

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.

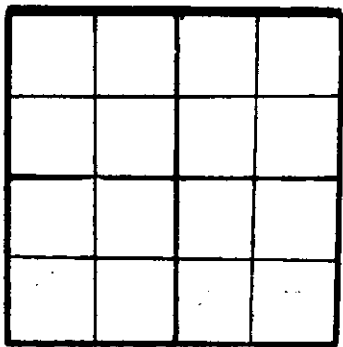
OPERATOR Geoson Oil Company, Inc. API NO. 15 - 077 - 21,765-00-00
 ADDRESS 212 North Market - Suite 508 COUNTY Harper
Wichita, Kansas 67202 FIELD unknown
 **CONTACT PERSON George Ewonus LEASE Loesch
 PHONE 267-5822

PURCHASER _____ WELL NO. #1
 ADDRESS _____ WELL LOCATION NE SW NW
 _____ Ft. from _____ Line and
 _____ Ft. from _____ Line of
 the SEC. 12 TWP. 31S RGE. 5W

DRILLING CONTRACTOR Big Springs Drilling, Inc.
 ADDRESS P. O. Box 8287 - Munger Station
Wichita, Kansas 67208

PLUGGING CONTRACTOR _____ Service Company
 ADDRESS Russell, Kansas

TOTAL DEPTH 4700' PBDT _____
 SPUD DATE 1-3-82 DATE COMPLETED 1-14-82
 ELEV: GR 1363 DF KB 1368



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

KCC
 KGS

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 | 12 1/4" | 8 5/8" | 20# | 284' | Common | 225 SX | 2% gel 3% ccl |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| LINER RECORD | | | PERFORATION RECORD | | |
|--------------|-------------|--------------|--------------------|-------------|----------------|
| Top, ft. | Bottom, ft. | Sacks cement | Shots per ft. | Size O type | Depth interval |
| | | | | | |
| | | | | | |

| TUBING RECORD | | ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD | |
|---------------|---------------|---|------------------------|
| Size | Setting depth | Packer set at | Depth interval treated |
| | | | |
| | | | |

| TEST DATE: | | PRODUCTION | |
|--|---|-----------------------|--------------------|
| Date of first production | Producing method (flowing, pumping, gas lift, etc.) | A.P.I. Gravity | |
| | | | |
| RATE OF PRODUCTION PER 24 HOURS | Oil bbls. | Gas MCF | Water % bbls. GPPB |
| | | | |
| Disposition of gas (vented, used on lease or sold) | | Producing interval(s) | |
| | | | |

** 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.

APR 21 1982
 CONSERVATION DIVISION
 WICHITA, KANSAS

Name of lowest fresh water producing stratum Sand Depth 107'
 Estimated height of cement behind pipe Circulated

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 |
|---------------------------------------|-------|--------|------|-------|
| Red Bed & Shale | 0 | 495' | | |
| Shale & Lime | 495' | 830' | | |
| Anhydrite ? | 830' | 839' | | |
| Shale & Lime | 839' | 3666' | | |
| K.C. | 3666' | 3729' | | |
| Shale & Lime | 3729' | 4700' | | |
| RTD | 4700' | | | |

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

A F F I D A V I T

STATE OF KANSAS, COUNTY OF SEDGWICK SS,

G. K. EWONUS OF LAWFUL AGE, BEING FIRST DULY SWORN UPON HIS OATH, DEPOSES AND SAYS:

THAT HE IS authorized agent FOR Geoson Oil Co., Inc. OPERATOR OF THE Loesch LEASE, AND IS DULY AUTHORIZED TO MAKE THIS AFFIDAVIT FOR AND ON BEHALF OF SAID OPERATOR, THAT WELL NO. 1 ON SAID LEASE HAS BEEN COMPLETED AS OF THE 1st 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) *G. K. Ewonus*
 G. K. Ewonus

SUBSCRIBED AND SWORN TO BEFORE ME THIS 19th DAY OF April 19 82

Rita Jeter
 NOTARY PUBLIC Rita Jeter

MY COMMISSION EXPIRES: March 25, 1985

