| TYPE | AFFIDAVIT OF COMPLETION F | ORM | ACO-1 WELL HIST | |
|--------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIDE ONE | | | | Compt |
| (Rules 8 | 32-3-130 and 82-3-107) | tion Comm | DOCKET NO. NP | |
| This for | m shall be filed with the Kansas Corporated Inding, Wichita, Kansas 67202, within nir | iion commi netv (90) | davs after the | rado |
| completi | on of a well, regardless of how the well | was comp | leted. | |
| FOR INFO | RMATION REGARDING THE NUMBER OF COPIES TO G COPIES OF ACO-1 FORMS SEE PAGE TWO (2) | BE FILE | D AND APPLICATIO O (2) OF THIS FO | NS RM. |
| F Let | ter requesting confidentiality attached. | | | |
| | each ONE COPY of EACH wireline log run (i. | .e. elect | rical log. sonic | 100. |
| gamma ra | y neutron log etc.)***Check here if NO lo | ogs were | run | |
| PLEASE F | FILL IN ALL INFORMATION. IF NOT AVAILABLE | | | ION |
| LATER BE | COMES AVAILABLE, SUBMIT BY LETTER. 5635 EXPIRATION DAT | E June | 1985 | |
| OPERATOR | The Gene Brown Co. | API NO. | 15-163-22,297 | -00-00 |
| annon | 407 S. Main | COUNTY | Rooks | |
| ADDRESS | Plainville, KS 67663 | FIELD | Schindler | CALLY CHILD HOUSE AND CONTROL OF A CHILD AND CONTROL OF THE CONTRO |
| | | | | nor Touron Araba |
| ** CONTACT | PERSON Thomas E. Brown PHONE 913-434-4811 | rkon. r | ORMATION <u>Disposi</u> Indicate if | |
| PURCHASER | | LEASE | Stamper A | |
| ADDRESS | n/a | WELL NO | , ⁵ Su | JD |
| WANTERS | n/a | Panta | OCATION NW/4 | |
| DRILLING | Dreiling Oil, Inc. | | | Line and |
| CONTRACTOR | | 4950 _{Ft} | . from East | Line of |
| ADDRESS | Box 1000 | - the NW | (Qtr.)SEC 20 TWP | (72 |
| | Victoria, KS 67671 | C LIC | | |
| PLUGGING | n/a | Commence of the Commence of th | WELL PLAT | (Office) Use Ox1 |
| CONTRACTOR ADDRESS | n/a | | | KCC_ |
| - | Cable Tools T.D. 3547' | | | KGS |
| TOTAL DEPT | H 3372' Rotary PBTD x | | 4950' | SWD/REP . |
| SPUD DATE | 3-16-84 DATE COMPLETED 3-20-84 | - 4 | 20- | PLG |
| ELEV: GR | 1888' _{DF} 1890' кв 1893' | _ | | NGPA |
| - | TH((CABLE) (ROTARY) (TOOLS. | - 6 | | And president of the second of |
| | OF DISPOSAL OR REPRESSURING WELL BEING | 1 12 | | |
| | SPOSE OF WATER FROM THIS LEASE | | | |
| Amount of | surface pipe set and cemented 211' | _DV Tool | Used? <u>#2</u> | |
| TYPE OF CO | MPLETION THIS AFFIDAVIT APPLIES TO: (Circ | 1e ONE) - | - Oil, Shut-in G | as, Gas, |
| Dry, Disp completion | osal Injection, Temporarily Abandoned. Other completion | If OW | NO, indicate type NGPA filing | e of re- g |
| ALL REQUIR AND GAS IN | EMENTS OF THE STATUTES, RULES AND REGULATIONSTRY HAVE BEEN FULLY COMPLIED WITH. | CIONS PROP | MULGATED TO REGU | LATE THE OIL |
| | <u>A</u> F F I D A V I T | | | |
| | homas E. Brown , t | eing of 1 | lawful age, here | by certifies |
| that: I am | the Affiant, and I am familiar with the o | contents (| of the foregoing | Affidavi+ |
| The statem | nents and allegations contained therein ar | e true ar | nd correct. | TILLIAUVIC. |
| | • | X Ih | omas & B | |
| SUBSC | CRIBED AND SWORN TO BEFORE ME this 28# | ່ນ day of | (Name) E. May | |
| 1984 | | | rug | · · |
| | HOTARY PUBLIC - State of Kansas KATHY A. WISE | Ka s | h. 0 1.1: | • |
| | My Appt. Exp. 5-27-8(a.) | | (NOTARY PUBLIC |) -12-18 |
| .MV COMMITES | STON EXPERSES 97.00 | | | ~ 12NL9 |

MY COMMISSION EXPIRES: 27,1986

MY COMMISSION EXPIRES: May 27,1986

** The person who can be reached by phone regarding any questions concerning this MAY 3 0 1984

CONSERVATION DIVISION Wichita, Kansas

ACO-1 Well History (X) Side TWO **RGE** 17 (W) **SEC** 20 **TWP** 8 The Gene Brown Co. LEASE NAME Stamper A OPERATOR WELL NO FILL IN WELL INFORMATION AS REQUIRED: Show Geological markers, Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth logs run, or other Descriptive information. interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries. Depth Name Top Bottom Formation description, contents, etc. 1235 (+638)Anhydrite Check if no Drill Stem Tests Run. Topeka lime 2806 (-913)Check if samples sent Geological (-1124)Heebner 3017 3041 Toronto (-1148)0' 212' Lansing K.C. 3061 (-1168)Shale 212' (-1398) 761' Base K.C. 3291 Shale 761' 950' Marmaton 3301 (-1408)Sand 1067' 3330 (-1437)950' Arbuckle Shale 1067' 1234' Shale 1234' 1270' Anhy. 1270' 1540' Shale 1928' 1540' Shale 2166' 1928' Shale & Lime 2166' 2415' Lime Lime & Shale 2415' 2666' 2890' 2666' Lime & Shale 2890' 2999' Lime 2999' 3110' Lime 3231' 3110' Lime 3231' 3363' Lime 3372' 3363' Lime 3372' T.D. Perforated at 1200' from surface and comented with 600 sacks Halliburton lite and 50 sacks common. Cement did circulate to surface. If additional space is needed use Page 2 Report of all strings set - surface, intermediate, production, etc. CASING RECORD (New) YOU'X X(X) KENY X Type and percent additives Size casing set Weight Ibs/ft. Setting depth Sacks Type cement Size hole drilled 12 1/4" 8 5/8" 211' 135 common Surface 3% C.C. 24# 130 3369' 5 1/2" common Production 10% salt 7 - 7/815½# 600 lite 12001 common Production D. LINER RECORD PERFORATION RECORD Depth interval Bottom, ft. Sixe & type Socks cement Shots per ft. Top, ft. TUBING RECORD Packer set at 3277 2 3/8" 3275 ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD Depth interval treated Amount and kind of material used 3369' to 3547' open hole 1500 gal 15% reg. acid Producing method (flowing, pumping, gas lift, etc.) Date of first production Gravity n/a n/a Gas-oil ratio Water Estimated -0--0-CFPB

Perforations open hole

Production-I

-0-