

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

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

API NUMBER 15-143-21, 701-00-00

LEASE NAME SCHRUBEN

WELL NUMBER ONE

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

990 Ft. from S Section Line

2970 Ft. from E Section Line

SEC. 29 TWP. 7-SRGE. 17 or (W)

COUNTY ROOKS

Date Well Completed 9-16-82

Plugging Commenced 4-28-95

Plugging Completed 4-28-95

LEASE OPERATOR RIM OIL CO.

ADDRESS 2101 LINCOLN DR. HAYS KS. 67601

PHONE # (913) 628-8694 OPERATORS LICENSE NO. 7011

Character of Well OIL

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

The plugging proposal was approved on 4-10-95 (date)

by CARL GOODROW DIST. #4 (KCC District Agent's Name).

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

Producing Formation L-KC. Depth to Top 3135 Bottom 3200 T. _____

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>TOPEKA</u>	<u>LIME</u>	<u>2718</u>	<u>2954</u>			
		2718		<u>8-5/8</u>	<u>1204</u>	<u>NONE</u>
<u>L-KC</u>	<u>LIME</u>	<u>2976</u>	<u>3206</u>			
				<u>5-1/2</u>	<u>3354</u>	<u>NONE</u>
<u>ARBUCKLE</u>	<u>DOLOMITE</u>	<u>3274</u>	<u>3344</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 plugs were used, state the character of same and depth placed, from feet to feet each set.

PERF. 5 1/2 CASING @ 1200' - MIX 50 SK. CEMENT W/ 500# HULLS ON BOTTOM THEN 12 SK. @ 1165 SK. CEMENT TO SURFACE - CIRCULATED 84 SK. CEMENT THRU ANNULAS TO SURFACE

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

Name of Plugging Contractor ALLIED CEMENTING CO. License No. _____

Address RUSSELL KANSAS 67465

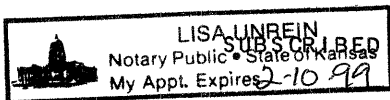
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: MYRLIN MONROE

STATE OF KANSAS COUNTY OF ELLIS, ss.

Jane Monroe (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) Jane Monroe

(Address) 2101 LINCOLN DR. HAYS KS, 67601



AND SWORN TO before me this 8th day of May, 19 95

Lisa Unrein
Notary Public

My Commission Expires: 2-10-99