TYPE SIDE ONE	AFFIDAVIT OF COMPLETION F D & A, FILING ONE ORIGINAL, TWO COPIES (3		ACO-1 WELL H GANT "C" #3	
This fo	82-3-130 and 82-3-107) orm shall be filed with the Kansas Corporat uilding, Wichita, Kansas 67202, within nin ion of a well, regardless of how the well	ety (90)	days after th	lorado
REOUIRI	ORMATION REGARDING THE NUMBER OF COPIES TO NG COPIES OF ACO-1 FORMS SEE PAGE TWO (2), tter requesting confidentiality attached.	SIDE TWO	AND APPLICAT	IONS FORM.
CAt	tach ONE COPY of EACH wireline log run (i. ay neutron log etc.)***Check here if NO log	e. electr gs were r	ical log, son	ic log,
	FILL IN ALL INFORMATION. IF NOT AVAILABLE ECOMES AVAILABLE, SUBMIT BY LETTER.		•	ATION
LICENSE #_				
OPERATOR _	TXO Prod. Corp.	_ API NO.	15 <b>-</b> 007-216	76 • 60 • 60
ADDRESS _	200 W. Douglas, Ste. 300	_ COUNTY_[	Barber	<del></del>
_	Wichita, KS 67202	FIELD	Brooks-Younge	
** CONTACT		-	RMATION dry	
Bunan 4 5 5 5	PHONE 265-9441		Indicate	ir new pay.
PURCHASER_		LEASE (	"C" #3	
ADDRESS _	none			SW SE NW
-	FWA #32	-	CATION App. S from North	
DRILLING CONTRACTOR			from West	<del></del>
ADDRESS	P.D. Box 970	<del></del>		VP 32SRGE 13 (W)
٠, ـ	Yukon, OK	- EUG 14M (		
PLUGGING	Sun Oil Cementing		WELL PLAT	(Office ) Use Only
CONTRACTOF ADDRESS	P.O. Box 169	-		KCC V
	Great Bend, KS 67530			SWD/REP
	TH 4500 PBTD none	-	d 1	PLG.
_	9-23-83 DATE COMPLETED 9-30-83	-	1	NGPA
_	1655 DF KB 1666	- 1		
DOCKET NO.	ITH ( <b>CARKE)</b> (ROTARY) (AKK)X TOOLS.  OF DISPOSAL OR REPRESSURING WELL BEING ISPOSE OF WATER FROM THIS LEASE NO WTY			<
	surface pipe set and cemented 8-5/8"0429'	DV Tool (	Used? no	•
TYPE OF CO	OMPLETION THIS AFFIDAVIT APPLIES TO: (Circ posal, Injection, Temporarily Abandoned.	le <u>ONE</u> ) - If OWW	Oil, Shut-in O, indicate t	ype of re-
ALL REQUIR	REMENTS OF THE STATUTES, RULES AND REGULAT NDUSTRY HAVE BEEN FULLY COMPLIED WITH.	IONS PROM	ulg <del>åteb</del> <sup>c</sup> tö <sup>pq</sup> re	EVED EOLATEMISSION 4 1983
	I, Harold R. Trapp  AFFIDAVIT  , be	eing of la	CONSERVAT 알아아의 age	ION DIVISION r'é159ascertifies
that:				
The states	the Affiant, and I am familiar with the coments and allegations contained therein are	e true and	correct.	ng Affidavit.
	(	-ya	(Name)	crapp_
	CRIBED AND SWORN TO BEFORE ME this 12th	day of	October	<u> </u>
19 <u>83</u> .	BONNIE J. HOLCOMB  NOTARY PUBLIC  STATE OF KANSAS  My Appl. Exp. 2385	Bour	ue J XA	llons
MY COMMIS	SION EXPIRES: 12-23-85		CNOTAKY PUBL	10)

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

<sup>\*\*</sup> The person who can be reached by phone regarding any questions concerning this information.