

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. 15-065-21,568-00-02

ADDRESS P. O. Box 506
Russell, KS 67665

COUNTY Graham
FIELD HIGER (CRUD)

**CONTACT PERSON Joe K. Branum
PHONE 913-483-3518

PROD. FORMATION _____
LEASE Higer

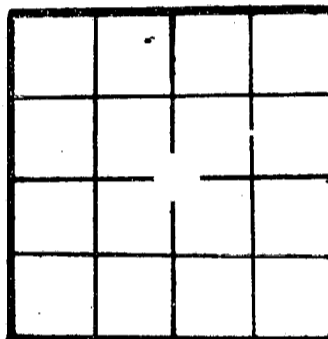
PURCHASER Koch Oil
ADDRESS _____
Wichita, KS

WELL NO. 1
WELL LOCATION NE NW NE

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

1650 Ft. from EAST Line and
330 Ft. from NORTH Line of
the SEC. 19 TWP. 8 RGE. 23W

PLUGGING CONTRACTOR ADDRESS _____



WELL PLAT
KCC
KGS
MISC
(Office Use)

TOTAL DEPTH 3769' PBTD _____

SPUD DATE 1-30-82 DATE COMPLETED 2-23-82

ELEV: GR 2185' DF _____ KB _____

DRILLED WITH (~~XXXX~~) (ROTARY)-(XXK)-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	12 1/2"	8-5/8"		227'	Common	210	2% Gel; 3% cc
Production		4-1/2"		3767'	Common	150	

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			2	3/8 DP	3679-83

TUBING RECORD

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material	Depth interval treated
3,500 Gal. 28%	3679-83

CONSERVATION DIVISION

Date of first production 2-23-82 Producing method (Flowing, pumping, gas lift, etc.) Pumping Gravity 31

RATE OF PRODUCTION PER 24 HOURS Oil 25 bbls. Gas _____ Water 15 % MCF. Gas-oil _____ 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
See Attached.				

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 Higer 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 23rd DAY OF February, 19 82, AND THAT

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

FURTHER AFFIANT SAITH NOT.

SUBSCRIBED AND SWORN BEFORE ME THIS 3rd DAY OF March 19 82

(S) Joe K. Branum

Joyce Ann Ridgley
NOTARY PUBLIC

MY COMMISSION EXPIRES: April 29, 1984.

