

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 Imperial Oil Company API NO. 15-151-21,063 -00.00
 ADDRESS 720 Fourth Financial Center COUNTY Pratt
Wichita, Kansas 67202 FIELD W.C. A & W
 **CONTACT PERSON _____ LEASE Delpha
 PHONE _____ PROD. FORMATION _____
 PURCHASER _____ WELL NO. 1-7
 ADDRESS _____ WELL LOCATION 10' N & 130' W of C
 _____ Ft. from NE/4 NE/4 NW/4 Line and
 _____ Ft. from _____ Line of
 the SEC. 7 TWP. 28S RGE. 15W

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

PLUGGING CONTRACTOR _____
 ADDRESS _____

TOTAL DEPTH 4,735' PBTD _____
 SPUD DATE 12/20/81 DATE COMPLETED 1/8/82
 ELEV: GR DF KB 2,102'

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

KCC
 KGS
 MISC. _____

DRILLED WITH (~~WAKE~~) (ROTARY) (~~RR~~) 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#	408'	Lite Common	175 sx 125 sx	3% C.C. 3% C.C.
Production	7 7/8"	4 1/2"	10.5#	4,734'	Lite Common	125 sx 75 sx	

LINER RECORD			PERFORATION RECORD		
Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
TUBING RECORD					
Size	Setting depth	Packer set at			

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORDED
 Amount and kind of material used _____ STATE CORPORATION COMMISSION _____ Depth interval treated _____
JAN 14 1982 01-14-82
 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 _____ Gas _____ Water _____	Gas-oil ratio _____
Disposition of gas (vented, used on lease or sold)	MCF _____ % _____ bbls. _____	CFPB _____
	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 401'

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, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
Sand	0	70		
Sand & Red Bed	70	1020		
Red Bed & Shale	1020	1895		
Shale & Lime	1895	2285		
Lime & Shale	2285	4585		
Lime	4585	4735		
RTD		4735		

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

A F F I D A V I T

STATE OF _____, 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 _____ DAY OF _____ 19____, AND THAT ALL INFORMATION ENTERED HEREIN WITH RESPECT TO SAID WELL IS TRUE AND CORRECT.

FURTHER AFFIANT SAITH NOT.

(S) _____

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

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____