

STATE OF KANSAS
 STATE CORPORATION COMMISSION
 130 S. Mark' t, Room 2078
 Wichita, KS 67202

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

15-065-22205-00-00
 API NUMBER 15 - N/A 7-9-85
 LEASE NAME Johnson
 WELL NUMBER #1 #3
 3630 Ft. from SN Line of Section (circle one)
 4950 Ft. from EW Line of Section (circle one)

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

LEASE OPERATOR Davis Petroleum, Inc.
 ADDRESS RR 1 Box 183 B
 CITY, STATE, ZIP Great Bend, Kansas 67530
 PHONE#(316) 793-3051 OPERATORS LICENSE NO. 4656
 Character of Well Oil
 (Oil, Gas, D&A, SWD, Input, Water Supply Well)

SPOT LOCATION - NW - SW - NW
 SEC. 36 TWP. 7 S. RGE 23 (EX or (W)
 COUNTY Graham
 Date Well Completed 7-9-85
 Date Plugging Commenced 2-22-96
 Date Plugging Completed 2-22-96

The plugging proposal was approved on 2-13-96 (date)
 by Dennis Humel (KCC District Agent's Name)

Is ACO-1 filed? Not available If not, is well log attached?

Producing Formation(s) Kansas City Depth to Top _____ Bottom _____ T.D. 3790'

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
	Surface			8 5/8"	220'	
	Production			4 1/2"	3786'	

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.

Perforated W 3 1/2 strip, 4 1/2 casing mixed 25 sks cement, 200 lbs Hulls, 11 sks gel, 125 sks cement, 200lbs Hull's @ 700 lbs Max PSI Shut in @ 500 lbs. 8 5/8" Backside couldn't pump into @ 500 lbs.

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

Name of Plugging Contractor Allied Cementing, Inc.
 License No. _____
 Address P. O. Box 31, Russell, Kansas 67665
 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Davis Petroleum, Inc.
 STATE OF Kansas COUNTY OF Barton, ss.

Mike Kasselmann (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) Mike Kasselmann
 (Address) RR 1 Box 183 B, Great Bend, Ks 67530

SUBSCRIBED AND SWORN TO before me this 27th day of February, 19 96
Bessie M. DeWerff
 Notary Public Bessie M DeWerff
 My Commission Expires: 5-20-97

RECEIVED
 KANSAS CORPORATION COMMISSION
 99b FEB 28 A 10:53
 2/28/96

NOTARY PUBLIC - State of Kansas
 BESSIE M. DeWERFF
 My Appt. Exp. 5-20-97