

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

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

API NUMBER 15-065-20,855-60-10

LEASE NAME Spies

WELL NUMBER #1

702 Ft. from S Section Line

3442 Ft. from E Section Line

SEC. 26 TWP. 9 RGE. 25 (E) or (W)

COUNTY Graham

Date Well Completed 9/11/76

Plugging Commenced 9/5/00

Plugging Completed 9/5/00

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

LEASE OPERATOR DaMar Resources, Inc.

ADDRESS P. O. Box 70 Hays, KS 67601

PHONE# (785) 625-0020 OPERATORS LICENSE NO. 9067

Character of Well oil

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

The plugging proposal was approved on 9/5/00 (date)

by Carl Goodrow (KCC District Agent's Name).

Is AC0-1 filed? ? If not, is well log attached? no - included w/CP-1

Producing Formation Lansing-Kansas City Depth to Top 3871 Bottom 4108 T.D. 4130

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
				8 5/8"	269	none
				5 1/2"	4129	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 plug were used, state the character of same and depth placed, from feet to feet each set
Pump 50 sx 60/40 pozmix 10% gel cement w/200# hulls down 8 5/8" - 5 1/2" annulus, pressure to 500#, close in @ 100#. Pump 265 sx 60/40 pozmix 10% gel cement w/600# hulls down 5 1/2", pressure to 1000#, close in @ 400#.

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

Name of Plugging Contractor Allied Cementing Co., Inc. License No. NA

Address P. O. Box 31 Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____

STATE OF Kansas COUNTY OF Ellis

Curtis R. Longpine (Employee of Operator) or (Operator) of

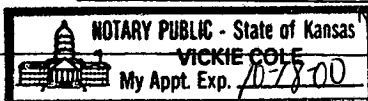
above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P. O. Box 31

SUBSCRIBED AND SWORN TO before me this 14th day of September, 2000

My Commission Expires: _____



Notary Public