

AFFIDAVIT OF COMPLETION FORM

AGO-1

This form shall be filed in triplicate with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ten days after the completion of the well, regardless of how the well was completed. Circle one: Oil, gas, dry, SWD, OWWO, injection. Type and 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 Ka-Tex Energies

API NO. 15-097-20,825-0000

ADDRESS Box 41  
Lewis, KS 67552

COUNTY Kiowa

FIELD \_\_\_\_\_

\*\*CONTACT PERSON \_\_\_\_\_

PROD. FORMATION \_\_\_\_\_

PHONE \_\_\_\_\_

LEASE Ashworth

PURCHASER \_\_\_\_\_

WELL NO. #1

ADDRESS \_\_\_\_\_

WELL LOCATION \_\_\_\_\_

DRILLING H-30, INC.

330 Ft. from South Line and

CONTRACTOR \_\_\_\_\_

330 Ft. from East Line of

ADDRESS 251 N. Water, Suite 10

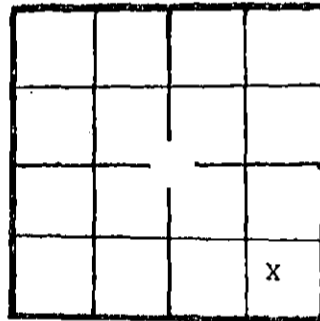
SE

\_\_\_\_\_

these SE SEC. 20 TWP. 27S R6K. 17W

\_\_\_\_\_

PLUGGING Halliburton Services



WELL PLAT

CONTRACTOR \_\_\_\_\_

ADDRESS 410 Union Center Bldg

KCC

KGS

MISC \_\_\_\_\_

(Office Use)

\_\_\_\_\_

TOTAL DEPTH 4861' PBTD \_\_\_\_\_

SPUD DATE 11/4/81 DATE COMPLETED 11/14/81

ELEV: GR \_\_\_\_\_ DF \_\_\_\_\_ KB \_\_\_\_\_

DRILLED WITH REARDED (ROTARY) OVER TOOLS (New) / (Used) casing.

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

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 3/4	8 5/8	26	426	common	400	10% salt
RECEIVED STATE CORPORATION COMMISSION APR 04 1984							

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Conservation Division Wichita, Kansas	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
RATE OF PRODUCTION PER 24 HOURS	Oil _____ bbls. Gas _____ MCF Water _____ % Gas-oil ratio _____ CFPs	Perforations
Disposition of gas (vented, used on lease or sold)		

\*\*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 \_\_\_\_\_ Depth 180

Estimated height of cement behind Surface Pipe surface

DV USED? no

WELL LOG

Formation Description, Contents, etc.	Top	Bottom	Name	Depth
Redbed and Shale				440'
Shale				1100'
Redbed and Shale				2065'
Shale				2704'
Lime and Shale				2895'
Shale and Lime				3379'
Lime and Shale				4780'
Lime				4820'
Lime and Shale				4861'
Rotary Total Depth				4861'

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 THAT HE IS \_\_\_\_\_ (FOR)(OF) \_\_\_\_\_

OPERATOR OF THE \_\_\_\_\_ LEASE, AND IS DULY AUTHORIZED TO MAKE

THIS AFFIDAVIT FOR AND ON THE 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 BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_