

SIDE ONE

Compt. _____

(Rules 82-3-130 and 82-3-107)

DOCKET NO. NP _____

This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.

Letter requesting confidentiality attached.

Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.)***Check here if NO logs were run _____.

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 6477 EXPIRATION DATE 6-30-83

OPERATOR Koch Exploration Company API NO. 15-175-20,699-00-00

ADDRESS P O Box 2256 COUNTY Seward

Wichita, KS 67201 FIELD Shuck

** CONTACT PERSON Vernon Lowe PROD. FORMATION Chester
PHONE 832-5483 Indicate if new pay.

PURCHASER N/A LEASE Hitch

ADDRESS _____ WELL NO. #1

DRILLING CONTRACTOR Sage Drilling Co. WELL LOCATION C/NW SE

ADDRESS 202 S. St. Francis 660 Ft. from West Line and

Wichita, KS 67202 1980 Ft. from South Line of

N/A the SW (Qtr.) SEC 14 TWP 33SRGE 34 (W)

PLUGGING CONTRACTOR ADDRESS _____

ADDRESS _____

TOTAL DEPTH 6400' PBTD 6370'

SPUD DATE 7-11-83 DATE COMPLETED 7-24-83

ELEV: GR 2890' DF _____ KB 2898'

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

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE N/A

Amount of surface pipe set and cemented 1651' DV Tool Used? No

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

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

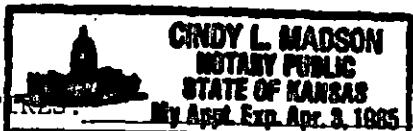
A F F I D A V I T

Orvall L. Schmidt, 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.

Orvall L. Schmidt
(Name) Orvall L. Schmidt

SUBSCRIBED AND SWORN TO BEFORE ME this 11th day of August, 19 83.



MY COMMISSION EXPIRES _____

Cindy L. Madson
(NOTARY PUBLIC)

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