

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

Compt. _____

SIDE ONE

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.

F 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.

C 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 # 60190 EXPIRATION DATE 6-30-84
 OPERATOR Loughorn Energy Resources API NO. 15-151-21100-00-00
 ADDRESS Box 1314 COUNTY Pratt
Et Bond Kc FIELD WC
 ** CONTACT PERSON Ken Harlow PROD. FORMATION MIS
 PHONE 316-792-6743
 PURCHASER _____ LEASE House
 ADDRESS _____ WELL NO. 1

DRILLING CONTRACTOR Big H Dug WELL LOCATION NE-NW-SW
 ADDRESS Wichita Kansas 330 Ft. from North Line and
990 Ft. from West Line of
 the SW (Qtr.) SEC 36 TWP 28 RGE 12W

PLUGGING CONTRACTOR same
 ADDRESS _____

WELL PLAT (Office Use Only)

KCC
 KGS
 SWD/REP _____
 PLG. _____

TOTAL DEPTH 4650 PBDT _____
 SPUD DATE 4-13-82 DATE COMPLETED 4-23-82
 ELEV: GR 1861 DF 1871 KB 1874
 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 307 DV Tool Used? No

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

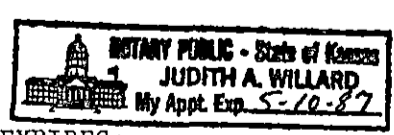
ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

KEN WETH W Harlow IV, AFFIDAVIT, 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 3rd day of February, 1984.



Judith A. Willard
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

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

RECEIVED
STATE CORPORATION COMMISSION
FEB 06 1984
CONSERVATION DIVISION
Wichita, Kansas

Longhorn Energy

Haver 1

36 TWP, 18 SRGE, 12 W

FILL IN WELL INFORMATION AS REQUIRED:

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
<input checked="" type="checkbox"/> Check if no Drill Stem Tests Run.				
Red beds	0	650		
Shale	650	992	Heekma	3590
Shale & lim	992	1995	Toronto	3605
limo & shale	1995	2315	Douglas	3622
Shale & lim	2315	2837	Br im	3754
lim & shale	2837	3037	Dancing	3770
Shale & lim	3037	3266		
lim & shale	3266	3908	Miss	4260
lim	3908	4068	Simp	4518
lim & shale	4068	4313		
Shale	4313	4403		
lim & shale	4403	4524		
Shale & sand	4524	4527		
Shale & lim	4527	4554		
lime	4554	4650		
RT Δ		4680		

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
Surface	12 1/2	8 5/8	24	307	Common	200	

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 bbls.
	Water %	Gas-oil ratio
	MCF	CFPB
Disposition of gas (vented, used on lease or sold)		Perforations

OPERATOR _____

LEASE _____

SEC. _____

TWP. _____

RGE. _____

FILL IN WELL INFORMATION AS REQUIRED:

WELL NO. _____

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
Check if no Drill Stem Tests Run.				
DST 1 MISTUN 9176-4269		Pawnee-Miss		
DST 2 MISTUN 4188-4269		Pawnee-Miss		
DST 3 PAWNEE-MISS 4140-4269				
30-42-90-96				
83-83				
50' OCM				
DST 4 SIMPSON SD 4502-4524				
30-36-85-96				
1122-1122				
350' SOM				
DST 5 MISTUN				
DST 6 30-42-120-93 4482-4527 Simpson				
1070-1070				
210' SOM				
90 MW 142°				

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

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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 _____

CONTRACTOR _____

ADDRESS _____

TOTAL DEPTH _____ PBSD _____

SPUD DATE _____ DATE COMPLETED _____

ELEV: GR _____ DF _____ KB _____

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

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WELL PLAT

(Office Use Only)

KCC _____
KGS _____
SWD/REP _____
PLG. _____

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.