TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) (Oil) Shut-in Gas, Gas, Dry, Disposal, Injection, Temporarily Abandoned. If OWWO, indicate type of recompletion

AFFIDAVIT

Jon M. Callen ___, 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.

M. Caner), P. E.

SUBSCRIBED AND SWORN TO BEFORE ME this

April

19 84

TYPE

SIDE ONE

LICENSE #

ADDRESS

PURCHASER

ADDRESS

DRILLING CONTRACTOR

ADDRESS

PLUGGING

CONTRACTOR ADDRESS

TOTAL DEPTH

5042

SHARON D. YATES State of Kansas My Appt. Exp.

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MY COMMISSION EXPIRES: November 18, 1986

arding any oppositions concerning this ** The person who can be reached by phone regarding ENSERVATION OF STORE information.

Perforations