

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

SIDE ONE DRY HOLE, SENDING ONE ORIGINAL, TWO COPIES (3) ALBERS "G" #1 Compt. \_\_\_\_\_

(Rules 82-3-130 and 82-3-107)

DOCKET NO. NP \_\_\_\_\_

This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.

F \_\_\_\_\_ Letter requesting confidentiality attached.

C \_\_\_\_\_ Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.)\*\*\*Check here if NO logs were run \_\_\_\_\_.

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 5171 EXPIRATION DATE 6/30/84

OPERATOR TXO Prod. Corp. API NO. 15-095-21369-0000

ADDRESS 200 W. Douglas, Ste. 300 COUNTY Kingman

Wichita, KS 67202 FIELD Wildcat

\*\* CONTACT PERSON Harold R. Trapp PROD. FORMATION dry

PHONE 265-9441 no \_\_\_\_\_ Indicate if new pay.

PURCHASER dry hole-never produced LEASE Albers

ADDRESS dry hole-never produced WELL NO. "G" #1

DRILLING H-30, Rig #3 660 Ft. from North Line and

CONTRACTOR CONTRACTOR ADDRESS 251 N. Water, Suite 10 1980 Ft. from West Line of

Wichita, KS 67202 the NW (Qtr.) SEC 3 TWP 29S RGE 10 (W).

PLUGGING Dowell WELL PLAT (Office Use Only)

CONTRACTOR CONTRACTOR ADDRESS W. Railroad Ave. KCC

Great Bend, KS KGS

TOTAL DEPTH 2650 PBDT none SWD/REP \_\_\_\_\_

SPUD DATE 11-15-83 DATE COMPLETED 11-19-83 PLG. \_\_\_\_\_

ELEV: GR 1769 DF -- KB 1782 NGPA \_\_\_\_\_

DRILLED WITH ~~(SABRE)~~ (ROTARY) ~~(XXX)~~ TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE none


Amount of surface pipe set and cemented 8-5/8"@308' DV Tool Used? no

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Shut-in Gas, Gas, Dry Disposal, Injection, Temporarily Abandoned. If OWWO, indicate type of re-completion. Other completion. NGPA filing

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

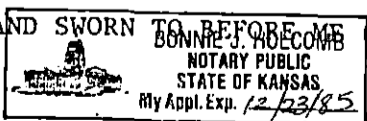
A F F I D A V I T

I, Harold R. Trapp, being of lawful age, hereby certifies that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

Handwritten signature of Harold R. Trapp (Name)

SUBSCRIBED AND SWORN TO BEFORE ME this 7th day of December 19 83



Handwritten signature of Bonnie J. Holcomb (NOTARY PUBLIC)

MY COMMISSION EXPIRES: 12-23-85

RECEIVED CONSERVATION COMMISSION

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

DEC 8 1983 CONSERVATION DIVISION Wichita, Kansas 12-8-83

Side TWO

OPERATOR TXO PROD. CORP.

LEASE NAME Albers

SEC 3 TWP 29S RGE 10 (W)

WELL NO "G" #1

FILL IN WELL INFORMATION AS REQUIRED:

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

Check if no Drill Stem Tests Run. XX Check if samples sent Geological Survey.  Ran O.H. Logs  DST #1, 2550-2600' (Indian Cave), w/results as follows: IFP/30": 23-23#, weak blow ISIP/60": 886# FFP/45": 35-58#, very weak blow FSIP/90": 875# Rec: 90' DM + 60' WDM (no show)			LOG TOPS	
			Herington 1776 +6 Towanda 1907 -125 Cottonwood 2300 -518 Onaga 2551 -769 Indian Cave 2566 -784 Wabaunsee 2598 -816 RTD 2650 LTD 2653	

If additional space is needed use Page 2

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

CASING RECORD (New) or (Used)

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 1/2	8-5/8"	24#	308'	Class A	250	

LINER RECORD

PERFORATION RECORD

Top, ft. none	Bottom, ft. none	Socks cement none	Shots per ft. none	Size & type none	Depth interval none
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TUBING RECORD

Size none	Setting depth none	Packer set at none
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ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used none	Depth interval treated none

Date of first production D & A, 11-19-83	Producing method (flowing, pumping, gas lift, etc.) none	Gravity none
Estimated Production-I.P. none	Oil none	Gas none
Disposition of gas (vented, used on lease or sold) dry	Water none	Gas-oil ratio none
	Perforations none	

DOWELL SERVICE ORDER, RECEIPT, AND INVOICE NO.

CORRESPONDENCE: P.O. BOX 4378 HOUSTON, TEXAS 77210

REMITTANCE: P.O. BOX 100344 HOUSTON, TEXAS 77212

DOWELL SERVICE LOCATION NAME AND NUMBER

*Great Road 02-06*

*03-06-3946*

CUSTOMER NUMBER *202438*

CUSTOMER P.O. NUMBER

TYPE SERVICE CODE *295*

BUSINESS CODES

CUSTOMER'S NAME

*T X O*

ADDRESS

*200 West Douglas # 300*

CITY, STATE AND ZIP CODE

*Wichita, Kansas 67202*

WORKOVER NEW WELL OTHER

API OR IC NUMBER *21269*

IMPORTANT! SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION MO. DAY YR. TIME *11 19 87 1700*

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and represent that I have authority to accept and sign this order.

CUSTOMER AUTHORIZED AGENT

JOB COMPLETION MO. DAY YR. TIME *11 19 87 1915*

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

CUSTOMER AUTHORIZED AGENT

STATE CODE COUNTY / PARISH CODE CITY *Kan 15 Kiowa 095*

WELL NAME AND NUMBER / JOB SITE LOCATION AND POOL / PLANT ADDRESS *1-C-Alb-1 Sec 3-29-106*

SHIPPED VIA *Dowell*

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
59200-001	Mikage on Pump truck	pi	28	2.10	58.80
48050-005	Depth Charge on pump	ea	1	420.00	420.00
48051-100	Addition charge below 50'	sq ft	2471	67	166.83
49120-000	Service Charge	hr	131	91	119.21
49122-000	Hauling Charge	T/mi	154	75	115.50
67005-700	S-1 Cubicm Chloride	lb	300	25	75.00
00401-002	D-20 Gcl 2%	sq ft	120	35	N/C
00401-002	D-20 Gcl 1%	sq ft	120	35	42.00
100823-121	Standard Cement	SK	72	5.30	381.60
045008-000	Lite Poz 3	SK	48	2.30	110.40
48501-085	Top Woodcuff Plug	ea	1	60.00	60.00

SERVING RECEIPT

RECEIVED  
STATE CORPORATION COMMISSION  
DEC 8 1987

SUB TOTAL *1549.24*

REMARKS: <i>Final</i>	LICENSE/REIMBURSEMENT FEE	CONSERVATION DIVISION <i>Wichita, Kansas</i>
STATE <i>Kan</i>	% TAX ON \$ <i>669.00</i>	<i>20.07</i>
COUNTY <i>Wichita</i>	% TAX ON \$ <i>669.00</i>	<i>6.69</i>
CITY	% TAX ON \$	
DOWELL REPRESENTATIVE <i>Scott Hardy</i>	TOTAL \$	<i>1576.10</i>

DWL 6600 REV. 3-81

# DOWELL

## SPECIAL HANDLING

DIVISION OF DOW CHEMICAL U.S.A.  
AN OPERATING UNIT OF THE DOW CHEMICAL COMPANY

OILFIELD SERVICES  
MINING SERVICES  
INDUSTRIAL SERVICES

DOWELL SERVICE ORDER,  
RECEIPT, AND INVOICE NO.  
  
**03-06-3929**

CORRESPONDENCE:  
P.O. BOX 4378  
HOUSTON, TEXAS 77210  
  
CUSTOMER NUMBER  
**803438**

REMITTANCE:  
P.O. BOX 100344  
HOUSTON, TEXAS 77212  
  
CUSTOMER P.O. NUMBER

DOWELL SERVICE LOCATION NAME AND NUMBER  
**GREAT Pond 03-06**  
  
TYPE SERVICE CODE  
**275**  
  
BUSINESS CODES

CUSTOMER'S NAME  
**TXO Production Company**  
  
ADDRESS  
**Box 329**  
**Medicine Lodge, Kansas 67104**  
  
CITY, STATE AND ZIP CODE

WORKOVER NEW WELL OTHER  W  N   
API OR IC NUMBER  
**21,369**

SEE OTHER SIDE FOR TERMS & CONDITIONS  
ARRIVE LOCATION MO. DAY YR. TIME  
**11 15 83 2115**

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and represent that I have authority to accept and sign this order.

CUSTOMER AUTHORIZED AGENT  
**R. E. G. - [Signature]**

JOB COMPLETION MO. DAY YR. TIME  
**11 16 83 0150**

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

CUSTOMER AUTHORIZED AGENT  
**R. E. G. - [Signature]**

DOWELL shall furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DOWELL INDUSTRIAL SERVICE CONTRACT NO.  
**Comment 8 3/8 casing with 250 SK A-2% D-20**  
**3 1/2 - S-1**

STATE **Kansas** CODE **15** COUNTY / PARISH **Kingman** CODE **1A5** CITY

WELL NAME AND NUMBER / JOB SITE **Albers E #1** LOCATION AND POOL / PLANT ADDRESS **3-29-10W**

SHIPPED VIA **Dowell**

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
59200-001	Mileage 1 Unit	MI.	23	2,10	48,30
048000-006	Pump	EA.	1	400.00	400.00
49100-000	Service Charge	EA.	264	.91	240.24
49100-001	Hauling Cement	Ym	284	.75	213.00
67005-100	S-1, Dow Slab	Ybs.	700	.25	175.00
00401-002	2% boll.	EA.	250	.35	87.50
100803101	Class 110 Cement	SK	250	5.30	1325.00
56017-085	Controlizer	EA.	1	53.00	53.00
48501-085	Top Wood	EA.	1	60.00	60.00
<b>SERVICES RECEIVED</b>					
<b>REGESTER</b>					
<b>Dwell</b>					
SUB TOTAL					<b>2602.04</b>
LICENSE/REIMBURSEMENT FEE					
LICENSE/REIMBURSEMENT FEE					

REMARKS:  
**Mileage from Pratt KS,**  
**Field Estimate \$2602.04**

STATE <b>Kans</b>	% TAX ON \$	<b>1700.50</b>	<b>51.02</b>
COUNTY <b>Barber</b>	% TAX ON \$	<b>1700.50</b>	<b>17.01</b>
CITY	% TAX ON \$		
DOWELL REPRESENTATIVE <b>Sam Miller</b>	TOTAL \$		<b>2670.07</b>

DVL 6200 REV. 3-61