

AFFIDAVIT AND COMPLETION FORM

ACO-1

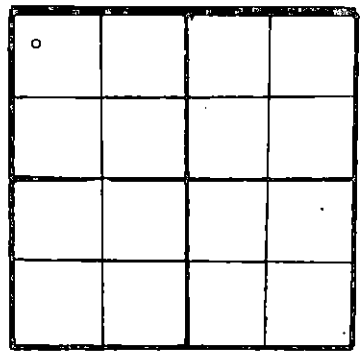
This form must be filed in triplicate with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within five days after the completion of the well, regardless of how the well was completed. Circle one: Oil, gas, dry, SWD, OWWO, injection. Please type. Complete ALL sections. 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 Charles D. Johnson API NO. 15-113-20958.0000
 ADDRESS Box 278 COUNTY McPherson
McPherson, Ks. 67460 FIELD Voshell
 **CONTACT PERSON same LEASE FROESE
 PHONE 316-241-1271

PURCHASER _____ WELL NO. 1
 ADDRESS _____ WELL LOCATION _____
330 Ft. from West Line and
660 Ft. from North Line of
 the NW/4SEC.10 TWP. 21 RGE.3 W

DRILLING CONTRACTOR Blackstone Drilling, Inc.
 ADDRESS Box 1184
McPherson, Ks. 67460

PLUGGING CONTRACTOR not plugged yet
 ADDRESS _____
 TOTAL DEPTH 3434 PBTD _____
 SPUD DATE 3-2-82 DATE COMPLETED 4/19/82
 ELEV: GR 1444 DP 447 KB 1449



WELL PLAT
 (Quarter) or (Full) Section - Please indicate.
 KCC ✓
 KGS ✓
 MISC. _____

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	Sacks	Type and percent additives
Surface	12 1/4	8 5/8	32	209	common	160	---

LINER RECORD			PERFORATION RECORD		
Top, ft.	Bottom, ft.	Sacks cement	Shots per	Size	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
Perforations (Simpson Lower)	3403 to 3406
" (Simpson Upper)	3368 to 3372
" (Viola)	3326 to 3330

TEST DATE: 4/19/82 PRODUCTION Dry

Date of first production	Producing method (flowing, pumping, gas lift, etc.)	A.P.I. Gravity
RATE OF PRODUCTION PER 24 HOURS	Oil <u>dry</u> bbls. Gas _____ MCF % Water _____ bbls. Gas-oil ratio _____ CFPB	Producing interval (s)
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 100 ft
 Estimated height of cement behind pipe 209

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
<p><i>See Geological report attached</i></p>				

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

A F F I D A V I T

STATE OF KANSAS, COUNTY OF MCPHERSON SS,

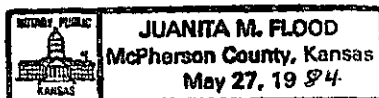
Charles D. Johnson OF LAWFUL AGE, BEING FIRST DULY SWORN UPON HIS OATH, DEPOSES AND SAYS:

THAT HE IS Owner FOR OPERATOR OF THE FROESE LEASE, AND IS DULY AUTHORIZED TO MAKE THIS AFFIDAVIT FOR AND ON BEHALF OF SAID OPERATOR, THAT WELL NO. 1 ON SAID LEASE HAS BEEN COMPLETED AS OF THE 19th DAY OF April 19 82, AND THAT ALL INFORMATION ENTERED HEREIN WITH RESPECT TO SAID WELL IS TRUE AND CORRECT.

FURTHER AFFIANT SAITH NOT.

(S) *[Signature]*

SUBSCRIBED AND SWORN TO BEFORE ME THIS 21st DAY OF April 19 82



Juanita M. Flood
 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____