

Incomplete

AFFIDAVIT AND COMPLETION FORM

ACO-1

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 Wayne Walcher API NO. 15 - 185 - 21, 529-0000  
ADDRESS 701 Bitting Building COUNTY Stafford  
Wichita, Kansas 67202 FIELD unknown  
\*\*CONTACT PERSON Wayne Walcher LEASE Helmke  
PHONE 316 267 1611

PURCHASER \_\_\_\_\_ WELL NO. #1  
ADDRESS \_\_\_\_\_ WELL LOCATION SW SW NE  
\_\_\_\_\_ Ft. from \_\_\_\_\_ Line and  
\_\_\_\_\_ Ft. from \_\_\_\_\_ Line of  
the SEC. 36 TWP. 25S RGE. 13W

DRILLING CONTRACTOR Big Springs Drilling, Inc.  
ADDRESS P. O. Box 8287 - Munger Station  
Wichita, Kansas 67208

PLUGGING CONTRACTOR Service Company  
ADDRESS Russell, Kansas

TOTAL DEPTH 4385' PBTD \_\_\_\_\_  
SPUD DATE 2-27-82 DATE COMPLETED 3-7-82  
ELEV: GR1894 DF KB 1899


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

KCC  
KGS

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	Socks	Type and percent additives
Surface	12 1/4"	8 5/8"	20#	344'	Common	275 SX	2% gel 3% ccl.

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Socks cement	Shots per ft.	Size & type	Depth interval

  

Size	Setting depth	Packer set at			

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated

RECEIVED  
STATE CORPORATION COMMISSION

MAR 17 1982 3-17-82

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 \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_ Gas-oil ratio \_\_\_\_\_  
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 Sand Depth 80'  
 Estimated height of cement behind pipe Circulation

**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
<u>DRILLERS LOG</u>				
Shale	0	756'		
Anhydrite	756'	781'		
Shale & Shells	781'	1593'		
Shale & Lime	1593'	4029'		
Lime	4029'	4285'		
Lime & Shale	4285'	4385'		
RTD	4385'			

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: \_\_\_\_\_