

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm ACO-1  
September 1999  
Form Must Be TypedWELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33039

Name: Ross Gault

Address: 230 N. Pine St.

City/State/Zip: Gardner, KS. 66030

Purchaser: Crude Marketing

Operator Contact Person: Ross Gault

Phone: (913) 856-6310

Contractor: Name: Kan Drill, Inc.

License: 32548

Wellsite Geologist: None

Designate Type of Completion:

 New Well  Re-Entry  Workover Oil  SWD  SLOW  Temp. Abd. Gas  ENHR  SIGW Dry  WSW Other (Core, WSW, Expl., Cathodic, 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./SWD Plug Back \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_ Commingled Docket No. \_\_\_\_\_ Dual Completion Docket No. \_\_\_\_\_ Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

6-12-2002 6-14-2002 1-26-2003

Spud Date or Recompletion Date

Date Reached TD

Completion Date or Recompletion Date

API No. 15 - 045-21277-0000

County: Douglas

W/2 E/2-E/2- Sec. 6 Twp. 14 S. R. 21  East  West

2660 feet from S / (N) (circle one) Line of Section

990 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE  SE NW SW

Lease Name: Thoren Well #: W-1

Field Name: Little Wakarusa

Producing Formation: Tucker SS

Elevation: Ground: 940 Kelly Bushing: \_\_\_\_\_

Total Depth: 1101.4 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 41 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 Fresh ppm Fluid volume 200 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of 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 geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: \_\_\_\_\_

Date: 2/18/03

Subscribed and sworn to before me this 18th day of FEBRUARY, 2003  
 Notary Public  
 State of Kansas  
 Date Commission Expires: 19th January 2004

## KCC Office Use ONLY

 Letter of Confidentiality AttachedIf Denied, Yes  Date: \_\_\_\_\_ Wireline Log Received Geologist Report Received UIC Distribution

Operator Name: Ross Gault Lease Name: Thoren Well #: W1  
 Sec. 6 Twp. 14 S. R. 21  East  West County: Douglas

**INSTRUCTIONS:** Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See attached driller's log	
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:	<b>Completion &amp; Perforation Log</b>		

<b>CASING RECORD</b> <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
Surface	12 1/4	8 5/8		41'	Portland	30	
Production	6 3/4	4 1/2		1101.4	50/50 Poz	195	

**ADDITIONAL CEMENTING / SQUEEZE RECORD**

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	817.5-827.5	21 Shots - Acidized all perfs w/ 2000 gals	
2	820.0-830.0	21 Shots - Acidized all perfs w/ 2000 gals	
2	845.0-855.0	21 Shots - Acidized all perfs w/ 2000 gals	
2	858.0-864.0	13 Shots - Acidized all perfs w/ 2000 gals	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of First Resumed Production, SWD or Enhr. 1-17-2003	Producing Method	<input type="checkbox"/> Flowing	<input checked="" type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	0	0		150	NA	NA

Disposition of Gas	<b>METHOD OF COMPLETION</b>			Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(Required - See Page 10-18)</i>	<input type="checkbox"/> Open Hole	<input checked="" type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Commingled _____
	<input type="checkbox"/> Other (Specify) _____			

**RECEIVED**