



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 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: _____

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: 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

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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Summary of Changes

Lease Name and Number: Muir 1

API/Permit #: 15-147-20742-00-00

Doc ID: 1225957

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Elogs_PDF	Microresistivity Log Dual Induction Log	Dual Compensated Porosity Log
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 25867	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 25957



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225867
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.

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: _____

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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom

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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 297

Date	Sec.	Twp.	Range	County	State	On Location	Finish
9-5-14	31	5	17	Phillips	KS		7:30AM

Location *Station 10 1/4 N, E 7*

Lease *Muir* Well No. *1* Owner

Contractor *WW #12*
Type Job *Surface*
To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size *12 1/8* T.D. *221* Charge To *John O Farmer*

Csg. *8 5/8* Depth *221* Street

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. Shoe Joint *20* Cement Amount Ordered *150 com. 3% cc, 2% gel*

Meas Line Displace *12 3/4 661*

EQUIPMENT			Common
Pumptrk <i>17</i>	No.	Cementer Helper <i>Louise W.</i>	Poz. Mix
Bulktrk <i>14</i>	No.	Driver <i>Louise M.</i>	Gel.
Bulktrk <i>PU</i>	No.	Driver <i>Travis</i>	Calcium

JOB SERVICES & REMARKS

Remarks: *Cement did circulate*
 Rat Hole
 Mouse Hole
 Centralizers
 Baskets
 DV or Port Collar

Hulls
Salt
Flowseal
Kol-Seal
Mud CLR 48
CFL-117 or CD110 CAF 38
Sand

FLOAT EQUIPMENT

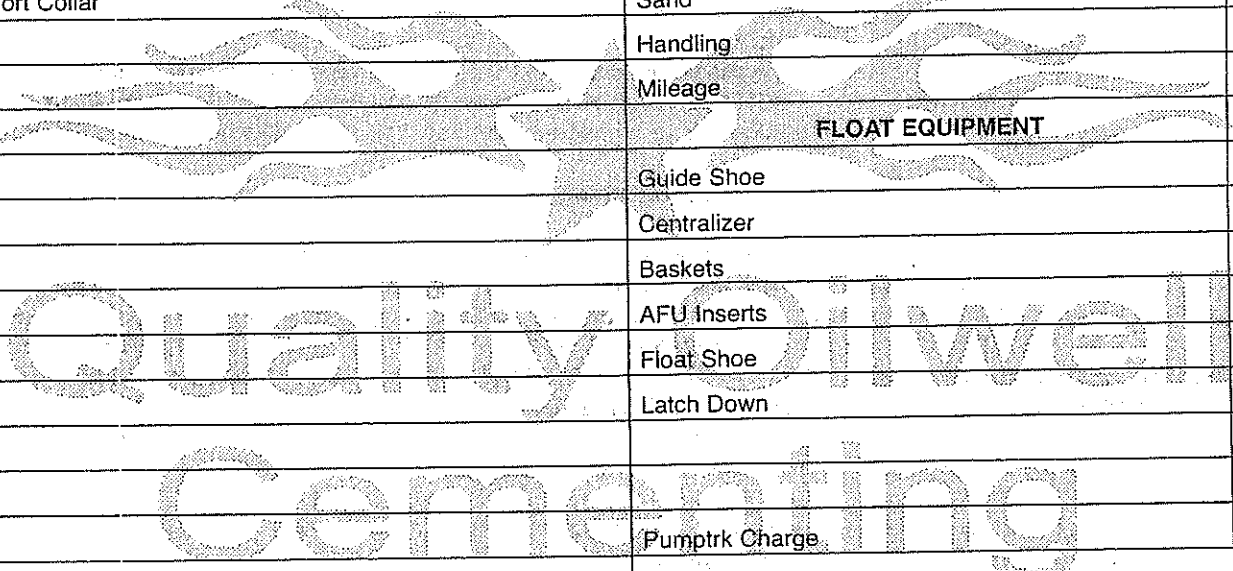
Handling
 Mileage
 Guide Shoe
 Centralizer
 Baskets
 AFU Inserts
 Float Shoe
 Latch Down

Pumptrk Charge
Mileage

Tax
Discount

Total Charge

X Signature *[Signature]*



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

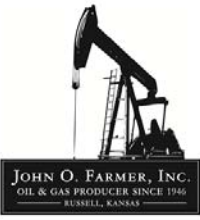
Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 348

Cell 785-324-1041

Date	9-9-14	Sec.	31	Twp.	S	Range	17	County	Phillips	State	KS	On Location	8:00 PM	Finish	10:00 PM
Lease								Well No.		Owner					
Contractor								Well No. # 1		Owner F. M. T. G.					
Type Job								T.D.		To Quality Oilwell Cementing, Inc.					
Hole Size								Depth		You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Csg.								Depth		Charge To					
Tbg. Size								Depth		Street					
Tool								Depth		City					
Cement Left in Csg.								Shoe Joint		State					
Meas Line								Displace		The above was done to satisfaction and supervision of owner agent or contractor.					
EQUIPMENT								Common		Cement Amount Ordered					
Pumptrk								Poz. Mix		240 60/100					
Bulktrk								Gel.		495 gal YU Flow					
Bulktrk								Calcium		JOB SERVICES & REMARKS					
Remarks:								Hulls		Salt					
Rat Hole								Flowseal		Rat Hole 305 HT					
Mouse Hole								Kol-Seal		Mouse Hole					
Centralizers								Mud CLR 48		Centralizers					
Baskets								CFL-117 or CD110 CAF 38		Baskets					
D/V or Port Collar								Sand		D/V or Port Collar					
1st 1570								Handling		1st 1570					
2nd 800								Mileage		2nd 800					
3rd 270								FLOAT EQUIPMENT		3rd 270					
4th 40								Guide Shoe		4th 40					
5th 105 HT								Centralizer		5th 105 HT					
6th								Baskets		6th					
7th								AFU Inserts		7th					
8th								Float Shoe		8th					
9th								Latch Down		9th					
10th								Wood Piles		10th					
11th								Pumptrk Charge		11th					
12th								Mileage		12th					
13th								Tax		13th					
14th								Discount		14th					
15th								Total Charge		15th					
Signature										Signature					



AUSTIN B. KLAUS



Cell 785.650.3629
Work 785.483.3145
Ext 225

PO BOX 352
Russell, KS 67665
austin.klaus@johnofarmer.com

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

Well Name: Muir #1
Location: Phillips County
License Number: API #15-147-20742-00-00
Spud Date: 9/5/14
Surface Coordinates: Section 31 - Township 5 South - Range 17 West
560' FSL & 2,140' FEL
Bottom Hole Coordinates: Vertical well with minimal deviation, same as above
Ground Elevation (ft): 1,847' **K.B. Elevation (ft):** 1,855'
Logged Interval (ft): 2,800' **To:** 3,321' **Total Depth (ft):** 3,325
Formation: LKC
Type of Drilling Fluid: Chemical (Mud-Co.)

Region: Kansas
Drilling Completed: 9/9/14

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

OPERATOR

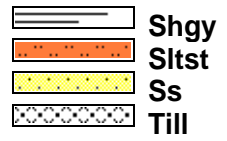
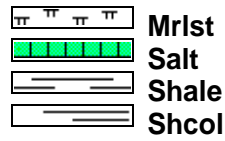
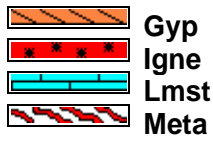
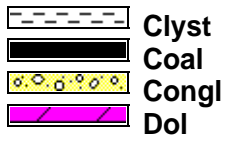
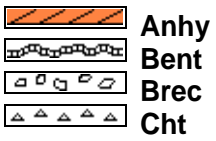
Company: John O. Farmer, Inc.
Address: P.O. Box 352
Russell, KS 67665-0352

Comments

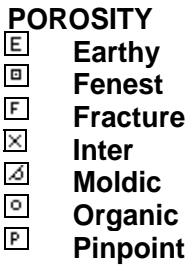
The Muir #1 well was drilled by WW Drilling Rig #12 (Tool Pusher: Calvin Pfannenstiel).

The location for the Muir #1 well was found via 3-D seismic survey. Geologic samples were collected and evaluated from 2,780'-3,325'. Structurally, the Muir #1 ran 22' low to our correlation well at the Lansing. Due to low structural position, no bottom-hole tests were conducted. After all sample and log data was gathered and evaluated, the decision was made to plug and abandon the Muir #1 well on 9/9/14.

ROCK TYPES



OTHER SYMBOLS



Vuggy

SORTING
 Well
 Moderate
 Poor

ROUNDING
 Rounded
 Subrnd
 Subang
 Angular

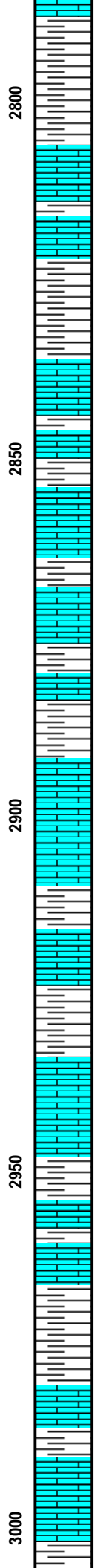
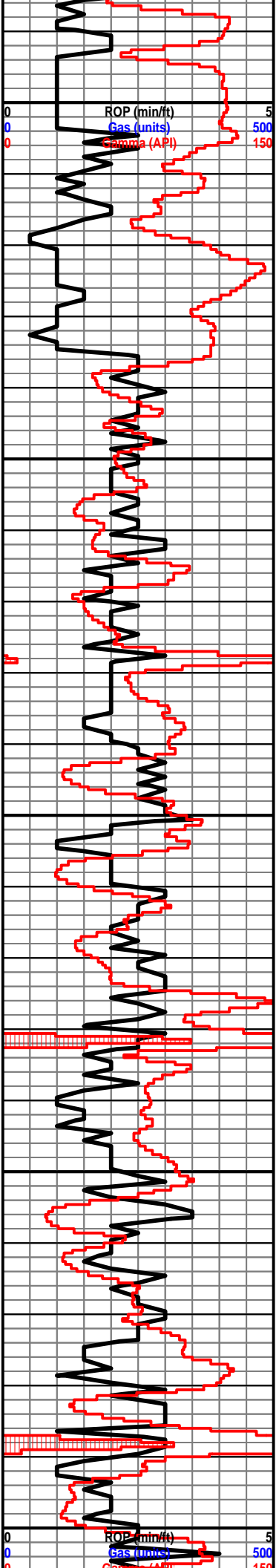
Spotted
 Ques
 Dead

EVENT
 Rft
 Sidewall

INTERVAL
 Core
 Dst

OIL SHOW
 Even

Curve Track 1 ROP (min/ft) ——— Gas (units) - - - - - Gamma (API) ———		Depth	Lithology	Oil Shows	Geological Descriptions	Drill Stem Tests																														
0	ROP (min/ft)	5			<p>The open-hole logging was performed by Mr. M. Beougher with Pioneer Wireline, LLC (Hays, KS). Logs included: Compensated Density/Compensated Neutron, Dual Induction, and Micro Resistivity.</p> <p>Formation tops and datums from the open-hole logs include the following:</p> <table border="1" style="margin-left: 20px;"> <tr><td>Anhydrite</td><td>1347</td><td>508</td></tr> <tr><td>Topeka</td><td>2837</td><td>-982</td></tr> <tr><td>Heebner</td><td>3041</td><td>-1186</td></tr> <tr><td>Toronto</td><td>3065</td><td>-1210</td></tr> <tr><td>Lansing</td><td>3082</td><td>-1227</td></tr> <tr><td>B/KC</td><td></td><td></td></tr> <tr><td>Arbuckle</td><td></td><td></td></tr> <tr><td>Reagan</td><td></td><td></td></tr> <tr><td>RTD</td><td></td><td></td></tr> <tr><td>LTD</td><td>3321</td><td>-1466</td></tr> </table>	Anhydrite	1347	508	Topeka	2837	-982	Heebner	3041	-1186	Toronto	3065	-1210	Lansing	3082	-1227	B/KC			Arbuckle			Reagan			RTD			LTD	3321	-1466	<p>Mud Engineer: Gary Schmidtberger No DST's</p>
Anhydrite	1347	508																																		
Topeka	2837	-982																																		
Heebner	3041	-1186																																		
Toronto	3065	-1210																																		
Lansing	3082	-1227																																		
B/KC																																				
Arbuckle																																				
Reagan																																				
RTD																																				
LTD	3321	-1466																																		
0	Gas (units)	500																																		
0	Gamma (API)	150																																		
	9/5/14 @ 3:15pm Spud																																			
	9/6/14 @ 7:00am 470' Drlg																																			
	9/7/14 @ 7:00am 2,175' Drlg	2700																																		
	9/8/14 @ 7:00am 2,950' Drlg																																			
	9/9/14 @ 7:00am 3,280' Work on pump																																			
	9/10/14 @ 7:00am 3,325' Completed	2750																																		



Sh: lt gry-drk gry

Ls: tan-gry, fn xln, no visible porosity

Sh: lt-drk gry

Sh: ala, soft

Topeka 2836' (-978)

Ls: tan-lt gry, fn-sub xln, mostly DNS

Sh: lt-drk gry

Ls: tan-lt gry, fn xln, scat int xln porosity, scat chert-off wh, NSFO

Sh: drk gry-brn

Sh: drk gry-blk

Ls: off wh-tan-gry, fn-sub xln, mostly DNS, scat chalk, chert-off wh

Ls: tan-buff, fn xln, scat fossil, poor int xln and vuggy porosity, chert-off wh

Ls: ala

Sh: lt-drk gry-grn, soft

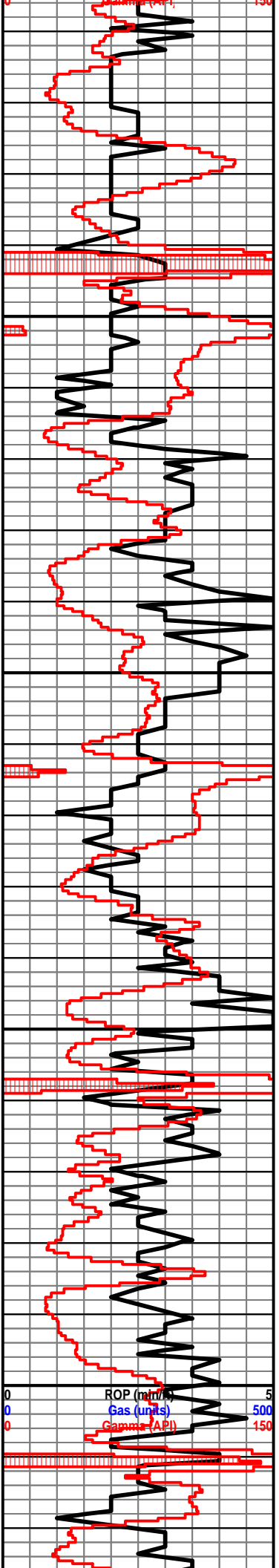
Ls: off wh-tan, fn xln, poor int xln & vuggy porosity, sl oil st, chalky

Ls: tan-gry, fn-sub xln, mostly DNS, hvy chert-off wh, no visible porosity, NSFO

Sh: drk gry

Ls: tan-gry, fossil, mostly DNS, scat chalk, chert-off wh

Ls: off wh-tan, fn xln, poor int xln porosity, scat oil st, VSSFO, fair odor



Ls: tan-lt gry, fn-sub xln, mostly DNS, NSFO, scat chert-off wh

Ls: tan-lt gry, fn-sub xln, mostly DNS, scat chalk, chert-off wh

Sh: lt gry-drk gry

Heebner 3038' (-1180)

Sh: blk, carb, fissile

Ls: tan-lt gry, fn-sub xln, mostly DNS, NSFO

Sh: drk gry-drk brn

Toronto 3063' (-1205)

Ls: off wh-tan, fn xln, scat int xln porosity, scat oil st, NSFO

Sh: lt gry-drk gry

Lansing 3080' (-1225)

Ls: off wh-tan, fn xln, poor int xln and ool porosity, scat oil st, VSSFO

Ls: off wh-lt gry, fn xln, no visible porosity, DNS, NSFO

Sh: drk gry-drk brn

Ls: off wh-tan, fn xln, poor int xln and vuggy porosity, scat oil st, SSFO, sl odor, hvy chalky

Sh: lt gry-drk gry

Ls: off wh-tan, fn xln, mostly DNS, no visible porosity, NSFO

Sh: drk gry-blk

Ls: off wh-lt gry, fn-sub xln, mostly DNS, scat fossil, chert-off wh

Ls: off wh-tan, fn xln, poor int xln & vuggy porosity, scat oil st, SSFO, sl odor

Sh: drk gry

Ls: tan-lt gry, fn xln, no visible porosity, NSFO, hvy chert-off wh, scat chalk

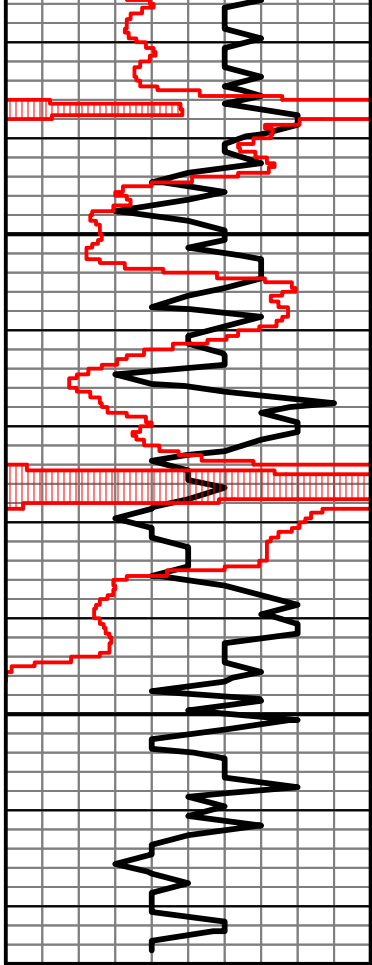
Sh: drk gry-brn

Sh: blk, carb

Sh: drk gry-brn, scat blk

Ls: off wh-tan, fn xln, vry DNS, no visible

ROP (min/ft) 5
 Gas (units) 500
 Gamma (API) 150



3250

3300

porosity, hvy chert-off wh, NSFO, chalky

Sh: drk gry-grn, soft

Ls: off wh-tan, fn xln, poor int xln & vuggy porosity, scat fossil, poor oil st, VSSFO, sl odor

Sh: drk gry-brn-grn, vry soft

Ls: off wh-tan, fn xln, poor int xln & vuggy porosity, fossil, scat chert, scat-fair oil st, SSFO, sl odor

Sh: drk gry-drk brn-grn

Ls: off wh-tan, fn xln, poor int xln & vuggy porosity, scat oil st, NSFO, no odor

Sh: drk gry

Ls: off wh-tan, fn xln, mostly DNS, NSFO, scat fossil

B/KC 3315' (-1460)

Sh: drk gry-drk brn, soft