

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

15-051-23893-00-00

API NUMBER 15051-23893-00-00

LEASE NAME Jacobs-Schulte

WELL NUMBER #1

4290 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 28 TWP. 15 RGE. 17 (E) or (W)

COUNTY Ellis

Date Well Completed 6-12-84 9-1-1984

Plugging Commenced 6-24-04 3/31/04

Plugging Completed 03/31/04

RECEIVED

APR 12 2004

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR Eagle Oil Co

ADDRESS 409 MAIN P.O. Box 109

PHONE# 785 735-2207 OPERATORS LICENSE NO. 5059

Character of Well oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 3-29-04 (date)

by Herb Deines (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation ARB. Depth to Top 3504 Bottom 3506 T.O. 3600

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
<u>SURFACE</u>		<u>0</u>	<u>244</u>	<u>8 3/8</u>	<u>244</u>	<u>0</u>
<u>3" ROD</u>			<u>3509</u>	<u>3 1/2</u>	<u>3509</u>	<u>0</u>
<u>ARBUCKLE</u>		<u>3504</u>	<u>3506</u>	<u>5/8</u>	<u>3506</u>	<u>0</u>

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set.

TIES INTO 8 3/8 X 5/8 ANNULUS - PRESSURE TO 700 PSI - BACK IN FULL
FEET INTO 1 1/2" Casing - PUMPED 3055, 60-40 PZ - 10° GEL WITH 500#
HULL ORDERED ADDITIONAL CEMENT - BROKE CONNECTION - TOPO
CEMENT 200. PUMPED ADDITIONAL 5 GALS. 60/40 PZ - 100/40 GEL WITH
CEMENT TO SURFACE.

Name of Plugging Contractor Allied Cement Co. License No. 99996

Address Russell, Kansas

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Eagle Oil Co.

STATE OF KANSAS COUNTY OF Ellis, ss.

F.L. BRUNGARD (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed the the same are true and correct, so help me God.

(Signature) F.L. Brungard

(Address) P.O. Box 109 Victoria, Ke

SUBSCRIBED AND SWORN TO before me this 7 day of April, 19 2004

Twila Brungard Notary Public

My Commission Expires: 4-2-06

RECEIVED

APR 12 2004

KCC WICHITA

NOTARY PUBLIC - State of Kansas Form 9-4
TWILA BRUNGARD
My Appt. Expires. 4/2/06
Revised 05-88