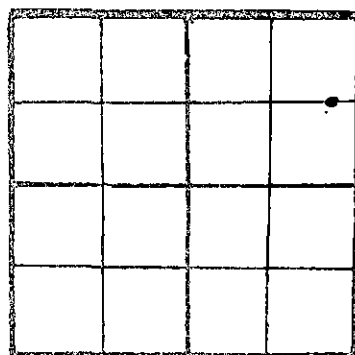


This form must be filed in triplicate with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within five days after the completion of the well, regardless of how the well was completed. Circle one: Oil, gas, dry, SW OWWO, injection. Please type. Complete ALL sections. Applications must be filed for dual completion, commingling, salt water disposal and injection. Attach wireline log; (i.e. electrical log, sonic log, gamma ray neutron log, etc.) KCC#-(316) 263-3238.

OPERATOR Tom F. Marsh, Inc. API NO. 15-189-20,572-0000
 ADDRESS P.O. Box 1869 COUNTY Stevens
Liberal, KS 67901 FIELD _____
 **CONTACT PERSON Nancy Hagar LEASE Love
 PHONE 316-624-8141 PROD. FORMATION _____
 PURCHASER _____ WELL NO. 1
 ADDRESS _____ WELL LOCATION _____
 _____ 200 Ft. from East Line and
 _____ 1320 Ft. from South Line of
 the SEC. 18 TWP. 34S RGE. 38E
 DRILLING CONTRACTOR DaMac Drilling
 ADDRESS P.O. Box 1164
Great Bend, KS 67530
 PLUGGING CONTRACTOR Dowell
 ADDRESS Perryton, TX 79070
1549
 TOTAL DEPTH 1549 PBD _____
 SPUD DATE 3-11-82 DATE COMPLETED lost hole
 ELEV: GR 3278 DF 3284 KB 3285



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.

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#	619	poz H	250 150	5% gel, 2% cc, 1/4# 3% cc

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

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

RECEIVED
 STATE CORPORATION COMMISSION
 APR 30 1982
 CONSERVATION DIVISION
 Wichita, Kansas

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 _____ %	Gas-oil ratio _____
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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.

Name of lowest fresh water producing stratum Ogalalla Depth 350
 Estimated height of cement behind pipe none

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 upon, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
n/a - lost hole				

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

A F F I D A V I T

STATE OF Kansas, COUNTY OF Seward SS,

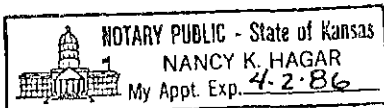
Frank Burke OF LAWFUL AGE, BEING FIRST DULY SWORN UPON HIS OATH, DEPOSES AND SAYS:

THAT HE IS Agent FOR Tom F. Marsh, Inc. OPERATOR OF THE Love 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 23 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) Frank Burke, Agent

SUBSCRIBED AND SWORN TO BEFORE ME THIS 29 DAY OF April 19 82



Nancy K. Hagar
 NOTARY PUBLIC

MY COMMISSION EXPIRES: 4-2-86