

131-05198

API NO. **NA**
 OTC PROD. UNIF NO.

Rule 165:10-3-25
 ORIGINAL
 X AMENDED
 Reason Amended **NO 1002A ON FILE AT OCC**

COMPLETION REPORT
 OKLAHOMA CORPORATION COMMISSION
 Oil & Gas Conservation Division
 Post Office Box 52000-2000
 Oklahoma City, Oklahoma 73152-2000

509282007

Form 1002A
 Rev. 1996

169ABCK

COMPLETION & TEST DATA BY PRODUCING FORMATION

PLEASE TYPE OR USE BLACK INK ONLY

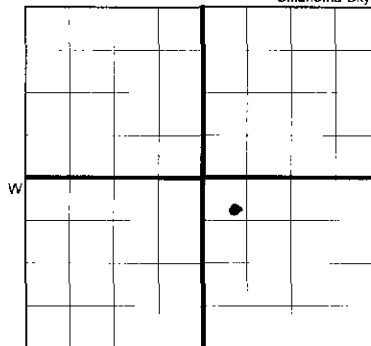
NOTE: Attach copy of original 1002A if recompletion or reentry

TYPE OF DRILLING OPERATION

X STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE

If directional or horizontal, see reverse for bottom hole location.

COUNTY **ROGERS** SEC **11** TWP **23N** RGE **17E**
 LEASE NAME **GULLEY** WELL NO. **2-I**
 SHL **SE NW NW SE** 2145 FSL 495 FWL OF 1/4 SEC
 ELEVATION _____ SPUD DATE _____
 Derrick FI _____ Ground _____ **NA**
 DRLG FINISHED **NA** WELL COMPLETION **NA**
 1ST PROD DATE **NA** RECOMP DATE _____



OPERATOR NAME **WELL RENEWAL, INC.** OTC/OCC OPERATOR NO. **21782**
 ADDRESS **P.O. BOX 91**
 CITY **CHELSEA** STATE **OK** ZIP **74016**

COMPLETION TYPE
 SINGLE ZONE
 MULTIPLE ZONE ORDER NO. _____
 COMMINGLED ORDER NO. _____
 LOCATION EXCEPTION ORDER NO. _____
 INCREASED DENSITY ORDER NO. _____
 PENALTY _____

OIL OR GAS ZONES	TOP	BOTTOM
Arbuckle	690	

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor								
Surface								
Intermediate								
Production	4 1/2"			705		50	705	SURFACE
Liner								

PACKER @ _____ BRAND & TYPE _____ TOTAL DEPTH **705'**
 PLUG @ _____ TYPE _____ PBTD _____

FORMATION	ARBUCKLE
SPACING & SPACING ORDER NUMBER	NONE
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp	TO BE CONVERTED TO A DISPOSAL WELL
PERFORATED INTERVALS	
ACID/VOLUME	
Fracture Treated?	
Fluids Amounts	

INITIAL TEST DATA

INITIAL TEST DATE	NA
OIL-BBL/DAY	
OIL-GRAVITY (API)	
GAS-MCF/DAY	
GAS-OIL RATIO CU FT/BBL	
WATER-BBL/DAY	
PUMPING OR FLOWING	
INITIAL SHUT-IN PRESSURE	
CHOKE SIZE	
FLOW TUBING PRESSURE	

A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

William W. Gray *William W. Gray*
 SIGNATURE DEBBIE BRANCH
 WELL RENEWAL, INC NAME (PRINT OR TYPE)
P.O. BOX 91 **CHELSEA** **OK** **74016**
 ADDRESS CITY STATE ZIP
9/23/2005 **918-231-8085**
 DATE PHONE NUMBER

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations and thickness of formations and thickness of formations drilled through. Show intervals cored or drilled and tested.

LEASE NAME GULLEY WELL NO. 2-1

NAMES OF FORMATIONS	TOP	BOTTOM
BARTLESVILLE	160	
ARBUCKLE	690	
TD	705	

APPROVED	DISAPPROVED	FOR COMMISSION USE ONLY
<i>R</i>	<i>WGD</i>	1) ITD Section
		a) No Intent to Drill on file
		1) Send warning letter
		2) Recommend for contempt
		2) Reject Codes

Were open hole logs run? yes no NA AMENDED 1002A

Date Last log was run NA

Was CO₂ encountered? yes no at what depths?

Was H₂S encountered? yes no at what depths?

Were unusual drilling circumstances encountered?
If yes, briefly explain. yes no

Other remarks:

THIS LEASE HAS BEEN ACQUIRED BY WELL RENEWAL, INC. AMENDED 1002A IS BEING FILED FOR THE FOLLOWING REASON
A DILIGENT SEARCH WAS MADE OF OCC FILES, THERE IS NO COMPLETION REPORT ON FILE WITH OCC
CURRENT OPERATOR WANTS TO CONVERT THE WELL TO A DISPOSAL WELL, AN APPLICATION IS BEING
FILED WITH THE UIC DEPARTMENT

640 Acres

BOTTOM HOLE LOCATION

SEC _____ TWP _____ RGE _____ COUNTY _____

Spot Location 1/4 1/4 1/4 Feet From Quarter Section Lines FSL

Measured Total Depth True Vertical Depth 1/4 1/4 BHL From Lease, Unit, or Property Line: FWL

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

SEC _____ TWP _____ RGE _____ COUNTY _____

Spot Location 1/4 1/4 1/4 Feet From Quarter Section Lines FSL

Depth of Deviation Radius of Turn 1/4 1/4 Direction Total Length

Measured Total Depth True Vertical Depth End Pt Location From Lease, Unit or Property Line:

If more than two drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth.

Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

DRAINHOLE #2

SEC _____ TWP _____ RGE _____ COUNTY _____

Spot Location 1/4 1/4 1/4 Feet From Quarter Section Lines FSL

Depth of Deviation Radius of Turn 1/4 1/4 Direction Total Length

Measured Total Depth True Vertical Depth End Pt Location From Lease, Unit or Property Line:

Directional surveys are required for all drainholes and directional wells.