

NCLF 4-19-45nd

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

SIDE ONE

Compt. _____

Two (2) copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within thirty (30) days after the completion of a well, regardless of how the well was completed.

F Attach separate letter of request if the information is to be held confidential. If confidential, only file one copy. Information on Side One will be of public record and Side Two will then be held confidential.

Applications must be made on dual completion, commingling, salt water disposal, injection and temporarily abandoned wells.

C Attach one copy only wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.). (Rules 82-2-105 & 82-2-125) KCC# (316) 263-3238. No Log

LICENSE # 7450 EXPIRATION DATE 6-30-83

OPERATOR Terry P. Silhan API NO. _____

ADDRESS Rt. 3 Box 199 COUNTY Marion

Marion, Ks. 66861 FIELD Antelope Pool

** CONTACT PERSON Terry Silhan PROD. FORMATION Mississippi
PHONE 316-924-5420

PURCHASER _____ LEASE Schimpf

ADDRESS _____ WELL NO. S.W. 1

WELL LOCATION NW^{50'} SW^{50'} SE

DRILLING CONTRACTOR Sunflower Drilling Co. 660 Ft. from East Line and

ADDRESS address unknown 330 Ft. from south Line of

the SE (Qtr.) SEC 4 TWP 19 RGE 4 (E)

PLUGGING CONTRACTOR _____ WELL PLAT _____ (Office Use Only)

ADDRESS _____

	A		

KCC _____
KGS
SWD/REP _____
PLG. _____

TOTAL DEPTH 3015' PBTD 3005'

SPUD DATE 1959 DATE COMPLETED 1959

ELEV: GR _____ DF _____ KB _____

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

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE none.

Amount of surface pipe set and cemented unknown DV Tool Used? unknown.

THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Gas, Shut-in Gas, Dry, Disposal, Injection, Temporarily Abandoned, OWWO. Other injection.

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

Terry Silhan, being of lawful age, hereby certifies that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

Maxine Switalski

OPERATOR Terry P. Silham LEASE Schimpf SEC. 4 TWP. 19 RGE. 4th

ACU-1 WELL HISTORICAL

FILL IN WELL INFORMATION AS REQUIRED: WELL NO. _____

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.				
If additional space is needed use Page 2, Side 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	Sacks	Type and percent additives
surface	unknown	8 5/8"	unknown	unknown	unknown	unknown	unknown
casing	unknown	4 1/2"	unknown	2869'	unknown	unknown	unknown

LINER RECORD			PERFORATION RECORD		
Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
none			open hole		

TUBING RECORD		
Size	Setting depth	Packer set at
no tubing		

no records ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

148994