

SIDE ONE

DOCKET NO. NP _____

(Rules 82-3-130 and 82-3-107)

This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.

F Letter requesting confidentiality attached.

C Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.)***Check here if NO logs were run

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 5252 EXPIRATION DATE JUNE 1984

OPERATOR R P NIXON OPERATIONS API NO. 15-051-20.839X00-01

ADDRESS 207 W 12TH COUNTY ELLIS

HAYS KS 67601 FIELD HERZOG

** CONTACT PERSON DAN NIXON PROD. FORMATION N/A
PHONE (913) 628-3834 Indicate if new pay.

PURCHASER N/A LEASE BRAUN C 'OWWO'

ADDRESS _____ WELL NO. 2

DRILLING CONTRACTOR JAY-LAN CORPORATION WELL LOCATION SW NW SW

ADDRESS 207 W 12TH 1650Ft. from SOUTH Line and

HAYS KS 67601 1650Ft. from WEST Line of

PLUGGING CONTRACTOR JAY-LAN CORPORATION the SW (Qtr.) SEC 32 TWP 13 RGE 16 (W)

ADDRESS 207 W 12TH

HAYS KS 67601

TOTAL DEPTH 3472 PBDT _____

SPUD DATE 2-11-84 DATE COMPLETED 2-11-84

ELEV: GR _____ DF _____ KB 1942

DRILLED WITH ~~(KAPLEX)~~ (ROTARY) ~~(KKB)~~ TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE N/A

Amount of surface pipe set and cemented 215' DV Tool Used? NO

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Shut-in Gas, Gas, Dry Disposal, Injection, Temporarily Abandoned. If OWWO, indicate type of re-completion _____ . Other completion _____ . NGPA filing _____

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

A F F I D A V I T

DAN A NIXON, being of lawful age, hereby certifies that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

(Signature)
(Name)

SUBSCRIBED AND SWORN TO BEFORE ME this 27TH day of APRIL, 1984.

MARIE W. STEFAN
STATE NOTARY PUBLIC
Ellis County, Kansas
MY COMMISSION EXPIRES 7-15-84

(Signature)
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: 7-15-84

RECEIVED
STATE CORPORATION COMMISSION

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

MAY 16 1984

CONSERVATION DIVISION
Wichita, Kansas

WELL NO

FILL IN WELL INFORMATION AS REQUIRED:

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
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Check if no Drill Stem Tests Run.
Check if samples sent Geological Survey.

This was an OWWO. Washed down and got out of old hole at 1057. Plugged well.

Tops from old well.
Anhy: 1052
Basw Anhy: 1093'
Top: 2930'
Heeb: 3151'
Tor: N/A
Lsg: 3196'
BKc: 3430'
Cong: 3442'
Arb: 3454'
No Log.

If additional space is needed use Page 2

Report of all strings set — surface, intermediate, production, etc. **CASING RECORD (New) or (Used)**

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"		215'	N/A	160	N/A

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 test		Producing method (flowing, pumping, gas lift, etc.)		Gravity	
Est. Prod.	OW	Gas	Water	Gas-oil ratio	CFPS
Disposition		bbls.	ACT	bbls.	

Perforations