

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

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

#4 15-163-20160-00-00

API NUMBER COMP. 12/20/68

LEASE NAME BUCKNER

WELL NUMBER #1

4950 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 27 TWP. 8S RGE. 19W () or (W)

COUNTY ROOKS

Date Well Completed 12/20/68

Plugging Commenced 4/21/88

Plugging Completed 4/21/88

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

LEASE OPERATOR P. TODD LANDES, JR.

ADDRESS BOX 867, MAGNOLIA, AR 71753

PHONE# (501) 234-1866 OPERATORS LICENSE NO. 04451

Character of Well OIL

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

The plugging proposal was approved on MARCH 21, 1988 (date)

by DISTRICT #4, HAYS, KANSAS - Mr. Carl Goodrow (KCC District Agent's Name).

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

Producing Formation TORONTO Depth to Top 3110 Bottom 3113 T.D. 3359

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
Dakota	Sand 480-690	0	201	8 5/8	201'	None
Cedar Hills	Sand 790-1050	0	3359	5 1/2	3359'	None
Toronto	Lime 3090-3130					
K.C.	Lime 3130-3310					
Arbuckle	Dol 3350-3359					

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 200 sacks of Econolite with 5 sacks of hulls down casing and 50 sacks of Econolite down annulus between 8 5/8" and 5 1/2" casing

RECEIVED
 STATE CORPORATION COMMISSION

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

Name of Plugging Contractor P. TODD LANDES, JR. License No. 04451 2 1988

Address BOX 867, MAGNOLIA, ARKANSAS 71753

may 2, 1988
 CONSERVATION DIVISION
 Wichita, Kansas

STATE OF ARKANSAS COUNTY OF COLUMBIA, ss.

P. TODD LANDES, JR.

(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) BOX 867, MAGNOLIA, AR 71753

SUBSCRIBED AND SWORN TO before me this 28th day of April, 1988

[Signature]
 Notary Public

My Commission Expires: November 16, 1989