

AFFIDAVIT OF COMPLETION FORM

ACO-1

This form shall be filed in triplicate with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ten days after the completion of the well, regardless of how the well was completed. Circle one: Oil, gas, dry, SWD, OWWO, injection. Type and 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.

OPERATOR N - B Company, Inc.

API NO. OWWO 15-065-0047-00-02

ADDRESS P. O. Box 506
Russell, KS 67665

COUNTY Graham

FIELD MOREL, N.

**CONTACT PERSON Joe K. Branum
PHONE 913-483-5345

PROD. FORMATION _____

PURCHASER _____

LEASE Balthazor

ADDRESS _____

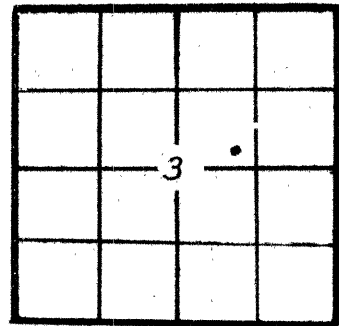
WELL NO. 1

WELL LOCATION SE SW NE

DRILLING Emphasis Oil Operations
CONTRACTOR ADDRESS P. O. Box 506
Russell, KS 67665

1650 Ft. from E Line and
2310 Ft. from N Line of
the SEC. 3 TWP. 9 RGE. 21W

PLUGGING Kelso Casing Pulling
CONTRACTOR ADDRESS _____
Chase, KS



WELL PLAT
KCC _____
KGS _____
MISC _____
(Office Use)

TOTAL DEPTH 3745' PBTD _____

SPUD DATE 7-19-81 DATE COMPLETED 7-23-81

ELEV: GR _____ DF _____ KB 2152'

DRILLED WITH (~~KAKEE~~) (ROTARY) (~~AKK~~) TOOLS (New) / (Used) casing.

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

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 (Previously set)		8-5/8"		128'			

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval

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 _____

RECEIVED
STATE CORPORATION COMMISSION
12/18/81
DEC 18 1981
CFPB

RATE OF PRODUCTION PER 24 HOURS
Oil _____ Gas _____ Water _____
bbbls. MCF % bbls.

Disposition of gas (vented, used on lease or sold) _____ Perforations _____

**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.

Estimated height of cement behind Surface Pipe _____.

DV USED? _____

WELL LOG

Formation Description, Contents, etc.	Top	Bottom	Name	Depth

A F F I D A V I T

STATE OF KANSAS, COUNTY OF RUSSELL SS, _____

Joe K. Branum OF LAWFUL AGE, BEING FIRST DULY SWORN UPON HIS OATH,

DEPOSES THAT HE IS President (FOR)(OF) N - B Company, Inc.

OPERATOR OF THE Balthazor LEASE, AND IS DULY AUTHORIZED TO MAKE

THIS AFFIDAVIT FOR AND ON THE BEHALF OF SAID OPERATOR, THAT WELL NO. 1 ON

SAID LEASE HAS BEEN COMPLETED AS OF THE 12th DAY OF November, 19 81, AND THAT

ALL INFORMATION ENTERED HEREIN WITH RESPECT TO SAID WELL IS TRUE AND CORRECT.

FURTHER AFFIANT SAITH NOT.

(S) Joe K. Branum
Joe K. Branum

SUBSCRIBED AND SWORN BEFORE ME THIS 1st DAY OF December 19 81

Joyce Ann Ridgley
NOTARY PUBLIC

MY COMMISSION EXPIRES: April 29, 1984

