

SIDE ONE

Compt. _____

Two (2) copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within thirty (30) days after the completion of a well, regardless of how the well was completed.

Attach separate letter of request if the information is to be held confidential. If confidential, only file one copy. Information on Side One will be of public record and Side Two will then be held confidential.

Applications must be made on dual completion, commingling, salt water disposal, injection and temporarily abandoned wells.

Attach one copy only wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.). (Rules 82-2-105 & 82-2-125) KCC# (316) 263-3238.

LICENSE # 5503 EXPIRATION DATE 6/84

OPERATOR Triple Seven Inc. API NO. 15-073-23,094 0000

ADDRESS Ste. 100 6300 NW Expressway COUNTY Greenwood

Oklahoma City, Ok. 73132 FIELD SEVERY

** CONTACT PERSON Bill Harvey PROD. FORMATION Kansas City KC-KCC

PHONE 316-736-2872

PURCHASER Eureka Crude LEASE Mast

ADDRESS 216 North Main, Box 190 WELL NO. New 1

Eureka Kansas 67045 WELL LOCATION

DRILLING CONTRACTOR A.R. Palmer Inc. 2470 Ft. from W Line and

ADDRESS Box 116 2420 Ft. from S Line of

Longton, Ks. 67352 the SW (Qtr.) SEC 17 TWP 28 RGE 11E.

PLUGGING CONTRACTOR ADDRESS

ADDRESS

TOTAL DEPTH 1256 PBTD

SPUD DATE 2-2-84 DATE COMPLETED 2-5-84

ELEV: GR DF KB

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

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

Amount of surface pipe set and cemented 40' DV Tool Used?

THIS AFFIDAVIT APPLIES TO: (Circle ONE) - (Oil) Gas, Shut-in Gas, Dry, Disposal, Injection, Temporarily Abandoned, OWWO. Other

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

A.R. Palmer, 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 8th day of Feb.

19 84.

VELMA J. PALMER

Notary Public

Elk County

State of Kansas

[Signature] (NOTARY PUBLIC)

MY COMMISSION EXPIRES: 1-2-87 Appointment Expires

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

STATE CORPORATION COMMISSION RECEIVED FEB 15 1984 CONSERVATION DIVISION Wichita, Kansas

OPERATOR Triple Seven Inc.

LEASE Mast

SEC. 17 TWP. 28 RGE. 11E

WELL NO. New 1

FILL IN WELL INFORMATION AS REQUIRED:

SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

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.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
Check if no Drill Stem Tests Run.				
Top Soil	0	2		
Clay	2	5		
Shale	5	13		
Lime	13	31		
Shale	31	39		
Lime	39	40		
Shale	40	54		
Lime	54	60		
Shale	60	70		
Lime	70	91		
Red Bed	91	157		
Lime	157	186		
Shale	186	188		
Lime	188	189		
Shale	189	272		
Sand	272	277		
Shale	277	297		
Lime	297	301		
Sand & Shale	301	312		
Lime	312	316		
Shale	316	336		
Lime	336	344		
Shale & Sand	344	355		
Lime	355	369		
Shale	369	419		
Lime	419	431		
Shale	431	493		
Sand & Shale	493	496		
Sand	496	519		
Shale	519	630		
Lime	630	634		
Shale	634	655		
Lime	655	662		
Shale	662	733		
Lime	733	768		
Sandy Lime	768	796		
Lime	796	887		

If additional space is needed use Page 2, Side 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	Socks	Type and percent additives

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Socks 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 first production	Producing method (flowing, pumping, gas lift, etc.)	Gravity			
Estimated Production -I.P.	Oil bbls.	Gas MCF	Water %	Gas-oil ratio	CPFB
Disposition of gas (vented, used on lease or sold)		Perforations			

OPERATOR Triple Seven Inc.

LEASE Mast

SEC. 17 TWP. 28 RGE. 11E

WELL NO. New 1

FILL IN WELL INFORMATION AS REQUIRED:

Show all important zones of porosity and contents thereof; cased 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
Check if no Drill Stem Tests Run.				
Shale & Sand	887	1033		
Lime	1033	1045		
Sandy Lime & Shale	1045	1048		
Sandy Shale	1048	1051		
Sand, Shale & Lime	1051	1094		
Lime	1094	1183		
Coal	1183	1185		
Lime	1185	1209		
Coal	1209	1213		
Lime	1213	1233		
Limey Sand, little Shale	1233	1238		
Shale & Sand	1238	1256TD		

If additional space is needed use Page 2, Side 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
	6 1/2"	7 1/4"		40		15	

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 first production	Producing method (flowing, pumping, gas lift, etc.)	Gravity (sp. gr.)		
Estimated Production - I.P.	Oil bbls.	Gas MCF	Water %	Gas-oil ratio
Disposition of gas (vented, used on lease or sold)		Perforations		

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LICENSE # _____ EXPIRATION DATE _____

OPERATOR _____ API NO. _____

ADDRESS _____ COUNTY _____

_____ FIELD _____

** CONTACT PERSON _____ PROD. FORMATION _____

PHONE _____

PURCHASER _____ LEASE _____

ADDRESS _____ WELL NO. _____

_____ WELL LOCATION _____

DRILLING _____ Ft. from _____ Line and _____

CONTRACTOR _____ Ft. from _____ Line of _____

ADDRESS _____ the (Qtr.) SEC TWP RGE _____

PLUGGING _____ WELL PLAT _____ (Office Use Only)

CONTRACTOR _____ Use Only)

ADDRESS _____ KCC _____

TOTAL DEPTH _____ PBTD _____

SPUD DATE _____ DATE COMPLETED _____

ELEV: GR _____ DF _____ KB _____

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

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

Amount of surface pipe set and cemented _____ DV Tool Used? _____

THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Gas, Shut-in Gas, Dry, Disposal, Injection, Temporarily Abandoned, OWWO. Other _____

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A F F I D A V I T

_____, 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.

(Name)

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____

19 _____.

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

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