

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.

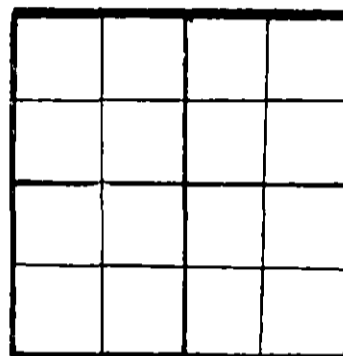
OPERATOR Corie Oil, Inc. API NO. 15-167-21,872 0000
ADDRESS Box 534 Russell, Kansas 67665 COUNTY Russell FIELD

**CONTACT PERSON Carroll Mudd LEASE Michaelis
PHONE 913-483-6006 PROD. FORMATION
PURCHASER NCRA WELL NO. 1
ADDRESS McPherson, KS 67460 WELL LOCATION C W/2 NW/4 SE/4

DRILLING CONTRACTOR Red Tiger Drilling Company
ADDRESS 1720 KSB Building Wichita Kansas 67202

PLUGGING CONTRACTOR
ADDRESS

TOTAL DEPTH 3,365' PBTB
SPUD DATE 2/13/82 DATE COMPLETED 2/19/82
ELEV: GR DF KB 1883



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

KCC
KGS
MISC.

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS
Report of all strings set - surface, intermediate, production, etc. (New) / (USED) casing.

Table with 8 columns: Purpose of string, Size hole drilled, Size casing set (in O.D.), Weight lbs/ft., Setting depth, Type cement, Sacks, Type and percent additives. Rows include Surface and Production data.

LINER RECORD and PERFORATION RECORD tables. LINER RECORD includes Top ft., Bottom ft., Sacks cement. PERFORATION RECORD includes Shots per ft., Size & type, Depth interval.

TUBING RECORD table with columns: Size, Setting depth, Packer set at.

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ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD table with column: Amount and kind of material used.

CONSERVATION DIVISION Wichita, Kansas

TEST DATE: PRODUCTION table with columns: Date of first production, Producing method, A.P.I. Gravity, RATE OF PRODUCTION PER 24 HOURS (Oil, Gas, Water), Gas-oil ratio, Disposition of gas, 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.

Name of lowest fresh water producing stratum Unknown Depth 100
 Estimated height of cement behind pipe 259'

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, LOSS RUN, OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
Clay, Post Rock & Shale	0	230		
Shale	230	268		
Shale, Sand & Red Bed	268	872		
Anhydrite	872	904		
Shale	904	1530		
Lime & Shale	1530	2793		
Lime	2793	3365		
RTD		3365		

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

A F F I D A V I T

STATE OF LOUISIANA, COUNTY OF _____ SS,

_____ OF LAWFUL AGE, BEING FIRST DULY SWORN UPON HIS OATH, DEPOSES AND SAYS:

THAT HE IS _____ FOR _____ OPERATOR OF THE _____ LEASE, AND IS DULY AUTHORIZED TO MAKE THIS AFFIDAVIT FOR AND ON BEHALF OF SAID OPERATOR, THAT WELL NO. _____ ON SAID LEASE HAS BEEN COMPLETED AS OF THE 9th DAY OF March 19 82, AND THAT ALL INFORMATION ENTERED HEREIN WITH RESPECT TO SAID WELL IS TRUE AND CORRECT.

FURTHER AFFIANT SAITH NOT.

(S) [Signature] *Signed this copy 6-28-83*

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 19 _____

 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____