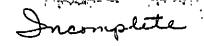
This form shall be filed in duplicate with the Kans rado Derby Building, Wichita, Kansas 67202, within the well, regardless of how the well was completed.  Attach separate letter of request if the profession only file one copy. Information of side two will then be held confidential.  Circle one: Oil, Gas, Dry, SWD, OWWO, Injection, Cordinations must be filed for dual completion, Cordinations with the selectrical loss of the completion, Cordination of the completion of the com	t ten days after the compaction of
OPERATOR Green Oil Operations	API NO. 15- 051 ÷ 22.851-0000
7	COUNTY Ellis
ADDRESS P. O. Box 503 Hays, Kansas 67601	FIELD unknown Solomen
**CONTACT PERSON Jerry Green	PROD. FORMATION -
PHONE (913) 625-5155	LEASE Jensen "A"
PURCHASER	WELL NO. #1
Appress	* **
	WELL LOCATION 100° NE of NW NW SW  2360 Ft. from South Line and
ORILLING Big Springs Drilling. Inc.	<del></del>
CONTRACTOR	380 Pt. from West Line of
ADDRESS P. O. Box 8287 - Munger Station	the SW SEC. 345 TWP . 118 RGE . 19W
Wichita, Kansas 67208	- Well Plat
PLUGGING Sun Oil Well Cementing, Inc.	
CONTRACTOR	KCC KCS
ADDRESS Box 169	(Office
Great Bend, Kansas 67530	- Use)
TOTAL DEPTH 3675	_ 1 34
	-   *       1   1   1   1   1   1   1   1
SPUD DATE 2/21/82 DATE COMPLETED 2/26/82	-
ELEV: GR 2091 DF KB 2086	-
DRILLED WITH (CANDLE) (ROTARY) (ACCES) TOOLS	
Amount of surface pipe set and cemented 247°	DV Tool Used? no
Amount of surface pipe set and cemented 27	
AFFIDAV	IT
STATE OF Kansas , COUNTY OF .	Ellis SS, I,
Jerry Green OF LAWFUL AGE,	
DEPOSES THAT HE IS	
OPERATOR OF THE Jensen "A" LE	ASE, AND IS DULY AUTHORIZED TO MAKE
THIS AFFIDAVIT BOR AND ON THE BEHALF OF SAID OPER	ATOR, THAT WELL NO. 1 ON
SAID LEAST HAS BEEN SOMPLETED AS OF THE 26th D	AY OF February , 19 82 , AND THAT
THIS AFFIDAVIT BOS AND ON THE BEHALF OF SAID OPER SAID LEAGUE HAS BEEN SAMPLETED AS OF THE 26th D ALL WAS AFFIDATED AND HERE IN WITH RESPECT TO SA FURTHER AFFIRMS SAITH NOT.	ID WELL IS TRUE AND CORRECT.
WINTHER APPROXICE METH NOT	s 5)
	(6)
	Jenry Green
SUBSCRIBED AND SWORN REFORE BETTER RIDER 27 th DAY	OF April , 19 82
STATE OF KAMBAS	Rette S. Rider
TABLES.	NOTARY PUBLIC
MY COMMISSION EXPIRES: October 1, 1984	<del>.</del>
**The person who can be reached by phone regarding	ng any questions concerning this infor-
mation. Within 45 days of completion, a witnesse required if the well produces more than 25 BOPD of	ed initial test by the Commission is
AL BUY TOWN FORTHUM	

IDE TWO WELL LOG

Show all important zones of porosity and contents thereof; cared intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

FORMATION	DESCRIPTION; C	ONTENTS, ETC.		TOP		BOTTOM		NAME		DEPT	'H
Post Rock Shale Sand Shale Anhydrite Shale Shale & 1	k & Shale	1 -16 m izes	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1390		252* 850* 1080* 1390* 1436* 2472* 3675*	He To La La Si	peka ebner ronto nsing- nsing- mpson buckle	-Base Sand		(-119 (-121 (-124 (-147 (-152
DST #1 26 Zones test Recovery: IBHP: 722 FBHP: 519 FP: 10-10	ted: Simps 10° WM	on Sand a	and Arbu	ckle					•		
	•										
				<u> </u>		<del></del>	<u> </u>				
Report of all string	1			T			w) or	(Used	<del></del>	e and pen	ent :
Purpose of string	proce of string Size hole drilled Size casing set Weight (bs/		Weight lbs/ft.	Setting depth		Type cement		Sacks		additives	
Surface	12 4"	8 5/8"	20#	247*		Common	175 sx		2% gel 3% ccl		
ł. ij1 !	<u></u>			<u> </u>							
:	LINER RECOI	RD				PERF	DRATIO	N RECOR	D	<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>	
Top, ft.	Bottom, ft.	Socks co	rment	Shots				Size & type			্রাস
1	TUBING RECO	ORD						13.4	, ( .	· · ·	
Size	Setting depth	Packer	set at					<u></u>	- ;		
		CID, FRACT	URE, SHOT,	CEMENT SQ	UEEZ	E RECORD			- 25	11 180 1.1	14/2)
, ; i	Amoi	ant and kind of	material used	<u>.</u>		- <del> </del>		), Dep	in lilita	ral freated	
	<del>- , </del>										
The state of the s						,	_	<del></del>		, i	
Date of first production	ving, pumping, (	gas lill	t, etc.)		Gravit	у	-	<del></del>			
RATE OF PRODUCTION	Oil	<u></u>	Gas		- 1	Water %		- 1	-oil ratio		<del></del>
PER 24 HOURS Disposition of gas (vented	, used on lease or	sold)	de, ]	· <del></del>	MCF	Perforat	ions	bbls,		<u> </u>	CFPB
· · · ·											



## AFFIDAVIT AND COMPLETION FORM

This form <u>must</u> be filed <u>in triplicate</u> 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.

<del></del>	reen Oil Op		· .		-	-				2,851	-0000
				_	_	El				<del></del>	
Hays, Kansas : 67601  **CONTACT PERSON Jerry Green				<b>-</b> ·	ELD		<u>known</u> nsen		<del></del>	•	
**CONTACT PERSO	PHONE 913				ĻE	H3E	JE	nsen	<u> </u>		
PURCHASER	PHONE				- Wei	L <b>L</b> NO.	· · ·	#1			•
ADDRESS										of Nk	NW SW
	<del> </del>										_Line_and
:	÷	•		•							 _Line of
DRILLING CONTRACTOR	Big Spring	s Drilli	ng, Inc	•	 _ th		• .				
ADDRESS	P. OBox	8287 - M	unger St	tation	_				<del>,</del>	_	WELL
-	Wichita, K	ansas 6	7208	<u>'</u>					Ì		PLAT
PLUGGING : CONTRACTOR .	Service Co		<u>:</u>	· .		;•		,			(Quarter) or (Full)
ADDRESS	Great Bend		67530			4					Section - Please
TOTAL DEPTH	3675'		PBTD	····			•			I.:	indicate.
SPUD DATE	2-21-82	DATE (	COMPLETE	D <u>2-26-82</u>	<u>.</u>				ξ.,	,	
	KB	<del></del>	- :	• •	<b>u.</b> .					<u>.</u>	KCC KGS
DRILLED WITH (( Report of allistring	CABLE) (ROT	ARY) (AII ntermediate, p	R)- TOOLS production, a	te. (New)	/ (Us	ed) c	asing.	• .	•		· :
Purpose of string	Size hole dillied	Size-casing but tin O.D.)	Weight lbs/ft.	Setting depth	,	Type com	mt .	Soci	15	Type	e and percent additives
Surface	12 1/4"	8,5/8"	20#	247.	- (	Common	) .	175	SX	2%	gel 3% c
:			,	1.				•		<del></del>	
		1				• .			-		<del></del>
	<del>                                     </del>					· 	+	<del></del>			
· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · ·		<u> </u>					_	<u> </u>	
	LINER RECOR	D Secto ce			4		PERFORATION RECO		ECOR		
Top, ff.	iettem, fl.	3661, 20	men;	38043	par ft.		3i2e	D type-		Del	pth interval
	TUBING RECO	RD'			•			17			
	CFIVED	Packer s	et et				•				•
	RATION COMMISS	EID, FRACTI	JRE, SHOT,	CEMENT SQ	UEEZ	RECOI	LD				
		of and kind of a					:	<u> </u>	Dept	h interve	I treated
MA				<del></del>				1		<del></del>	
	<u>VATION DIVISIOI</u> hita, Kansas	<u> </u>	* .					 		<del></del> -	
		·	•	<u></u>		<del></del>		<del> </del>	_	<u>,                                     </u>	· ·
	··-	·				•					
TEST DATE:	· · · · · · · · · · · · · · · · · · ·		Pi	RODUCTION							
Date of first production		Producing	method !flev	ring, pumping, q	es lift,	etc.)			Α.	P. J. G	ravity
RATE OF PRODUCTION PER 24 HOURS	Oil	<del></del>	Gas	·		Votes no	<del></del>		Ges-	elf ratio	<u> </u>
Disposition of gas (vented	, used on least or so	boti ild i	<u>a, ]</u>	<del></del>	MCL	• •	g Interval	bbls		<del></del>	CFFB
** The person w	nho can be	reached b	y phone	regardin	g ar	y que	stions	conc	ern	ing t	his

\*\* 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 stre Estimated height of cement behind pipe	Ci	rculation		100	
WELL LOG Show all important zones of poresity and contents thereof; cored inter			SHOW GEOLOGICAL MA	ARKERS, LOGS BUN VE INFORMATION	
cluding depth interval tested, cushion used, time tool open, flowing and	Inut-in pressures,	and recoveries.	<u> </u>		
FORMATION DESCRIPTION, CONTENTS, ETC.	TOP.	BOTTOM	HAME	DEPTH	
DRILLERS LOG				1	
Post Rock & Shale	0	252'	ĺ		
Shale	252'	850'			
Sand	850'	1080			
Shale Anhydrite	1080 ' 1390 '	1390' 1436'		1	
Shale	1436'	2472'			
Shale & Lime RTD	2472' 3675'	3675'			
KID .	3073				
•					
•		ļ			
		· ·			
'' <u>'</u> '' .					
				4	
•		•			
		•			
•		.``		ļ.·	
				}	
				İ	
		•	ļ	ł	
		•			
USE ADDITIONAL SHEETS, IF N	ECESSARY, TO	COMPLETE WE	LL RECORD.		
AFFI	DAVIT				
STATE OF, CO				55 ·	
OF OATH, DEPOSES AND SAYS:	LAWFUL AGE	, DEING FIF	(3) DOL1 SWORM	UPON NIS	
THAT HE IS	FOR		• •		
OPERATOR OF THE	LEASE. A	ND IS DULY	AUTHORIZED TO	MAKE THIS	
AFFIDAVIT FOR AND ON BEHALF OF SAID OPERAT	OR. THAT W	FLI NO	ON SAID	LEASE HAS	
BEEN COMPLETED AS OF THEDAY OF	O11 5. 11 11 11	19	AND THA	T ALL	
INFORMATION ENTERED HEREIN WITH RESPECT TO				· ALL .	
•		THE A	n oomiteer.		
FURTHER AFFIANT SAITH NOT.	/c)				
				<del>-</del>	
SUBSCRIBED AND SWORN TO BEFORE ME THIS	DAY OF			19	

MY .COMMISSION EXPIRES:

NOTARY PUBLIC