

TYPE

AFFIDAVIT OF COMPLETION FORM

Compt. \_\_\_\_\_

SIDE ONE

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

DOCKET NO. NP 88323

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.

F \_\_\_\_\_ Letter requesting confidentiality attached.

C  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 # 5171 EXPIRATION DATE 6/30/84

OPERATOR TXO Prod. Corp. API NO. 15-095-21,301-0000

ADDRESS 200 W. Douglas, Ste. 300 COUNTY Kingman

Wichita, KS 67202 FIELD Komarek EXT

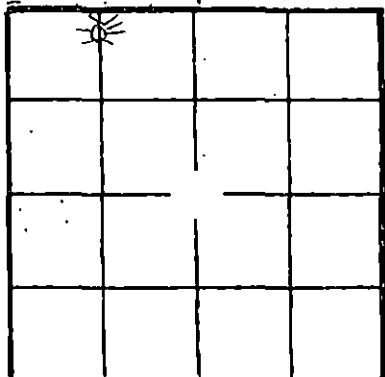
\*\* CONTACT PERSON Harold R. Trapp PROD. FORMATION Indian Cave  
PHONE 265-9441 No Yes Indicate if new pay.

PURCHASER Delhi LEASE Adelhart

ADDRESS 2150 Fidelity Union Tower WELL NO. "A" #1  
Dallas, Texas

DRILLING FWA, Rig #32 330 Ft. from North Line and

CONTRACTOR ADDRESS P.O. Box 970 1320 Ft. from West Line of (E)  
Yukon, OK 73099 the NW (Qtr.) SEC 13 TWP 29 SRGE 10 (W).

PLUGGING never plugged WELL PLAT (Office Use Only)  
CONTRACTOR ADDRESS never plugged  KCC   
KGS

TOTAL DEPTH 2648 PBDT 2637 SWD/REP \_\_\_\_\_

SPUD DATE 11-13-82 DATE COMPLETED 11-24-82 PLG. \_\_\_\_\_

ELEV: GR 1748 DF none KB 1759 NGPA \_\_\_\_\_

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

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE no water.

Amount of surface pipe set and cemented 8-5/8" @ 306' 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

Harold R. Trapp, 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.

Harold R. Trapp  
(Name)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 15th day of August, 1983.



Bonnie J. Holcomb  
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: 12-23-85

RECEIVED STATE CORPORATION COMMISSION

AUG 19 1983

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

Wichita, Kansas

8-19-1983

Side TWO

OPERATOR TXO PROD. CORP. LEASE NAME Adelhart "A" #1 SEC 13 TWP 29SRGE 10 (W)

WELL NO "A" #1

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
XX Check if no Drill Stem Tests Run. XX Check if samples sent Geological Survey.  Ran O.H. Logs			LOG TOPS	
			Onaga	2522 -763
			Indian Cave	2538 -776
			Wabaunsee	2568 -809
			RTD	2659
			LTD	2639
			PBD	2637

If additional space is needed use Page 2

Report of all strings set — surface, intermediate, production, etc. CASING RECORD (New) or ~~XXXX~~

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#	306'		275	
Production		4-1/2"	10.5#	2647'	Class A Scavenger	150 25	

LINER RECORD

PERFORATION RECORD

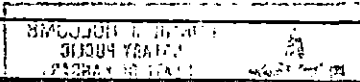
Top, ft.	Bottom, ft.	Socks cement	Shots per ft.	Size & type	Depth interval
none	none	none	4 JSPF (37 h.)	Indian Cave	2537-46'

TUBING RECORD

Size	Setting depth	Packer set at
2-3/8"	2537-46	none

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated
none	none



Date of first production	Producing method (flowing, pumping, gas lift, etc.)	Gravity
11-24-82	flowing	none
Estimated Production - I.P.	Oil	Gas
none	none	306 MCFD
Disposition of gas (vented, used on lease or sold)	Water	Gas
sold	none %	none
	Perforations	2537-46'

SERVICE ORDER AND INVOICE NO. **8278-141**  
 CORRESPONDENCE P.O. BOX 4378 HOUSTON, TEXAS 77210  
 REMITTANCE P.O. BOX 100244 HOUSTON, TEXAS 77212  
 DOWELL SERVICE LOCATION NAME AND NUMBER **TRAT 15**  
 CUSTOMER NUMBER **803438** CUSTOMER P.O. NUMBER \_\_\_\_\_  
 TYPE/SERVICE CODE **275** BUSINESS CODES \_\_\_\_\_

CUSTOMER'S NAME **T X O**  
 ADDRESS **Box 329**  
 CITY, STATE AND ZIP CODE **Medicine Lodge, KS 67104**  
 WORKOVER:  W  N  O  
 NEW WELL:  W  N  O  
 OTHER:  W  N  O  
 API OR JOB NUMBER **21301**  
 IMPORTANT: SEE OTHER SIDE FOR TERMS & CONDITIONS  
 ARRIVE LOCATION **11** MO. **17** DAY **82** YR. **0750** TIME

DOWELL shall furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DOWELL INDUSTRIAL SERVICE CONTRACT NO. **Cement 65lb surface w/ 175 sk 490 per 27 gal 390 Crcl + 100 sk A 27 gal 390 Crcl**  
 SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and represent that I have authority to accept and sign this order.  
 CUSTOMER AUTHORIZED AGENT **X M J Turner**  
 JOB COMPLETION **11** MO. **17** DAY **82** YR. **0750** TIME  
 SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

STATE **KANSAS** CODE **15** COUNTY/PARISH **Kingman** CODE **095** CITY \_\_\_\_\_  
 WELL NAME AND NUMBER / JOB SITE **Adelhart A #1** LOCATION AND POOL / PLANT ADDRESS **Sec 13-295-10W**  
 CUSTOMER AUTHORIZED AGENT **X M J Turner** SHIPPED BY **Dowell**

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
40001-006	CLASS A	SK	205	5.50	1127.50
45008-000	Lite P02	SK	70	1.95	136.50
00407-002	27 gal	27 gal	175	NC	NC
61005-100	Crcl	lb	700	.25	175.00
00401-002	27 gal	27 gal	100	.35	35.00
44100-000	Service Chg	27 gal	297	.91	270.27
44102-000	Delivery Chg 25.650 <sup>16</sup>	T/m	321	.75	240.75
48000-005	Pumper	EA	1	400.00	400.00
59200-001	Mileage on Pump	mi	25	2.10	52.50
48501-005	Top Plug	EA	1	36.00	36.00
SUB TOTAL					2473.52

RECEIVED  
 STATE CORPORATION COMMISSION  
 AUG 19 1983  
 CONSERVATION DIVISION  
 Wichita, Kansas

LICENSE/REIMBURSEMENT FEE \_\_\_\_\_  
 LICENSE/REIMBURSEMENT FEE \_\_\_\_\_

REMARKS **AUDIT FB 11 ENTER FB 16**  
 STATE **KS** 3 % TAX ON \$ **1510.00** **45.30**  
 COUNTY **Butt** 1 % TAX ON \$ **1510.00** **15.10**  
 CITY \_\_\_\_\_ % TAX ON \$ \_\_\_\_\_  
 DOWELL REPRESENTATIVE **Steve Hunter** TOTAL \$ **2533.92**

DOWL 01000 REV. 3-81





TXO Production Corp.  
200 W. DOUGLAS, SUITE 300  
WICHITA, KANSAS 67202

August 16, 1983

Mr. Tom Leiker  
Kansas Corporation Commission  
200 Colorado Derby Bldg.  
Wichita, KS 67202

RE: NEW PAY COMPLETIONS  
WELL NAME: ADELHARDT "A" #1  
LOCATION: Section 13-29S-10W  
Kingman Co., KS

RECEIVED  
STATE CORPORATION COMMISSION

AUG 19 1983

CONSERVATION DIVISION  
Wichita, Kansas

Dear Mr. Leiker:

Attached is the ACO-1 form on the above-captioned well. Please note that this well qualifies as a "new pay" completion with regards to the Severance tax. Please provide TXO with a Docket Number for this new pay filing so that we may submit our exemption request to the Department of Revenue.

Sincerely,

TXO PRODUCTION CORP.

Charles A. Peterson  
Reservoir Engineer

rtm

Attachment