

API NUMBER: 15-181-20251-0000

LEASE NAME Armstrong

WELL NUMBER 1-6

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

660 Ft. from (S)W Line of Section (circle one)

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

LEASE OPERATOR Lobo Production, Inc.

SPOT LOCATION C SE - SE

ADDRESS 6715 Rd. 22

SEC. 6 TWP. 8 S. RGE 39W (E) or (W)

CITY, STATE, ZIP Goodland, KS 67735

COUNTY Sherman

PHONE#(785) 899-568 OPERATORS LICENSE NO. 30282

Date Well Completed 9-29-83

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

Date Plugging Commenced 12-9-98

Date Plugging Completed 12-9-98

The plugging proposal was approved on Approx. 12-7-98 (date)

by Herb Dennis (KCC District Agent's Name)

is ACD-1 filed? _____ If not, is well log attached? Cannot obtain log

Producing Formation(s) Niobrara Depth to Top 1115' Bottom 1160' T.D. 1260'

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
				7"	409	0
				4 1/2"	1250	0

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.

Mixed and pumped 45 sacks 40%/60% down backside - pressured to 300psi

Mixed and pumped 55 sacks 40%/60% down 4 1/2" casing w/400# hulls - pressured to 500psi.

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

Name of Plugging Contractor Allied Cementing Co., Inc.

License No. _____

Address P.O. Box 31, Bussell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Lobo Production, Inc

STATE OF Kansas COUNTY OF Sherman, CC.

John Sanders (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) John Sanders

(Address) 6715 Rd. 22, Goodland, KS 67735

12-28-98

My Commission Expires: 9-5-01

