

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.

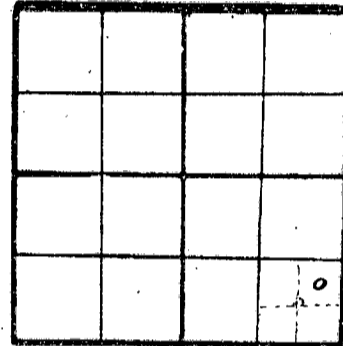
OPERATOR John B. Collins API NO. 15-051-22,648-0000
 ADDRESS 1007 Cody - Suite A COUNTY Ellis
Hays, Kansas 67601 FIELD GAS ~~AT~~ AY SE
 **CONTACT PERSON Gloria Brown LEASE Billinger
 PHONE 913-628-1046

PURCHASER _____ WELL NO. #2
 ADDRESS _____ WELL LOCATION NE SE SE
 _____ 990 Ft. from South Line and
 _____ 330 Ft. from East Line of
 DRILLING CONTRACTOR Dreiling Oil, Inc. the 2 SEC. 11 TWP. 19W RGE. _____
 ADDRESS Route #1

_____ Victoria, Kansas 67671

PLUGGING CONTRACTOR _____
 ADDRESS _____

TOTAL DEPTH 3680' PBTD _____
 SPUD DATE 10-5-81 DATE COMPLETED 10-10-81
 ELEV: GR 2091 DF 2093 KB 2096



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

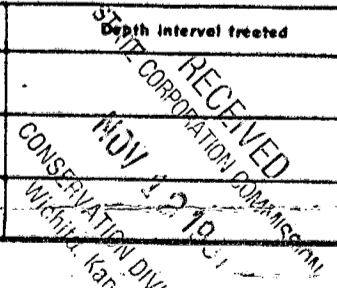
DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS
 Report of all strings set - surface, intermediate, production, etc. (New) (Used) casing.

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 1/2	8 5/8		167'	common	135	6 units Quickset
Production	7 7/8	4 1/2		3670'	common	150	8% salt 4% gilsonited 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. Gravity
RATE OF PRODUCTION PER 24 HOURS	Oil _____ Gas _____ Water _____	Gas-oil ratio _____
Disposition of gas (vented, used on lease or sold)	Producing interval (s)	CFPB

** 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 & Post Rock	0'	60'		
Shale	60'	172'		
Shale & Sand	172'	610'		
Shale & Sand	610'	1443'		
Anhy.	1443'	1475'		
Anhy.	1475'	1478'		
Shale	1478'	2105'		
Shale & Lime	2105'	2340'		
Shale & Lime	2340'	2570'		
Lime & Shale	2570'	2848'		
Shale & Lime	2848'	3121'		
Lime & Shale	3121'	3274'		
Lime	3274'	3385'		
Lime	3385'	3480'		
Lime	3480'	3566'		
Lime	3566'	3680'		
	3680'	T.D.		

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: _____