

API NUMBER 15-173-20,270-00-00

LEASE NAME Elble B

WELL NUMBER 1

3960 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 11 TWP. 26 RGE. 2 (E) or (W)

COUNTY Sedgwick

Date Well Completed 01-81

Plugging Commenced 05-13-97

Plugging Completed 05-13-97

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

LEASE OPERATOR Palomino Petroleum, Inc.

ADDRESS 4924 SE 84th St., Newton, Kansas 67114

PHONE (316) 799-1000 OPERATORS LICENSE NO. 30742

Character of Well Oil

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

Is plugging proposal was approved on 05-13-97 (date)

Dave Wertz (KCC District Agent's Name).

ACO-1 filled? Yes If not, Is well log attached? +

Producing Formation \_\_\_\_\_ Depth to Top 2852 Bottom 2860 T.D. 3190

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"	203	0
Production				4 1/2"	3185	1011.05'

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 plug are used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set  
 Bottom plug: sanded off to 2800' 4 sks of cement. United cemented. 4 1/2" casing @ 250' broke  
 circulation with 13 bbls of fresh water. Mixed and pumped 160 sks of 60/40 poz 4% gel, cement circulated into cellar. Pulled 4 1/2" casing

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6903

Address P.O. Box 231, Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Palomino Petroleum, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

Joseph J. Strube (Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated, and matters herein contained and the log of the above-described well as filed in the same are true and correct, so help me God.

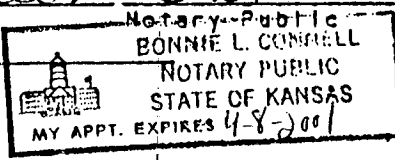
(Signature) Joseph J. Strube

(Address) P.O. Box 231, Claflin, Kansas 67525

SUBSCRIBED AND SWORN TO before me this 22 day of May, 1997

Bonnie L. Connell

My Commission Expires: 04-08-2001  
 USE ONLY ONE SIDE OF EACH FORM



RECEIVED  
 KANSAS CORP COM  
 JUN 2 P 12:41  
 1997