

12-15-1984 Ind. - PC

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

Compt. _____

SIDE ONE

(Rules 82-3-130 and 82-3-107)

DOCKET NO. NP _____

This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.

F _____ Letter requesting confidentiality attached.

C Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.)***Check here if NO logs were run _____.

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 5304 EXPIRATION DATE 8-24-84

OPERATOR Gault Energy Corp. API NO. 15-045-20,467

ADDRESS 616 E. Main COUNTY Douglas

Gardner, Kansas 66030 FIELD _____

** CONTACT PERSON Ross Gault PROD. FORMATION None
PHONE 913-884-7510 Indicate if new pay.

PURCHASER _____ LEASE Jackson

ADDRESS _____ WELL NO. #1

DRILLING Company Tools 2440 Ft. from N Line and

CONTRACTOR _____ 700 Ft. from W Line of

ADDRESS _____ the NW/4(Quar.) SEC 12 TWP 15S RGE 19

PLUGGING Company Tools

CONTRACTOR _____

ADDRESS _____

TOTAL DEPTH 955 PBTD _____

SPUD DATE 2-24-84 DATE COMPLETED 3-2-84

ELEV: GR 970 DF _____ KB _____

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE _____

Amount of surface pipe set and cemented 140' DV Tool Used? No

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Shut-in Gas, Gas, Disposal, Injection, Temporarily Abandoned. If OWWO, indicate type of re-completion _____. Other completion _____. NGPA filing _____.

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

A F F I D A V I T

Ross Gault, being of lawful age, hereby certifies that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit.

WELL PLAT

(Office Use Only)
KCC _____
KGS
SWD/REP _____
PLG. _____
NGPA _____

Side TWO

OPERATOR Gault Energy Corp.

LEASE NAME Jackson #1

SEC 12 TWP 15 RGE 19 (W)

WELL NO

FILL IN WELL INFORMATION AS REQUIRED:

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

Show Geological markers, logs run, or other Descriptive information.

Formation description, contents, etc.	Top	Bottom	Name	Depth
<input checked="" type="checkbox"/> Check if no Drill Stem Tests Run.				
<input type="checkbox"/> Check if samples sent Geological Survey.				
Soil	0	3		
Sand	3	121		
Lime	121	125		
Shale	125	194		
Lime	194	197		
Shale	197	203		
Lime	203	218		
shale	218	223		
Lime	223	266		
Shale	266	285		
Lime	285	289		
Shale	289	345		
Lime	345	353		
Shale	353	388		
Lime	388	392		
Shale	392	393		
Lime	393	407		
Shale	407	409		
Lime	409	412		
Shale	412	431		
Lime	431	439		
Shale	439	443		
Red Shale	443	446		
Shale	446	462		
Lime	462	487		
Shale	487	498		
Lime	498	521		
Shale	521	529		

If additional space is needed use Page 2

Report of all strings set — surface, intermediate, production, etc.

CASING RECORD New or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Socks	Type and percent additives
Surface	10	7	16½	140	Portland	29	

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Socks cement	Shots per ft.	Size & type	Depth interval

TUBING RECORD

Size	Setting depth	Packer set at

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD