

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-177

API NUMBER 15-137-20,131 ⁻⁶⁰⁻⁰⁰

LEASE NAME Hockman

WELL NUMBER 1

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

1650 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 12 TWP. 5S RGE. 22W (E) or (W)

COUNTY Norton

Date Well Completed 9/28/78

Plugging Commenced 09/29/94

Plugging Completed 09/29/94

LEASE OPERATOR Double Eagle Oil Exploration, Inc

ADDRESS 800 West 47th Street Kansas City, MO 67560

PHONE #(816) 531-0202 OPERATORS LICENSE NO. 6009

Character of Well oil

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

The plugging proposal was approved on 09/29/94 (date)

by Carl Goodrow (KCC District Agent's Name).

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

Producing Formation L/KC & Reagan Depth to Top 3229' Bottom 3480' T.D. 3480'

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
				8 5/8"	257'	None
				4 1/2"	3476'	None

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 plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each set.
Ran tubing to 1610', pumped 50 sx 60/40 Poz, 10% gel, 150# hulls. Pulled to 800', pumped 50 sx same blend, 100# hulls, cement circulated. Pulled all tubing, pumped down 4 1/2" w/100 sx same blend, max pressure 400#. Could not pump down 4 1/2" annulus at 500#.

(If additional description is necessary, use BACK of this form.)

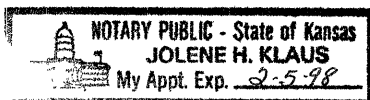
Name of Plugging Contractor Jay-Lan Corp. License No. 5128

Address 207 West 12th Hays, KS 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: R.P. Nixon Operations, Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

Dan Nixon, president, R.P. Nixon Oper., Inc. (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 that the same are true and correct, so help me God.



(Signature) Jolene H. Klaus

(Address) 207 West 12th Hays, KS 67601

SUBSCRIBED AND SWORN TO before me this 4th day of January

Jolene H. Klaus
Notary Public

My Commission Expires: 2-5-98

RECEIVED
STATE CORPORATION COMMISSION
JAN 6 5 1995
WICHITA, KANSAS
Form CP-4
Revised 05-88