

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

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

AP# NUMBER 15-181-20057 *CO-0*

LEASE NAME Wright

WELL NUMBER 1-13

RECEIVED
23-2003
FEB 03 2003

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

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

270 Ft. from E/W Line of Section (circle one)

LEASE OPERATOR Lobo Production, Inc.

SPOT LOCATION SW SW SE

ADDRESS 6715 Rd 22

SEC. 13 TWP. 8S S. RGE 39W (E) or (W)

CITY, STATE, ZIP Goodland, KS 67735

COUNTY Sherman

PHONE# (785) 899-5684 OPERATORS LICENSE NO. 30282

Date Well Completed _____

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

Date Plugging Commenced 1/28/03

Date Plugging Completed 1/28/03

The plugging proposal was approved on January 16, 2003 (date)

by Herb Deines (KCC District Agent's Name)

Is ACC-1 filed? _____ If not, is well log attached? can not obtain log

Producing Formation(s) Niobrara Depth to Top 914 Bottom T.D. 1027

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
				5.5	324'	0
				2.875	1027'	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 25 sks cement with 100# hulls. Pressure to 1200#. Shut-in.

Mixed 40 sks cement with 100# hulls down annulus. Pressure to 700#. Shut in.

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

Name of Plugging Contractor Allied Cementing Co., Inc.

License No. _____

Address PO Box 27, Oakley, KS 67748

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



ERICKA WIECK
State of Kansas
My Appt. Exp. 12/31/05

Ericka Wieck
NOTARY PUBLIC

My Commission Expires: _____