This form <u>must</u> be filed <u>in triplicate</u> with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within five days after the completion of the well, regardless of how the well was completed. Circle one: Oil, gas, dry, SWD, OWWO, injection. Please type. Complete ALL sections. Applications must be filed for dual completion, commingling, salt water disposal and injection. Attach wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.) KCC#-(316) 263-3238.

ADDRESS 100		API NO. <u>15-163-21445-00-0</u> COUNTY Rooks						
/ IDDITEOU		FIELD Ganoung						
*CONTACT PERSON K. T. Woodman								
	PHONE 265			an eenmannen on unkangen (dan berongen allegen (dan berongen allegen (dan berongen allegen berongen (dan berong	ensus anglicogenni ano ceda:	1.10.0411		массина (1945 г.) по постора и на вого пред 200 годи по в 10 годи (1940 годи по постора пред 1940 годи по пред
PURCHASER				instanton para penagaina di keliku uni vinti ina k	WELL NO.	2 SW	D	
A-1 training	WELL LOCATION NW/4							
				Line and				
DRILLING CONTRACTOR			-	Line of . 9S RGE.17W				
ADDRESS	RESS NATOMA, KANSAS 67651							WELL PLAT
PLUGGING CONTRACTOR				nancialment famility, Sanda	-	ø		(Quarter) or (Full) Section -
ADDRESS				A CONTRACTOR AND ARTICLE SAME AND ARTICL	-			Please
TOTAL DEPTH								indicate.
SPUD DATE				U <u>10/21/8</u> 1	-	a president		KCC
ELEV: GRNA DF		NA	MIX.					KGS
DRILLED WITH (C Report of all string	CABLE) (ROI s set — surface,	intermediate,	R) 100LS production, e	tc. (New),	/(Used) ca	sing.		•
Purpose of string	Size hole drilled	Size casing set	Weight lbs/ft.	Setting depth	Type cemoi	11	Sacks	Type and percent additives
Surface		8–5/8''	24#	170'	Common		125	
Production	12-1/4''	4-1/2"	10.5#	1237.59	Common		325	59/50 Poz. 6% ge
	and the statement of th		Åre der state de state de spenden en				Market of a little production	
	LINER RECOF	₹D		l	PI	ERFORA"	TION RECO	RD
Top, ft.	LINER RECOR	Sacks ce	ement	Shots	per ft.		FION RECO	RD Depth interval
Top, ft. B		Sacks ce	ment	Shots			CONTRACTOR DESIGNATION STATEMENT AND ADMINISTRATION OF THE PROPERTY AND	
	Bottom, ft.	Sacks ce		Shots			CONTRACTOR DESIGNATION STATEMENT AND ADMINISTRATION OF THE PROPERTY AND	
	TUBING RECC	Sacks ca	sef af			Size	CONTRACTOR DESIGNATION STATEMENT AND ADMINISTRATION OF THE PROPERTY AND	
	TUBING RECC Setting depth	Sacks ca	ure, SHOT,		per ft.	Size	& type	
	TUBING RECC Setting depth	Packer s	ure, SHOT,		per ft.	Size	& type	Depth interval
	TUBING RECC Setting depth	Packer s	ure, SHOT,		per ft.	Size	& type	Depth interval
	TUBING RECC Setting depth	Packer s	ure, SHOT,		per ft.	Size	& type	Depth interval
	TUBING RECC Setting depth	Packer s	URE, SHOT,		per ft.	Size	& type	Depth interval
TEST DATE:	TUBING RECC Setting depth A	Packer s ACID, FRACTI unt and kind of	URE, SHOT, material used	CEMENT, SQ	per ft. UEEZE RECOR	Size	& type	Depth interval
Size !! TEST DATE:	TUBING RECC Setting depth A Amou	Packer s ACID, FRACTI unt and kind of	URE, SHOT, material used	CEMENT, SQ	per ft. UEEZE RECOR	Size	& type	Depth interval

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

A witnessed initial test by the Commission is required if the well produces more than 25 BOPD or is located in a Basic Order Pool.

Name of lowest fresh water producing st Estimated height of cement behind pipe_	Depth 400			
WELL LOG Show all important zones of porosity and contents thereof; cored in	SHOW GEOLOGICAL MARKERS, LOGS RUI OR OTHER DESCRIPTIVE INFORMATION			
cluding depth interval tested, cushion used, time tool open, flowing a FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	and recoveries. BOTTOM	NAME	DEPTH
Shale & sand	0 380	380 940		
Sand Sand	940	1110		
Red Bed TD	1110 1218	1218		
10	1210			
t				
		•		
		. •		
		·		
USE ADDITIONAL SHEETS, IF	NECESSARY, TO	OMPLETE WE	LL RECORD.	
AFFI	DAVIT			
STATE OF KANSAS, C	OUNTY OF	CTTD CTUTT CTT		66
				SS,
	LAWFUL AGE,	BEING FIR	RST DULY SWORN U	JPON HIS
OATH, DEPOSES AND SAYS:				
THAT HE IS a partner				
OPERATOR OF THE ADAM	LEASE, AN	D IS DULY	AUTHORIZED TO M	AKE THIS
AFFIDAVIT FOR AND ON BEHALF OF SAID OPERA	TOR, THAT WE	LL NO	2 ON SAID	LEASE HAS
BEEN COMPLETED AS OF THE 21st DAY OF	October	19	81 , AND THAT	ALL
INFORMATION ENTERED HEREIN WITH RESPECT TO	SAID WELL	IS TRUE AN	D CORRECT.	
FURTHER AFFIANT SAITH NOT.	17	<i>y</i>	^	
	(s) /2-	100	alm a	
CHROCODADED, AND CHRONIC	र प	Woodman,	Partner	
SUBSCRIBED AND SWORN TO BEFORE ME THIS3	Oth DAY OF		OCtober	19 81

SHARI D. ALTENDORF
NOTARY PUBLIC
STATE OF KANSAS
My Appointment Expires:

Shari D. Altendorf

MY COMMISSION EXPIRES: