

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

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

API NUMBER 15-023-2028 9-00-00

LEASE NAME Feikert 386

WELL NUMBER 8-11-1

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

2310 Ftt. from S Section Line

3630 Ftt. from E Section Line

SEC. 8 TWP. 2S RGE. 41 (E) or (W)

COUNTY Cheyenne

LEASE OPERATOR Valley Operating, Inc.

ADDRESS 745 Gilpin St. Denver CO 80218

PHONE# (303) 355-3242 OPERATORS LICENSE NO. 32197

Date Well (Completed) 10-5-90

Character of Well Good

Plugging Commenced 8-7-01

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

Plugging Completed 8-9-01

The plugging proposal was approved on 8/6/01 (date)

by David P. Williams (KCC District Agent's Name).

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

Producing Formation None Depth to Top No Perfs Bottom _____ T.D. 1732

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>Niobrara</u>	<u>Dry</u>	<u>Surface</u>	<u>264</u>	<u>7"</u>		<u>No</u>
		<u>Surface</u>	<u>1700</u>	<u>4 1/2"</u>		<u>710'</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.
Work free pipe shoot off @ 710'. Fluid level 1500'. Fill with 166 SXS cement. From 1500' to surface. Dig down 5' cut 7" off and weld cap on. Backfill level location.

Name of Plugging Contractor Northwest Well Service License No. 31644

Address P.O. Box 159 Merino, CO 80741

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Valley Operating, Inc.

STATE OF Kansas COUNTY OF Cheyenne, s.s.

Tom W Roelfs (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.

SARA E. SCHIELD
 Notary Public - State of Kansas
 My Appt. Expires 10-07-01

(Signature) Tom W Roelfs

(Address) RR 1 Box 206 St. Francis, KS 67756

SUBSCRIBED AND SWORN TO before me this 21st day of August, 2001

RECEIVED

Sara E Schield
 Notary Public

AUG 23 2001 My Commission Expires: 10-07-01

KCC WICHITA 8-23-2001

OR