

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

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

API NUMBER 15-163-20,670-00-00

LEASE NAME HRABE

WELL NUMBER #1-26

1650 Ft. from A Section Line

3300 Ft. from E Section Line

SEC. 26 TWP. 8S RGE. 17 (E) or (W)

COUNTY Rooks

Date Well Completed _____

Plugging Commenced 8/5/96

Plugging Completed 8/5/96

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

LEASE OPERATOR GRAHAM-MICHAELIS CORP.

ADDRESS P.O. Box 247, Wichita, KS 67201

PHONE# (316) 264-8394 OPERATORS LICENSE NO. 5134

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

Is ACO-1 filed? No If not, Is well log attached? Yes

Producing Formation _____ 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	Pulled out
	Surface			8-5/8"	253'	None
	Production			4-1/2"	3458'	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.
Pumped 5 sx of Hills, 8 sx of gel & 145 sx of 60/40 poz mix with 10% gel down the 4-1/2" casing. Displaced to 200' & perforated @ 2,000', 1300' & 200'.
Pumped 5 sx of cement & pressured to 400%. Shut well in. Mixed 25 sacks cement down backside. Fill Job Complete 8/5/96.
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Graham-Michaelis Corp. License No. 5134

Address P.O. Box 232, Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Graham-Michaelis Corp. KANSAS CORPORATION COMMISSION

STATE OF KANSAS COUNTY OF SEDGWICK, ss. 821-916
AUG 21 1996

Jack I. Yinger (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.

(Address) P.O. Box 247, Wichita, KS 67201

DESCRIBED AND SWORN TO before me this 20 day of August, 19 96

GLEND A. NEWELL
Notary Public - State of Kansas
My Appt. Expires 7/2/97

Glenda G. Newell
Notary Public

My Commission Expires: 7/2/97