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FEB 20 2003

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACC-1
September 1999
Form Must Be Typed

WELL 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 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

3162 FSL 2000 feet from S / (N) (circle one) Line of Section

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

1 KCC Record

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

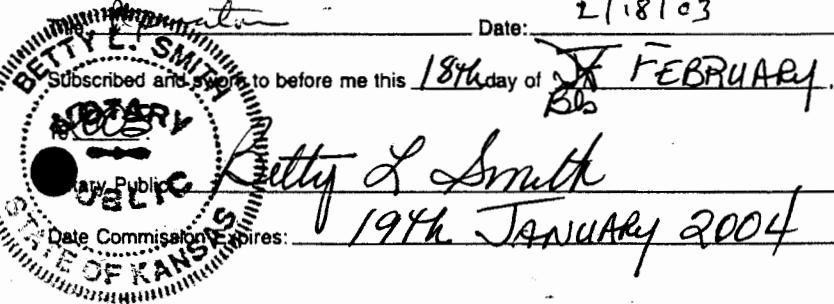
County: _____ Docket No.: _____

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



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

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 (Attach Additional Sheets)	<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 (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:	Completion & Perforation Log			

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

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						

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

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____	
<i>(Completed Summary Log)</i>	<input type="checkbox"/> Other (Specify) _____	

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