>1000</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Float Held</i>
					<i>Connect To Surface</i>
					<i>Job Complete</i>
					<i>Thanks For Using BASIC Energy Services</i>

Service Units	<i>78938</i>	<i>70897-19570</i>	<i>1438-37725</i>	<i>19827-19883</i>	
Driver Names	<i>JEZ</i>	<i>SAM</i>	<i>SANTISO</i>	<i>NORMA</i>	

MIAT Andrews  
Customer Representative
Sam Benth  
Station Manager
JEZ-1 Chavez  
Cementer

Customer <i>Oolite</i>		Lease No.		Date <i>6-13-11</i>	
Lease <i>Stoltzfus</i>		Well # <i>3-3</i>		Service Receipt <i>5813</i>	
Casing <i>5 1/2</i>	Depth <i>6225</i>	County <i>Moore</i>		State <i>105</i>	
Job Type <i>2 1/2" Long Str</i>		Formation	Legal Description <i>3-311-29</i>		
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <i>5 1/2</i>		Tubing Size	<b>Shots/Ft</b>		<b>Lead</b>
Depth <i>6225</i>	Depth <i>5842</i>	From	To		
Volume <i>147615</i>	Volume	From	To		<b>Tail in</b> <i>3805 x 11.2</i> <i>1.5 ft x 3.50</i>
Max Press <i>7000</i>	Max Press	From	To		
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To		
Plug Depth <i>6183</i>	Packer Depth	From	To		<i>661161-511 141.8</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>300</i>					<i>Arrive On Location</i>
<i>330</i>					<i>Safety Meeting - Rig Up</i>
<i>700</i>					<i>Rig Pump Casing</i>
<i>800</i>					<i>Circulate w/ Rig</i>
<i>845</i>					<i>Hookup To PDS</i>
<i>850</i>	<i>2500</i>				<i>Pressure Test</i>
<i>855</i>	<i>1150</i>		<i>5</i>	<i>5</i>	<i>Pump Water Spread</i>
<i>900</i>	<i>1125</i>		<i>12</i>	<i>5</i>	<i>Pump Super Flush</i>
<i>905</i>	<i>1100</i>		<i>5</i>	<i>5</i>	<i>Pump Water Spread</i>
<i>910</i>	<i>375</i>		<i>51</i>	<i>5</i>	<i>Pump Seawater #12</i>
<i>925</i>	<i>350</i>		<i>62</i>	<i>10</i>	<i>Pump Cont @ 14.8 #</i>
<i>940</i>					<i>Run Mix Wash</i>
<i>945</i>	<i>1150</i>		<i>137</i>	<i>6</i>	<i>Displace</i>
<i>1010</i>	<i>1500</i>		<i>10</i>	<i>2</i>	<i>Slow Down</i>
<i>1015</i>	<i>2000</i>		<i>1</i>	<i>1</i>	<i>Land Mix Flood Hold</i>
					<i>Mixed Pipe During Job</i>
<i>1030</i>					<i>Pipe Not a Mouse Hole</i>
<i>1130</i>					<i>Job Complete</i>
Service Units	<i>75438</i>	<i>70897.19570</i>	<i>50164-37517</i>		
Driver Names	<i>Trent</i>	<i>SMR</i>	<i>Ricardo</i>		

*Clint*
*Bery Burt*
*Trent Chevrolet*

Customer Representative

Station Manager

Cementer

# MBC WELL LOGGING LLC

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

Well Name: STOLZFUS 3-3 OOLITE ENERGY  
 Location: MEADE COUNTY, KANSAS USA  
 Licence Number: 34242  
 Spud Date: 6-3-14  
 Surface Coordinates: 1,357'fsl, 1,669'fel SEC 33-T25S-R33W  
 Bottom Hole Coordinates: HLS-DIL/SP/GR CNL/CAL/PE/BHV SONIC SFC  
 Coordinates: API-15-119-21368-00  
 Ground Elevation (ft): 2522' K.B. Elevation (ft): 2532'  
 Logged Interval (ft): 4300 To: 6250 Total Depth (ft): E-LOG 6538  
 Formation: ST GEN RUN PRODUCTION PIPE TO BOTTOM  
 Type of Drilling Fluid: WINTERS MUD NATE AGEE (580) 651 4904

Region: MOHLER

Drilling Completed: 6-11-2014

TOMCAT 4 #34127 CROWN CONSULT.--CLINT ANDREWS CO-MAN

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com






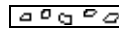
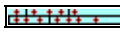


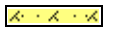






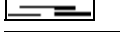

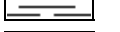








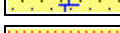


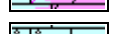

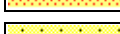


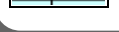


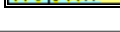

## OPERATOR

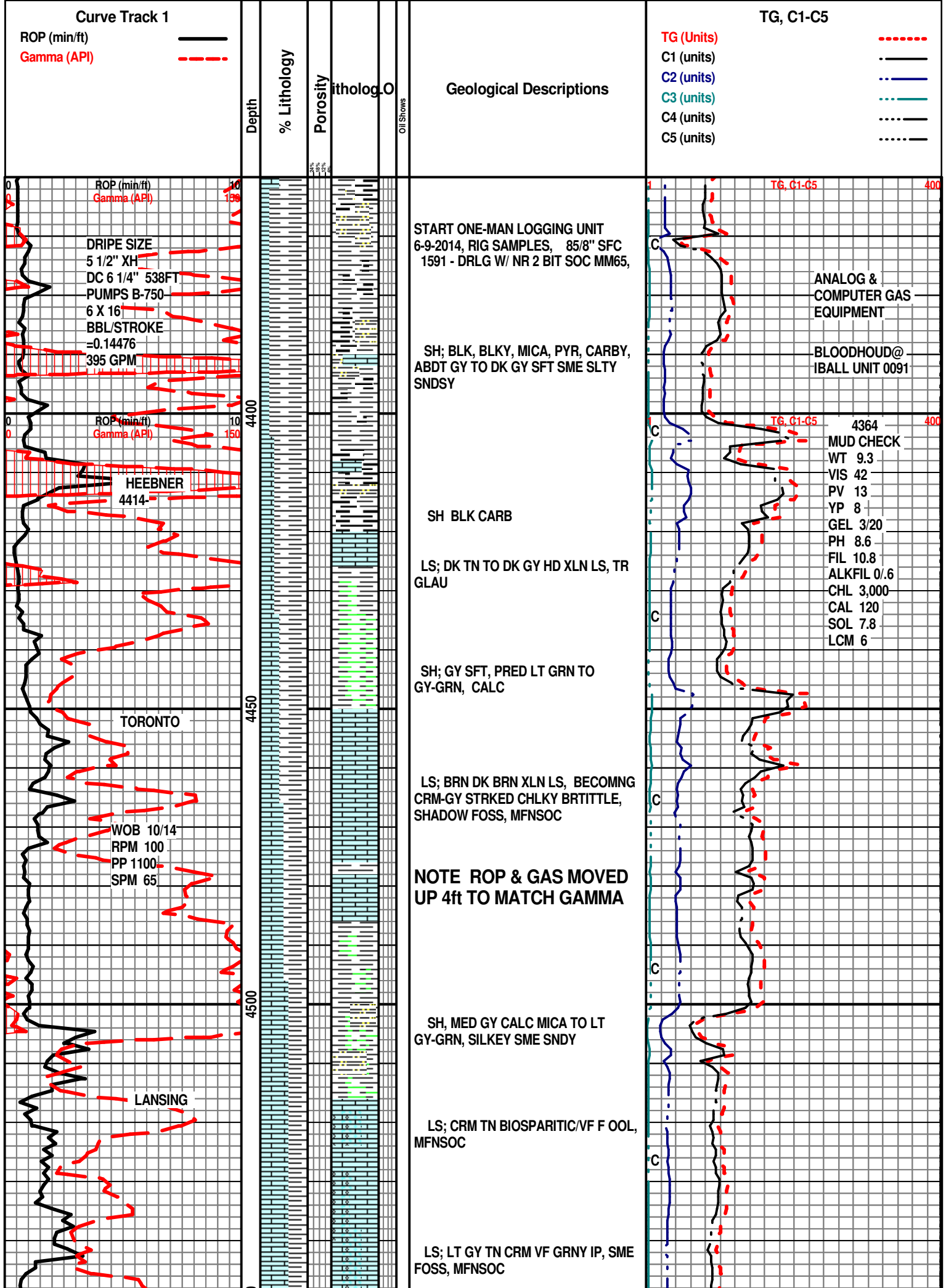
Company: OOLITE ENERGY  
 Address: PO BOX 9398  
 AMARILLO, TEXAS 79105

## MUDLOGGER

Name: AUSTIN GARNER  
 Company: MBC WELL LOGGING LLC  
 Address: 21156 RD 22  
 MEADE, KANSAS 67864

## ROCK TYPES

	Anhy		Oolitic ls -1		Salt		Grn sh strk		Calc shale
	Brec		Stgensndy-		Sndy sh--reg		Lmy sh-2		Granitewash
	Cht		New ls-1		Sndy sh		Grn mott gy		Ls shly-b
	Coal		Carby shale		Sltst-1		Shale-1		Poor sortd ss
	Congl		Lmy carby		Sltty-shale		Red sh-1		Snd-ls-sh
	Dolo new		Carb sh		Lmy ss-1		Stgensndy-arkos		
	Newdolo ls		Gyp		Arkosic snd		Sndy ool ls		
	Ls & ooids		Sltst		Ss		Sndy-ls-1		



ROP (min/ft)  
Gamma (API)

**DRIFE SIZE**  
5 1/2" XH  
DC 6 1/4" 538FT  
PUMPS B-750  
6 X 16  
BBL/STROKE  
=0.14476  
395 GPM

ROP (min/ft)  
Gamma (API)

**HEEBNER**  
4414-

**TORONTO**

WOB 10/14  
RPM 100  
PP 1100  
SPM 65

**LANSING**

**START ONE-MAN LOGGING UNIT**  
6-9-2014, RIG SAMPLES, 85/8" SFC  
1591 - DRLG W/ NR 2 BIT SOC MM65,

SH; BLK, BLKY, MICA, PYR, CARBY,  
ABDT GY TO DK GY SFT SME SLTY  
SNDSY

SH BLK CARB  
LS; DK TN TO DK GY HD XLN LS, TR  
GLAU

SH; GY SFT, PRED LT GRN TO  
GY-GRN, CALC

LS; BRN DK BRN XLN LS, BECOMNG  
CRM-GY STRKED CHLKY BRITTLE,  
SHADOW FOSS, MFNSOC

**NOTE ROP & GAS MOVED  
UP 4ft TO MATCH GAMMA**

SH, MED GY CALC MICA TO LT  
GY-GRN, SILKEY SME SNDY

LS; CRM TN BIOSPARITIC/VF F OOL,  
MFNSOC

LS; LT GY TN CRM VF GRNY IP, SME  
FOSS, MFNSOC

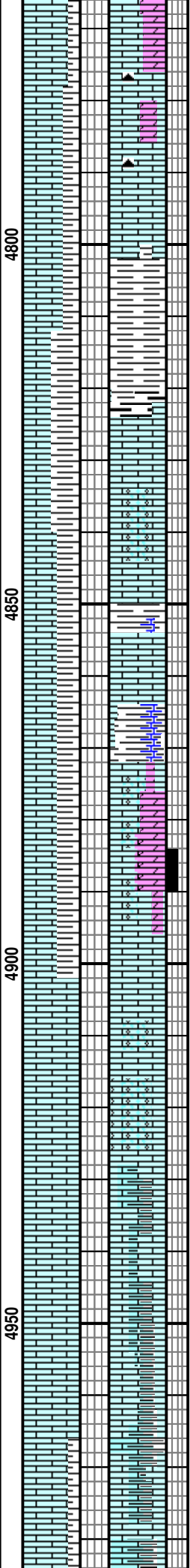
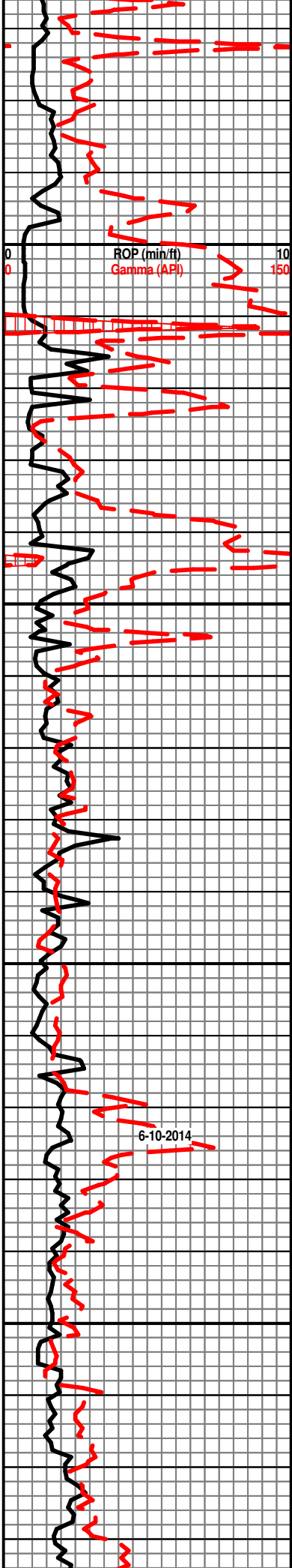
**ANALOG &  
COMPUTER GAS  
EQUIPMENT**

**BLOODHOUND@  
IBALL UNIT 0091**

TG, C1-C5 4364 400  
**MUD CHECK**  
WT 9.3  
VIS 42  
PV 13  
YP 8  
GEL 3/20  
PH 8.6  
FIL 10.8  
ALKFIL 0/6  
CHL 3,000  
CAL 120  
SOL 7.8  
LCM 6







MFNSOC

SH; GY DK GY FRM, CALC TO LMY, TR CARBY

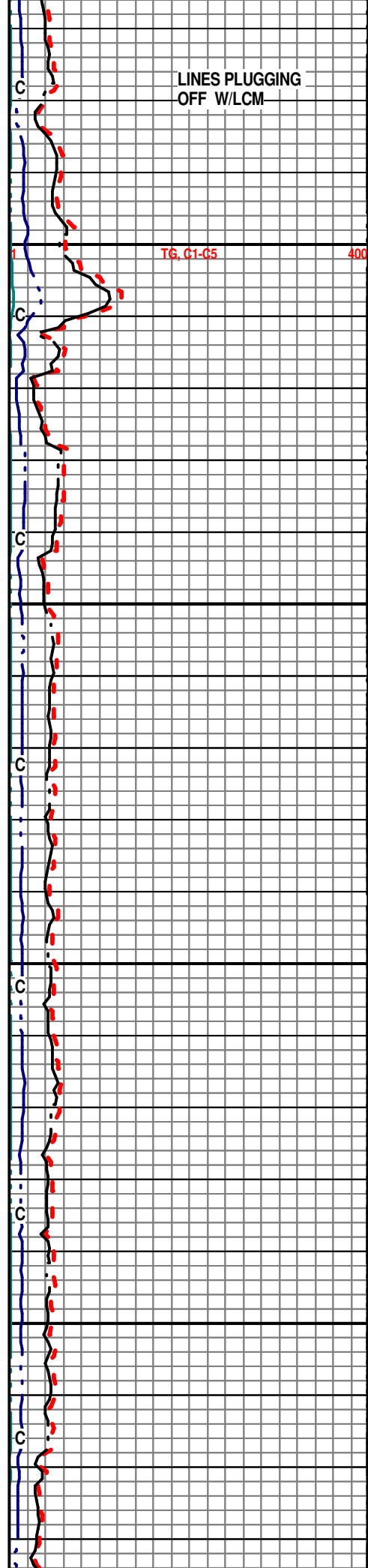
- LS; LT TN HD VF OOL, W/MED-OOLCAS, CRM CHLKY, INCRS DK GY HD XLN SHLLY MFNSOC

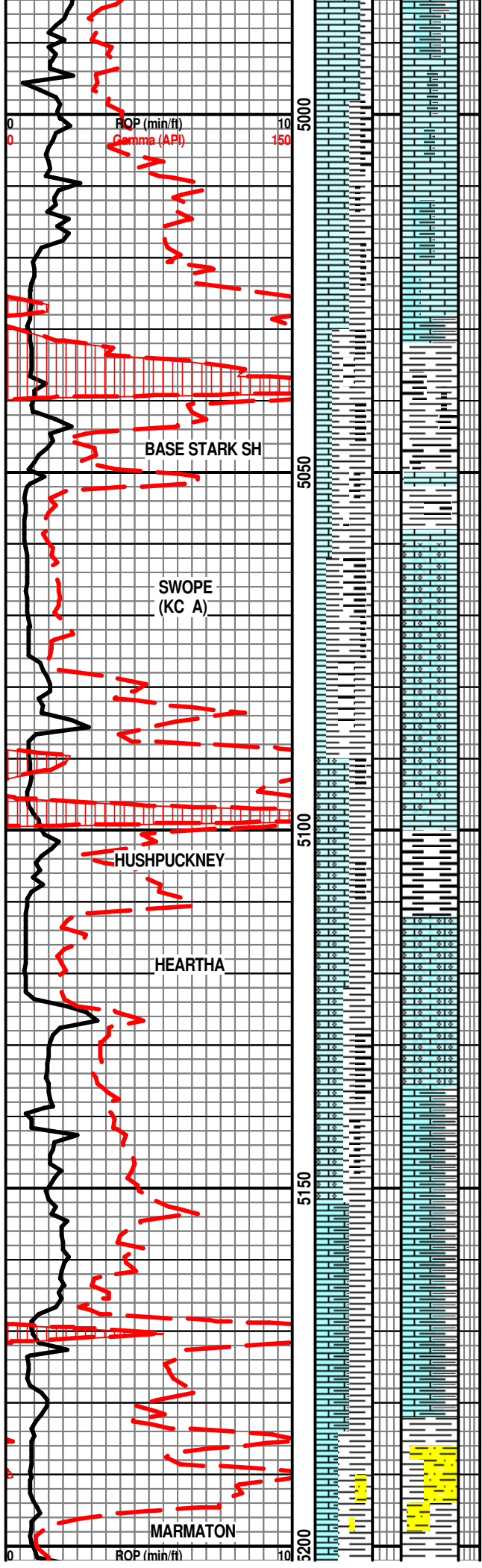
DK GY BLK SLI CARBY SH

LS; LT CRM, TN SLI GY TN, CHLKY TO WEATHD APPR VF-F OOL, SME DOLOMITIC, IMBD CHT, SME VUGGY POR, MFNSOC

LS; DK CRM,-BUFF, VF OOL W/FOSS, SME BIOSPARTIC//F-OOL, MFNSOC

LS; GY, GY-WH, HD DNS XLN SHLY TO CHLKY-GY, GY FOSS CHT, PYR





LS; DK GY HD DNS SHLY XLN, IMBD CRM FOSS, PYR

LS; LT GY ERTY COMNLGD W/F-XLN, MICRO CARB PCES,

SH BLK DK GY BRTL LMY, RGH TXT, MICA INCS TO BLK/BRN, LMY CARB

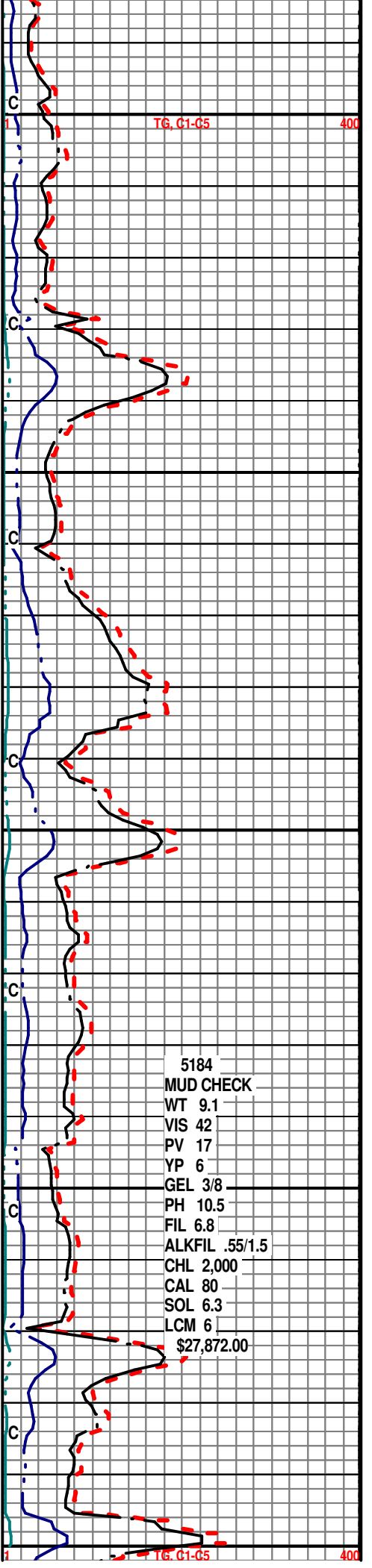
LS; TN LT TN, VF SUGARY, F TO MED OOLCAS, IMBD FOSS PCES, FUS/FOSS, TRACE-FOSS, TR CHOR, PYR, BRITE YEL GOLD FLOR, NO ODOR, NSOC

SH; DULL BLK CARB

LS; DK TO LT TN SLI GY, SUGARY, SPARRY, F & MED OOL, & OOLCAS, IMBD FOSS PCES, SCATT GOLD FLOR, NO ODOR, NSOC

LS; LT TO MED GY HD DNS XLN, SHLY SME IN TBD LMY SH, PYR, TR SPICULES, DK PURPL FLOR NSOC

SH GY DK GY BLKY CARBY, CALC SCATT SLTST



TG, C1-C5

400

5184

MUD CHECK

WT 9.1

VIS 42

PV 17

YP 6

GEL 3/8

PH 10.5

FIL 6.8

ALKFIL .55/1.5

CHL 2,000

CAL 80

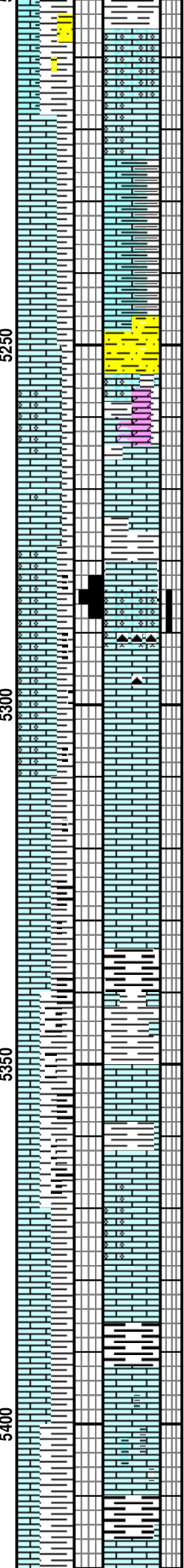
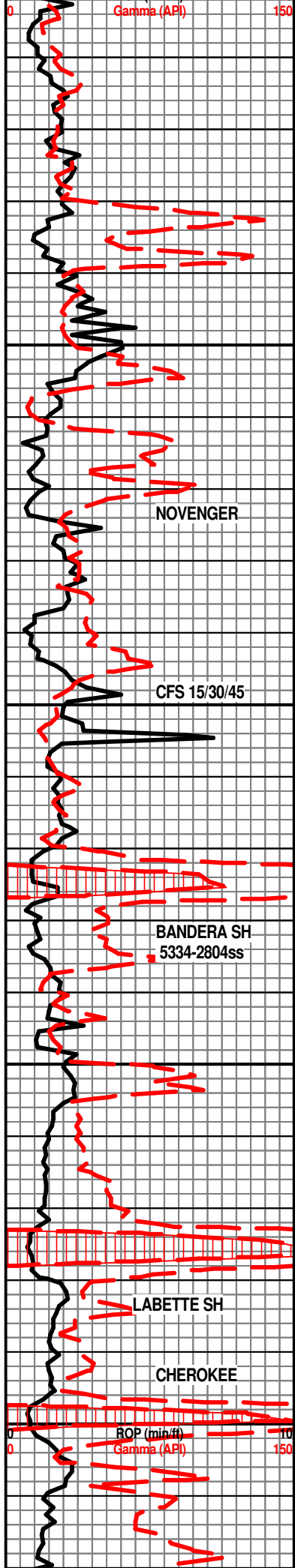
SOL 6.3

LCM 6

\$27,872.00

TG, C1-C5

400



TR LS LT CRM, CHLKY, VF OOL & FOSS, MIN FLOR NSOC NO ODOR

LS; TN DK TN HD DHADOW VF F OOL, FOSS, T RACE FOSS, M, FNSOC

SLTST; LT GY GRN GRN VF GR LMY

MED GY TN HD DNS DOLOMITIC SH

LS; CRM TO LT TN-OPAQ, CHLKY IP, SPARMCTED VF-F GR CLSTRS, SME CRM F TO MED CLSTRS, FOSS SHLTR, WHIFF ODOR, BRITE YEL BLUISH FLOR, GAS BBLS AFTER SITTING IN H2O 45min, FLASH MED THICK MILKY CUT BECMG STRMG

LS; LT GY TN HD DNS CRUP TOP F XLN, SME SHLY

SH; BLK DULL, CARB, SME PYR, SME DK GY VF CALCITIC

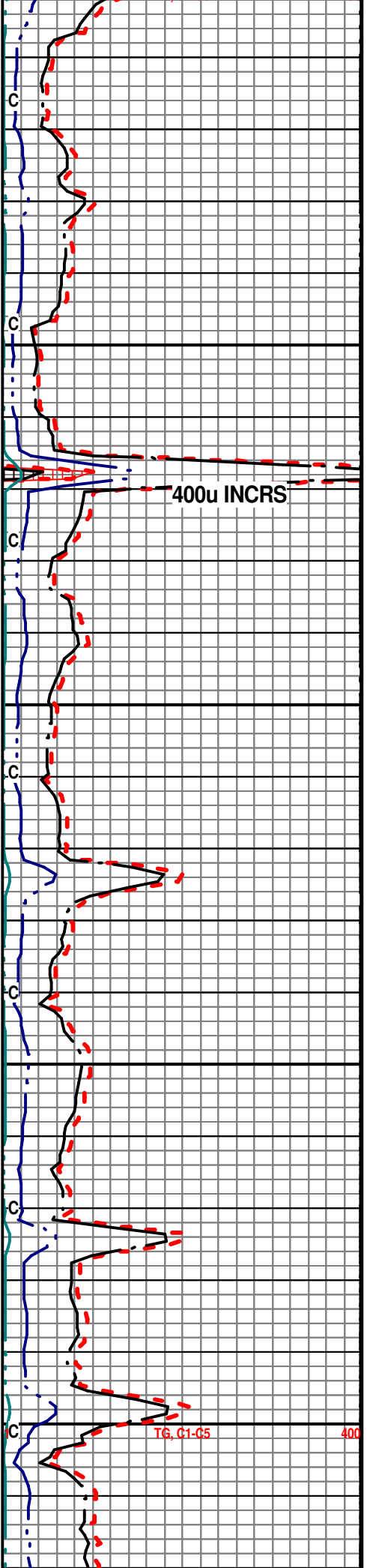
LS; PALE GY TN HD F XLN TO S CHLKY, FRAC, SME TN CHT, MFNSOC

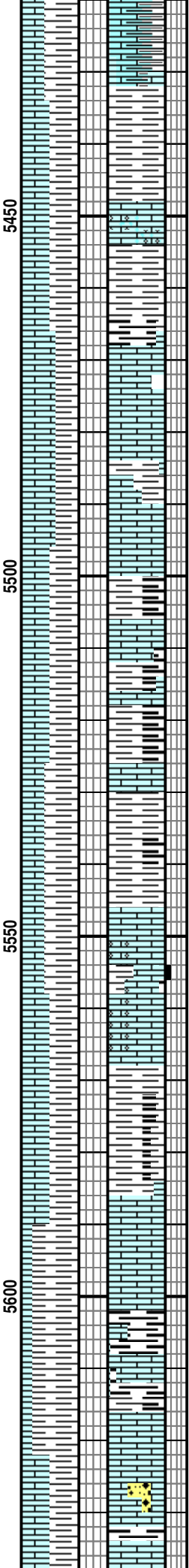
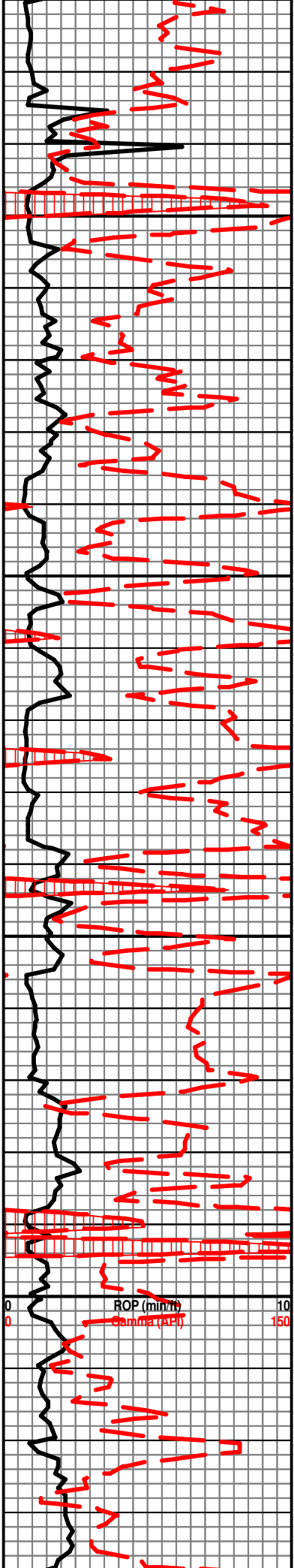
LS; MOTT/BRN, SHADOW VF OOL MFNOC

BLK CARB SH

LS; GYISH BRN BRTL FLAKEY SHLY F-DETET, NO SHOW

BLK CARB SH





LKS; GY TN CRM DNS XLN, INCRS  
 CHT, SME MARLY/FOSS, NO SHOW

SH; GY MED GY TO B LK, LMY IP

LS; PALE BUFF/GY SPARITIC  
 SHADOW VF OOL, & FOSS, SME  
 CHLKY/CRM W/FOSS, MFNSOC

CARBY SH

LS; BRN GY/TN, HD DNS CRYP TO F  
 XLN, FOSS PCES, SME INTBD LMY  
 CARBY SH MFNSOC

LS; TR BRN SPARITIC, F OOL &  
 FOSS, GRN SH CLST SCATT YEL FLOR  
 NO ODOR, NSOC

SH GY GY SLI GRN CALC SME  
 CARBY INTBD LS STRINGERS

**NOTE ROP & GAS MOVED  
 UP 4ft TO MATCH GAMMA**

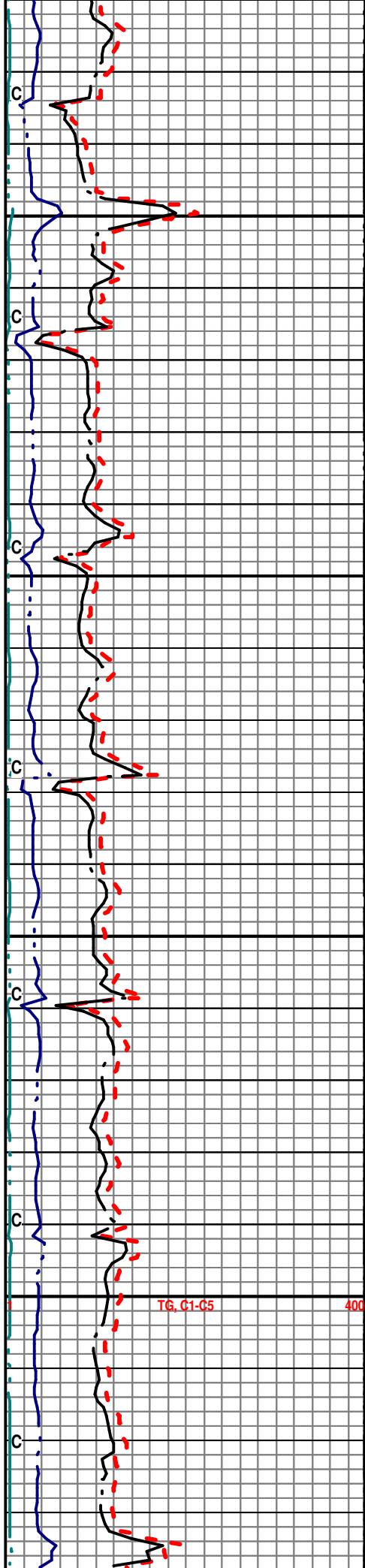
LS; BRN CONTORTED TO CRM/TN  
 W/SHADOW VF OOL, SME FOSS, DK  
 BRN VIT CHT, MFNSOC

SH; DILL BLK BLKY DK GY SME  
 GRN CALC

GY TN HD DNS FOSS LS

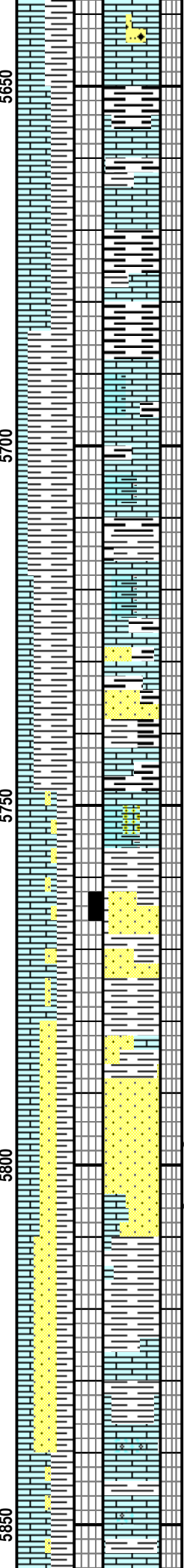
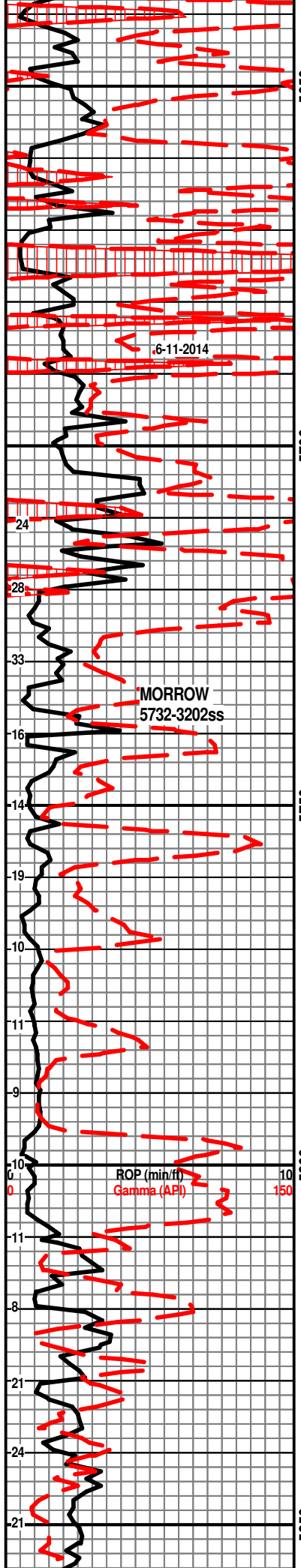
BLK CARBY SH, INCRS GY LT GY  
 GRN SME BRN PYR SH

LS; TN BRN GYISH HD DNS CRYP TO  
 F XLN SPARRY FOSS, SME CHLK  
 W/FOSS, IMBD F CLR RD QTZ MFNSOC



TG, C1-C5

400



DK TN CRYP XLN LS

SH; DK GY BLK, CALC CARBY IP

LS;- LT TN FRAC FOSS XLN, INCRS  
LT GYISH ERTY COMNGLD CRM VF  
SUCROSIC SFT, INTBD BLK CARB SH,  
MFNSOC

DK BRN CARB SH

LS; DK GY MOTT, LT GY ERTY, PYR,  
FOSS, V/SHLY, PYR, FRAC W/GYP FILL,  
SME VF CALCITIC SHLY NO SHOW

LS; LT BRN GY GRNY S-CHLKY, VF  
BLK SPKLD, SME VF CALCITIC  
W/GLAU, CHOR, BLK FLOR NSOC  
SS; LT GRN-WH, SLI GY, F GR, FRI  
TO MED TT, SME V/SLI CALC, NO  
ODOR, NFSOC

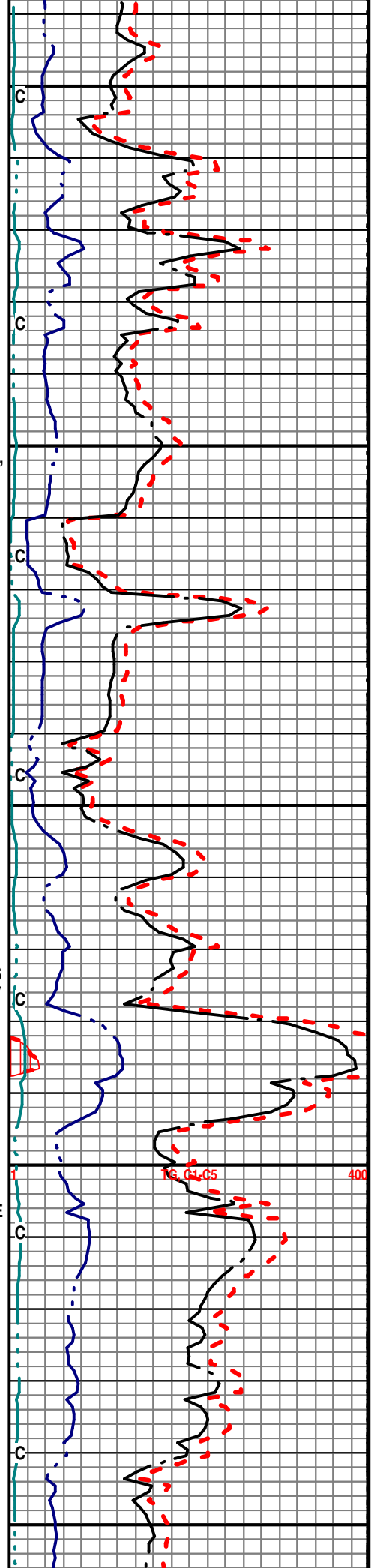
SH BLK CRB

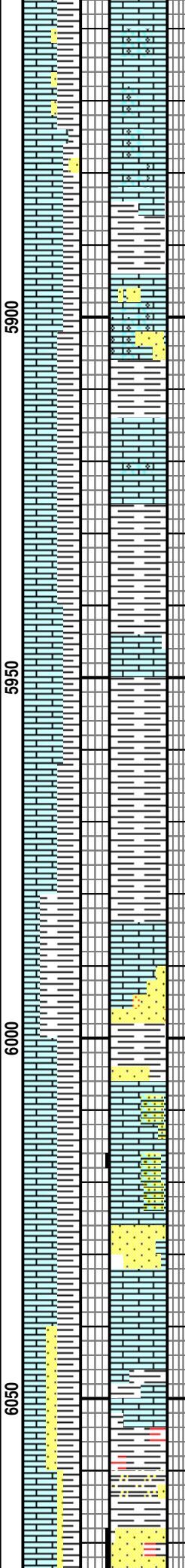
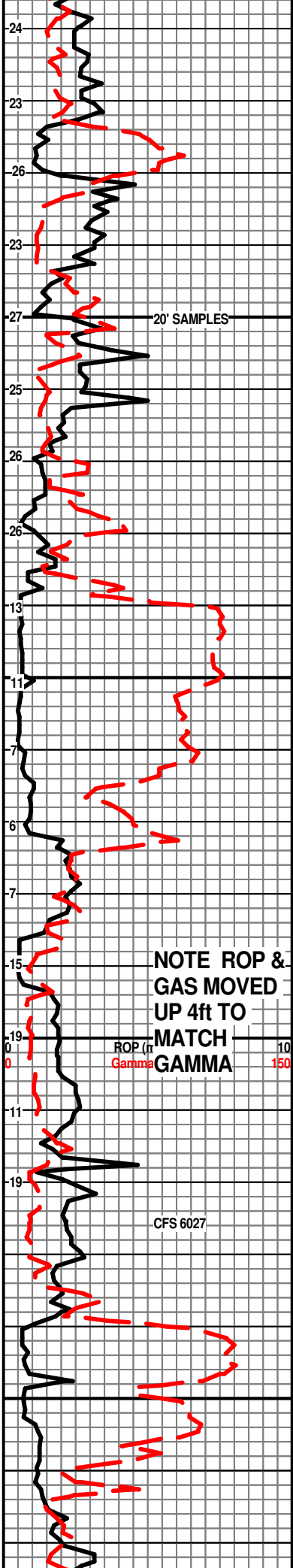
LS; CRM FOSS COMNGLD VF QTZ,  
GLAU, MFNSOC

SS; LT GRNish TO OFF WH VF F GR  
FRI, S-ANG S-RD, GLRN CLAY STNG,  
SME COMNGLD WEATHRD APPR FOSS  
MISHMASH LS, NO ODOR V/SLO MILKY  
CUT, NO FLOR

SS; PALE WH, LT BUFF STN, VF F  
GR, W/SORTED, FRI TO MED TT, TR  
V/SLI CALC, GLAU, CHOR, SME  
COMNGLD FOSS-LMY, NO ODOR,  
OVER ALL TO SME BRN SPLOTCH SME  
BLK PP STNG, GAS BUBLS AFTER  
30min H2O, BLK W/SME FAINT GOLD  
FLOR, FLASH SLO MILKY CUT

SH; GY LT GY SFT SME RGH TXT,  
GLAU, TR SLTY SNDY





LS; CRM SME GY, P/SRTD FOSS  
FRGMTL, SME CRM, CHLKY OOL, PYR  
SCATT GOLD MIN FLOR, NO ODOR,  
NSOC

LS; CRM BUFF WEATHRD APPR,  
P/SRTD FOSS FRGMTL, SME  
COMNGLDS VF OOL, MIN FLOR, NO  
ODOR, NSOC

LS; CRM, MD CRM/BUFF, CHLKY VF  
OOL, SME POOR SORTED  
BIOSPATIC, SH SPTCHES, SME  
HD TT F GR ANG SS COMNGLD W/  
STN, NO ODOR, BRN STNG, WEAK  
GOLD FLOR, FLASH MILKY STRM CUT,  
EST 6-8% INTR FOSS & GRN POR  
SH; SH, GY TR LT GRN, SFT

LS; PALE CRM, GY-TN, V/CJL;KY, VF  
OOL, ABDT FOSS FRGS, SME PYR, NO  
ODOR, FAINT WEAK GOLD FLOR,  
FLASH MILKY CUT, INTR FOSS 8% POR

LS; GYISH WH, FOSS, VF SUCROSIC  
IP, SFT, FRAMTL, SH SPTCHES,  
SME SNDY & SS LAM, CHOR., NO  
ODOR, EST 10-12% INTR PART &  
FOPSS POR

SH; GY V/SLI GRN, THIN PLATY,  
MICRO BLK SPKS

( 2 PCES) SS; LT GY SLI GRN, CLR,  
TR BRN, VF F GR, S-RD, MED TT, NO  
ODOR, DULL GOLD FLOR, FLASH  
MILKY CUT, BRN OVER ALL STNG

SH; GRN GY ABDT FREE PYR

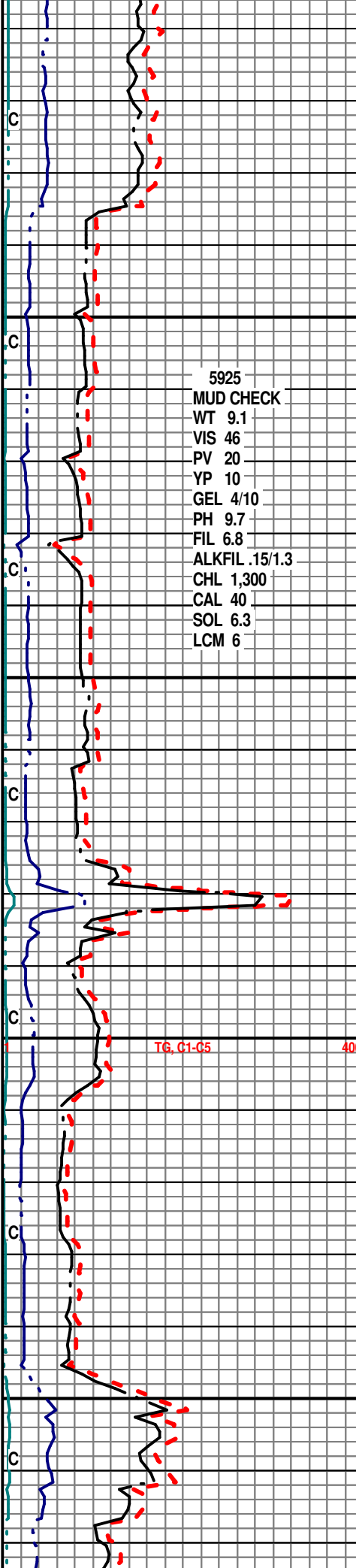
LS; LT BUFF/CRM BRTL WEATHD  
APPR, SPAR CMTED FOSS FRGS,  
SME SNDY, MIN FLOR NSOC

SS; CLR VF GR, S-RD, SME OVER  
ALL BRN STNG, TR HEAVY BLK INTGR  
STNG, WEAK YEL FLOR, FLASH MILKY  
STRM CUT

LS; TN FOSS FRGMTL, SME SHLY

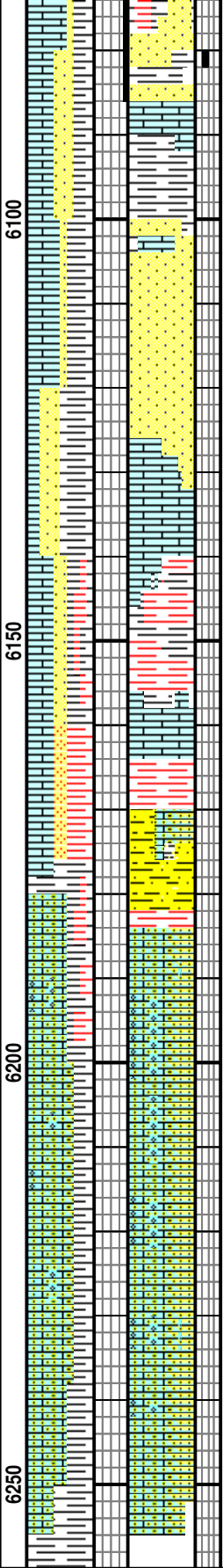
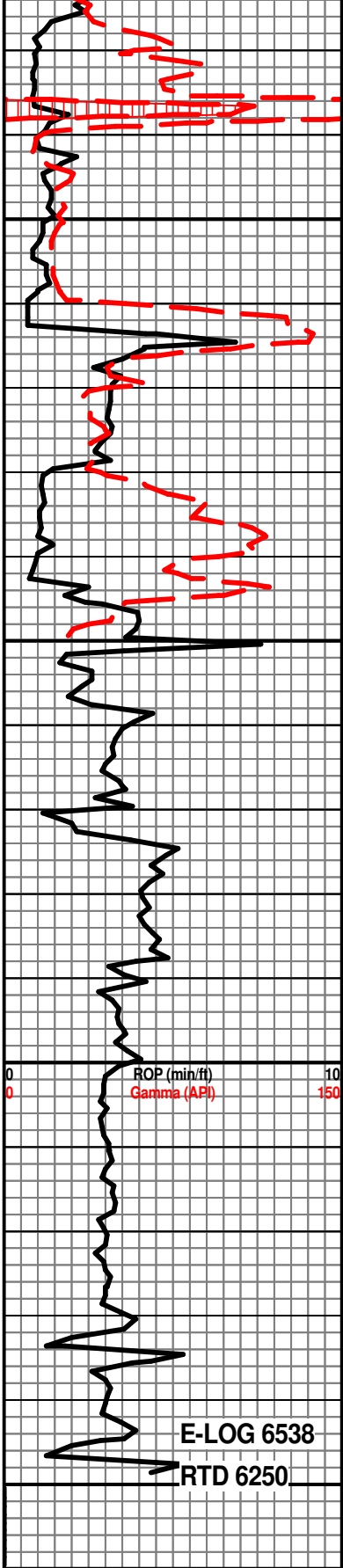
SH GY LT GRN SMO TR REDISH SME  
YEL

SS; CLR, F GR, RD, FRI, OVEALL BRN



5925  
MUD CHECK  
WT 9.1  
VIS 46  
PV 20  
YP 10  
GEL 4/10  
PH 9.7  
FIL 6.8  
ALKFIL .15/1.3  
CHL 1,300  
CAL 40  
SOL 6.3  
LCM 6

TG, C1-C5 400



STNG, NO ODOR, INTGR GR POR 12%, GOLD FLOR, FLSH MILKTY STRM CUT

SH; LT GY GRN SMO

SS; CLR VF F GR, W/SRTD, W/DOLOMITIC MATRIX, COATED QTZ, BRN OVER ALL STNG, SME CLR F-GR CLSTRS, BLK INTGR STNG, NO ODOR, GOLD FLOR FLASH MILKY SLO STRM CUT

LS; GY DULL VF OOL, WEATHD APPR, VF TO F DSETRT, MFNSOC

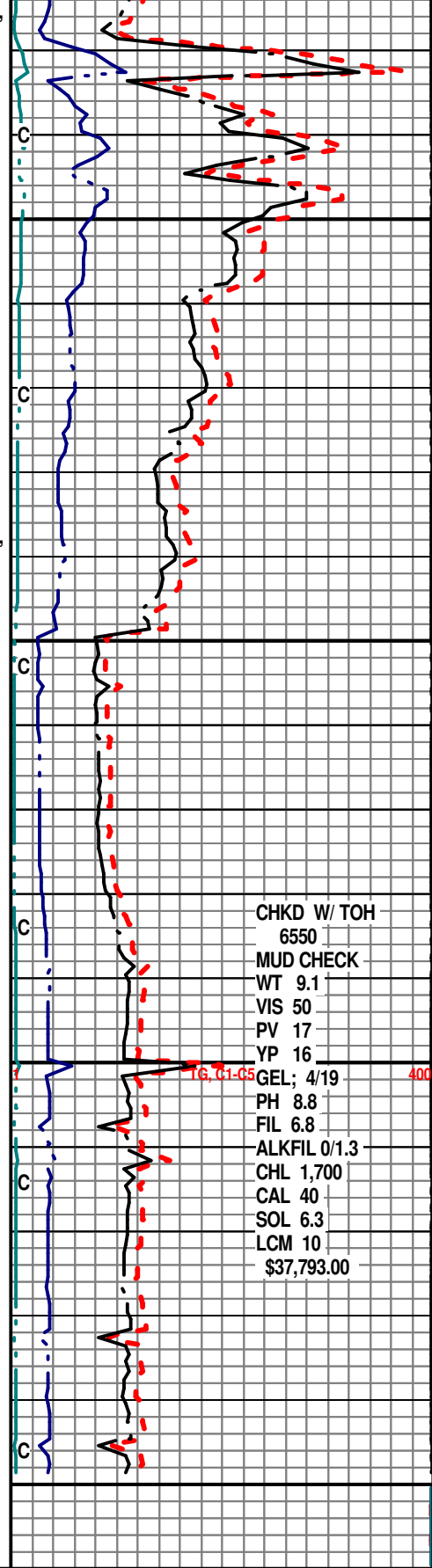
SH, YEL, REDS, GR, RGH TXT SLI CALC

SH; RUST REDS PURPL, GRN RGH TXT, LT GRN TO GY HD DNS SLTST

LS; WH OFF WH SME LT GR, VF AREN, TR GRN XLN LS W/IMBD CRIN

LS; CRMISH WH VF AREN SME OOL PELLs, VIT CLR CHT, PURPL SME GOLD FLOR NSOC NO ODOR

LS; GYISH CRM WH VF AREN & VF OOL MFNSOC



CHKD W/ TOH  
6550  
MUD CHECK  
WT 9.1  
VIS 50  
PV 17  
YP 16  
GEL; 4/19 400  
PH 8.8  
FIL 6.8  
ALKFIL 0/1.3  
CHL 1,700  
CAL 40  
SOL 6.3  
LCM 10  
\$37,793.00

E-LOG 6538  
RTD 6250

THANKS FOR USING  
MBC WELL LOGGING  
AUSTIN & MARLA GARNER