

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

Compt. _____

SIDE ONE

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.

LICENSE # 6829 EXPIRATION DATE 6-30-83

OPERATOR Sowle Exploration API NO. 15-147-20,393-00-00

ADDRESS P.O. Box 171 COUNTY Phillips

Phillipsburg, Ks 67661 FIELD CLARK

** CONTACT PERSON DARYL CLARK PROD. FORMATION _____
PHONE 913-543-5727

PURCHASER CRA LEASE Clark "SWD"

ADDRESS PO Box 7305 WELL NO. #3

KANSAS CITY, MISSOURI 64116 WELL LOCATION _____

DRILLING Pioneer Drilling Company 1980 Ft. from S Line and

CONTRACTOR _____ 150 Ft. from W Line of

ADDRESS 308 West Mill the SW (Qtr.) SEC 1 TWP 4s RGE 20W.

Plainville, Kansas 67663

PLUGGING _____ WELL PLAT _____ (Office Use Only)

CONTRACTOR _____

ADDRESS _____

TOTAL DEPTH 1711' PBTD _____

SPUD DATE 10-16-82 DATE COMPLETED _____

ELEV: GR _____ DF _____ KB _____

DRILLED WITH (~~GABLE~~) (~~ROTARY~~) (~~TAIR~~) TOOLS.

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

Amount of surface pipe set and cemented 220' DV Tool Used? _____

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

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

_____, 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.

(Name)

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 19____.

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

** The person who can be reached by phone regarding any questions concerning this information.

Rec'd
11-1-82

OPERATOR Sowle Exploration LEASE Clark "SWD" SEC. 1 TWP. 4s RGE. 20W

FILL IN WELL INFORMATION AS REQUIRED:

WELL NO. #3

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
Check if no Drill Stem Tests Run.				
sand and shale	0'	222'		
chalk, sand, and shale	222'	1220'		
sand	1220'	1369'		
sand and shale	1369'	1695'		
anhydrite	1695'	1711'		
	1711'	R.T.D.		

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 Casing	12 1/4"	8 5/8"	20#	220'	60-40poz	130	2%gel 3%cc
Production Casing	7 7/8"	4 1/2"	9.5#	1708'	50-50poz	400	6%gel

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			2	STRIP SHOTS	1346-1406

TUBING RECORD

Size	Setting depth	Packer set at

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated

Date of first production	Producing method (flowing, pumping, gas lift, etc.)	Gravity
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Estimated Production -I.P.	Oil bbls.	Gas MCF	Water %	Gas-oil ratio bbls.	CFPB
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Disposition of gas (vented, used on lease or sold) Perforations