

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. 15-065-21,564 00-00

ADDRESS P. O. Box 506
Russell, KS 67665

COUNTY Graham

FIELD _____

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

PROD. FORMATION _____

LEASE Paxson

PURCHASER _____

WELL NO. 1

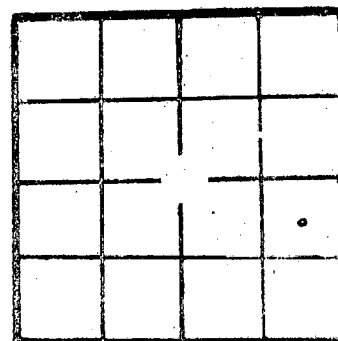
ADDRESS _____

WELL LOCATION NE SE SE

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

330 Ft. from EAST Line and
990 Ft. from SOUTH Line of
the SEC. 13 TWP. 8 RGE. 24W

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



WELL PLAT
KCC
KGS
MISC
(Office Use)

TOTAL DEPTH 3728' PBTD _____

SPUD DATE 1-8-82 DATE COMPLETED 1-15-82

ELEV: GR 2205' DF _____ KB _____

DRILLED WITH (~~PIPE~~) (ROTARY) (~~PIPE~~) 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 1/4"	8-5/8"		280'	Common	230	4% pos. 3% cc

LINER RECORD

Top, ft.	Bottom, ft.	Sacks cement

PERFORATION RECORD

Shots per ft.	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 _____

RATE OF PRODUCTION PER 24 HOURS
Oil _____ bbls. Gas _____ MCF Water _____ % Gas-oil ratio _____ CFPB

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 Circulated.

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 Paxson 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 15th DAY OF January, 19 82, AND THAT

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

FURTHER AFFIANT SAITH NOT.

(S) Joe K. Branum

SUBSCRIBED AND SWORN BEFORE ME THIS 19th DAY OF January 19 82

Joyce Ann Ridgley
NOTARY PUBLIC

MY COMMISSION EXPIRES: April 29, 1984.

