

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # #4779
Name: NORTH AMERICAN RESOURCES CO.
Address 16 E. GRANITE
BUTTE, MONTANA 59701
City/State/Zip _____
Purchaser: _____

Operator Contact Person: ~~MR. TIM BLISE~~ MIKE JENSEN
Phone (303) 861-9183 extension 220
Contractor: Name: RED TIGER DRILLING COMPANY
License: 5203
Wellsite Geologist: WES HANSEN

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD S10W Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____
Plug Back _____ PBSD _____
Commingled _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Inj?) _____ Docket No. _____
6-17-92 6-25-92 6-26-92
Spud Date Date Reached TD Completion Date

API NO. 15- 055-21,111
County FINNEY
S/2-NW -SW -SE Sec. 08 Twp. 23 Rge. 30 XX^E
900 Feet from SW (circle one) Line of Section
2310 Feet from SW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SW, NW or SW (circle one)
Lease Name HAFlich Well # 8-5
Field Name BULGER
Producing Formation MORROW
Elevation: Ground 2834 KB 2839'
Total Depth 4740 PBSD _____
Amount of Surface Pipe Set and Cemented at 1748 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 No. _____
_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 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 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 [Signature]
Title ENGINEERING SUPERVISOR Date 02-01-93
Subscribed and sworn to before me this 1st day of February
1993.
Notary Public [Signature]
Date Commission Expires May 24, 1994

K.C.C. OFFICE USE ONLY
Letter of Confidentiality Attached
F Wireline Log Received
STATE CORPORATION COMMISSION Report Received
COMMISSION Distribution
FEB 8 1993
KGS _____ SWD/Rep _____ NGPA _____
_____ Plug _____ Other _____
(Specify)
CONSERVATION DIVISION
Wichita, Kansas

Operator Name NORTH AMERICAN RESOURCES CO. Lease Name HAFLICH Well # 8-5

Sec. 8 Twp. 23 Rge. 30
 East
 West

County FINNEY

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests including 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
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run: GAMMA RAY

| Name | Top | Datum |
|-----------|------|-------|
| HEEBNER | 3994 | 1155 |
| LANSING | 4085 | 1246 |
| STARK | 4354 | 1515 |
| PAWNEE | 4575 | 1736 |
| CHEROKEE | 4622 | 1783 |
| MORROW SH | 4737 | 1898 |
| MORROW SD | 4738 | 1899 |

CASING RECORD New 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" | NEW 8 5/8" | 23# | 1748 | PREM. PLUS | 540 SX 150 SX | 2% CC 1/4# fJ sea. |
| PRODUCTION | 7 7/8" | NEW 5 1/2" | 15 1/2# | 4739 | CLASS PREM. | 100 SX | 18% SALT |
| LINER | 3 1/2" | | 9.3# | 4746.5 | CLASS H | 25 SX | 1% HALAD-9 |

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 | | | | |

| 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 |
|----------------|--|--|---------|
| 4 SPF | 4736' - 44' | 2000 GAL. BORAGEL PAD | 4736-45 |
| 4SPF | 4737' - 45' | FOLLOWED WITH 2400 GAL. W/ 1-7 PPG 20-40 SD. RAMPED IN | |

TUBING RECORD

| | | | |
|--------------------|---------------------|-----------|---|
| Size <u>2 3/8"</u> | Set At <u>4460'</u> | Packer At | Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>1 1/2"</u> | <u>4741'</u> | | |

Date of First, Resumed Production, SWD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

| Estimated Production Per 24 Hours | Oil | Bbls. | Gas | Mcf | Water | Bbls. | Gas-Oil Ratio | Grav |
|-----------------------------------|-----|-------|-----|-----|-------|-------|---------------|------|
| | X | 1.5 | | | X | 22.5 | | |

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval 4736'-45'