

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 Robert Waterhouse API NO. 15-083-20,955.0000

ADDRESS Burdette, Kansas 67523 COUNTY Hodgeman

FIELD _____

**CONTACT PERSON 2-16-82 LEASE Waterhouse

PHONE _____

PURCHASER _____ WELL NO. #1

ADDRESS _____ WELL LOCATION 150' E. of C SE NE

_____ Ft. from _____ Line and

_____ Ft. from _____ Line of

DRILLING CONTRACTOR BEREDCO INC. the SEC. 21 TWP. 21S RGE. 21W

ADDRESS 401 E. Douglas, Suite 402

Wichita, Kansas 67202

PLUGGING CONTRACTOR Halliburton

ADDRESS _____

TOTAL DEPTH 4307' PBT _____

SPUD DATE 1-6-82 DATE COMPLETED 1-13-82

ELEV: GR _____ DF _____ KB _____

DRILLED WITH (~~XXXX~~) (ROTARY) (~~XXXX~~) TOOLS
Report of all strings set — surface, intermediate, production, etc. (New)/(Used) casing. ~~XXXX~~

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

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

KCC _____
KGS _____
MISC. _____

| 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" | 23# | 1258' | Halco Lite Reg. Pozmix | 250 250 | 3% CC 3% CC |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 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 RECORD | |
|---|------------------------|
| Amount and kind of material used | Depth Interval treated |
| | |
| | |
| | |

| 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 bbls. | Gas MCF | Water % | Gas-oil ratio bbls. | CFPB |
| 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 _____ Depth _____
 Estimated height of cement behind pipe _____

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 |
|---------------------------------------|-------|--------|------|-------|
| Shale & Shells | 0' | 510' | | |
| Sand & Shale | 510' | 1260' | | |
| Anhydrite | 1260' | 1290' | | |
| Red Bed | 1290' | 1340' | | |
| Shale | 1340' | 1900' | | |
| Shale & Lime | 1900' | 4292' | | |
| Chert | 4292' | 4307' | | |

Total Rotary Depth is 4307'

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: _____