

34-12-21E P

SIDE ONE



STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 5304
Name GAULT ENERGY CORPORATION
Address P.O. BOX 516
City/State/Zip GARDNER KS 66030
Purchaser: NONE

Operator Contact Person ROSS GAULT
Phone 913-884-6723

Contractor: License # 5304
Name GAULT ENERGY CORPORATION

Wellsite Geologist
Phone

Designate Type of Completion

- New Well Re-Entry Workover
- Oil SWD Temp Abd
- Gas Inj Delayed Comp.
- Dry Other (Core, Water Supply etc.)

If OWWO: old well info as follows:

Operator
Well Name
Comp. Date Old Total Depth.....

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
05-13-86 05-20-86 06-10-86
.....
pud Date Date Reached TD Completion Date
700
.....
Total Depth PBD

Amount of Surface Pipe Set and Cemented at 84 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated from 84 feet depth to TOP 38 w/.....SX cmt

API NO. 15-045-20-937

County.....DOUGLAS.....
~~SE NW SE MW~~ Sec 34.. Twp 12.. Rge. 21E East West
Kc-Kcc

2970..... Ft North from Southeast Corner of Section
2970..... Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

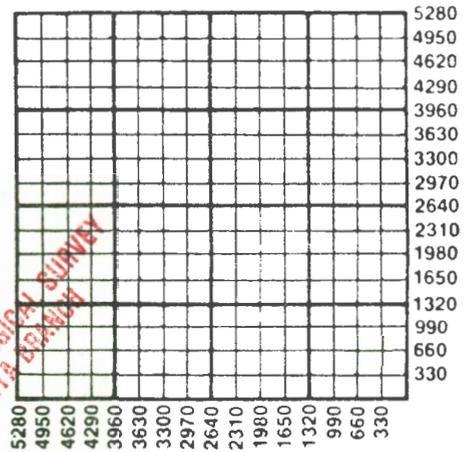
Lease Name: HALEY.....Well #A1.....

Field Name.....OXBOW.....

Producing Formation.....NONE.....

Elevation: Ground.....KB.....

Section Plat



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WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal Repressuring
Docket #

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner (Well)Ft West from Southeast Corner of Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner (Stream, pond etc).....Ft West from Southeast Corner Sec Twp Rge East West

Other (explain).....
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 and 82-3-107 apply.

Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months.

One copy of all wireline logs and drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

SIDE TWO

Operator Name ...GAULT ENERGY CORPORATION... Lease Name...HAI, EX... Well #...A1...

Sec...34... Twp...12... Rge...21... East West County...DOUGLAS...

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

| Name | Top | Bottom |
|-----------|-----|--------|
| KANSAS CY | | 250 |
| FT SCOTT | | 497 |
| M SQR'L | 580 | 590 |

JUL 29 1965
 KANSAS GEOLOGICAL SURVEY
 WICHITA BRANCH

| 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 | 10 | 7 | 16 | 84 | PORTLAND | 36 | NONE |
| 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 | | | | 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 type="checkbox"/> Other (explain)..... | | | |