

API NUMBER 15-163-23,237-00-01

LEASE NAME Gallagher

WELL NUMBER 2

____ Ft. from S/N Line of Section (circle one)

____ Ft. from E/W Line of Section (circle one)

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

EASE OPERATOR Oil Producers of KS, Inc

SPOT LOCATION NW - SW - NW

ADDRESS P.O. Box 8647

SEC. 1 TWP. 7 S. RGE 20 (E) or (W)

CITY, STATE, ZIP Wichita, KS - 67208

COUNTY ROOKS

PHONE#(316-) 861-0231 OPERATORS LICENSE NO. 8061

Date Well Completed _____

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

Date Plugging Commenced 7-27-95

Date Plugging Completed 7-27-95

The plugging proposal was approved on 7-21-95 (date)

by MR. CARL Goodrow (KCC District Agent's Name)

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

Producing Formation(s) L-115- Depth to Top _____ Bottom _____ T.D. _____

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 | PULL OUT |
|-----------|---------|------|----|-------|--------|----------|
| | | | | 8 5/8 | 248 | 0 |
| | | | | 5 1/2 | 3689 | 0 |
| | | | | | | |
| | | | | | | |

Described 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.

5 1/2 casing - mixed 300 SX 60/40 Poz w/ 10% GEL & 500 # HULLS - MAX PRESS. = 1000 #
Shut IN Press - 300 #
8 5/8 could not Pump INTO @ 500 #

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

Name of Plugging Contractor Allied Cementing

License No. _____

Address Russell, KS

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers, Inc of Kansas

STATE OF _____ COUNTY OF _____, ss.

John S. Weir (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) [Signature]

(Address) P.O. Box 8647, Wichita, KS 67208

SUBSCRIBED AND SWORN TO before me this 20th day of September, 19 95

Carol Dumlér
 Notary Public

My Commission Expires: 9-20-98

RECEIVED
 SEP 21 1995
 SEP 21 1995
 CONSERVATION DIVISION
 Wichita, Kansas

CAROL DUMLER
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appt. Exp. _____