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CFB

AFFIDAVIT AND COMPLETION FORM

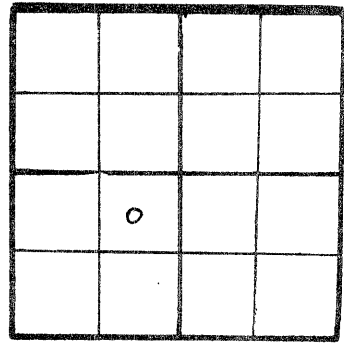
ACO-1

This form must be filed in triplicate 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.

OPERATOR Collins & Collins Oil Company API NO. 15-064-21.531-00-00
 ADDRESS 1007 Cody - Suite A COUNTY Graham
Hays, Kansas 67601 FIELD FRONCLAD
 **CONTACT PERSON Gloria Brown LEASE Ironclad
 PHONE 913-628-1046

PURCHASER Mobil Oil Corporation WELL NO. #409
 ADDRESS P. O. Box 900. WELL LOCATION NE SW NE
Dallas, Texas 75221 990 Ft. from South Line and
990 Ft. from West Line of
 DRILLING CONTRACTOR Dreiling Oil, Inc. the 26 SEC. 9 TWP. 22W RGE.

ADDRESS R. R. #1
Victoria, Kansas 67671
 PLUGGING CONTRACTOR _____
 ADDRESS _____
 TOTAL DEPTH 3820' PBTD _____
 SPUD DATE 10-29-81 DATE COMPLETED 11-2-81
 ELEV: GR 2375 DF2377 KB 2380



WELL PLAT
 (Quarter) or (Full) Section - Please indicate.

KCC
 KGS

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS
 Report of all strings set — surface, intermediate, production, etc. (New) / (Used) casing.

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 Pipe	12 1/4	8 5/8		208'	Common	165	8 units Quickset
Production	7 7/8	5 1/2		3815'	Common	150	8% salt 4% gilsonite 2% gel

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

TEST DATE:		PRODUCTION	
Date of first production	Producing method (flowing, pumping, gas lift, etc.)	A.P.I. Gravity	
RATE OF PRODUCTION PER 24 HOURS	Oil bbls.	Gas MCF %	Water bbls. Gas-oil ratio
Disposition of gas (vented, used on lease or sold)		Producing interval (s)	

** 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 stratum _____ Depth _____
 Estimated height of cement behind pipe _____

WELL LOG

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
Top Soil & Sand	0'	43'		
Sand	43'	145'		
Shale	145'	214'		
Shale & Sand	214'	775'		
Shale	775'	1375'		
Sand	1375'	1605'		
Red Bed & Shale	1605'	1845'		
Red Bed & Shale	1845'	1861'		
Anhydrite	1861'	1898'		
Shale	1898'	2352'		
Shale & Lime	2352'	2560'		
Shale & Lime	2560'	2852'		
Lime & Shale	2852'	3187'		
Shale & Lime	3187'	3415'		
Lime & Shale	3415'	3590'		
Lime	3590'	3685'		
Lime	3685'	3785'		
Lime	3785'	3820'		
	3820'	T.D.		

RECEIVED
 STATE CORPORATION COMMISSION
 12/16/81
 DEC 16 1981
 CONSERVATION DIVISION
 Wichita, Kansas

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

A F F I D A V I T

STATE OF _____, COUNTY OF _____ SS,

_____ OF LAWFUL AGE, BEING FIRST DULY SWORN UPON HIS OATH, DEPOSES AND SAYS:

THAT HE IS _____ FOR _____ OPERATOR OF THE _____ LEASE, AND IS DULY AUTHORIZED TO MAKE THIS AFFIDAVIT FOR AND ON BEHALF OF SAID OPERATOR, THAT WELL NO. _____ ON SAID LEASE HAS BEEN COMPLETED AS OF THE _____ DAY OF _____ 19____, AND THAT ALL INFORMATION ENTERED HEREIN WITH RESPECT TO SAID WELL IS TRUE AND CORRECT.

FURTHER AFFIANT SAITH NOT.

(S) _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 19____

 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____