TYPE	AFFIDAVIT OF COM	PLETION FO		•
SIDE ONE			Compt	_
This form	-3-130 and 82-3-107) shall be filed with the Kansas lding, Wichita, Kansas 67202, w n of a well, regardless of how	rithin nine	ety (90) days after the	-
REQUITRING	MATION REGARDING THE NUMBER OF COPIES OF ACO-1 FORMS SEE PAGE or requesting confidentiality a	TWO (2),	BE FILED AND APPLICATIONS SIDE TWO (2) OF THIS FORM.	
C Attac	ch ONE COPY of EACH wireline lo neutron log etc.)***Check here	g run (i.e	e. electrical log, sonic log, gs were run	•
PLEASE FII	LL IN <u>ALL</u> INFORMATION. IF NOT DMES AVAILABLE, SUBMIT BY LETTE	AVAILABLE,	, INDICATE. IF INFORMATION	
LICENSE #	6343 • EXPIRA	ATION DATE	6/30/84	_
OPERATOR	Yost Oil Operations, Inc.	· 	API NO. 15-145-21,112	
ADDRESS	P. O. Box 811		COUNTY Pawnee	
•	Russell, KS 67665		FIELD	
** CONTACT P	ERSON Mr. Jack Yost		PROD. FORMATION	_
	PHONE 913-483-6455		Indicate if new pay.	_
PURCHASER			LEASE Erickson	
ADDRESS	10188101	<u>z</u> _	WELL NO. 1	·
<u></u>	WW WW	PS4	WELL LOCATION E/2 SE SW	_
DRILLING	Emphasis Oil Operations	N DI N	660 Ft. from South Line an	d
CONTRACTOR		Z ∰ aj	2310 Ft. from West Line of	1954
ADDRESS	'Buscall VC 47645	MAR W Chi	the SW (Qtr.)SEC 1 TWP 20S RGE 1	A(A1)
•	<u>u</u>	<u>₹ ₹</u>	WELL PLAT (Offi	
PLUGGING CONTRACTOR ADDRESS	Emphasis Oil Operations 7		WELL FLAT (OIII Use KCC	
	Russell, KS 67665		KGS ~	/
TOTAL DEPTH	3750' PBTD	· 	- SWD/R	EP
SPUD DATE	2/25/84 DATE COMPLETED 3/4	101	PLG.	
ELEV: GR			NGPA_	
			-	
DOCKET NO. O	(XXXXXXX) (ROTARY) (XXXXX) TOOI F DISPOSAL OR REPRESSURING WELI OSE OF WATER FROM THIS LEASE			
	rface pipe set and cemented 3	021	DV Tool Used?	*
			•	
nry, oispos	al, Injection, Temporarily Ab	candoned.	e <u>ONE</u>) - Oil, Shut-in Gas, Gas, If OWWO, indicate type of re- NGPA filing	;
ALL REQUIREM AND GAS INDU	ENTS OF THE STATUTES, RULES AND STRY HAVE BEEN FULLY COMPLIED V) REGULATION	ONS PROMULGATED TO REGULATE THE	OIL
		t/ T m	·	
	$ \underbrace{\mathbf{A} \ \mathbf{F} \ \mathbf{F} \ \mathbf{I} \ \mathbf{D} \ \mathbf{A}}_{\mathbf{Jack} \ \mathbf{A. Yost}} $			
that:	5 del 11. 1052	, be:	ing of lawful age, hereby certif	ies
I am th The statemen	e Affiant, and I am familiar wi ts and allegations contained th	th the con	ntents of the foregoing Affidavi	t۸
	arragadions contained tr	erern are	tiue and correct.	//
	•	•	pel a: you	<u>/</u>
GIIDGCDT	PED AND GUODN DO DEDONE	. 00	(Name)	_
1984.	BED AND SWORN TO BEFORE ME this	;	day of Whan	_,
1701.	<u> </u>	· ·		
	Marcia Yost	. `	My access (son at	
MY COMMISSIO	NOTARY PUBLIC State of Kansas MY APPT: EXPIRES 10-38-87	1	(NOTARY PUBLIC)	 ,
	MI APPI, EXPIRES / U-38-8 /		and the second of the second o	

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

Perforations