

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

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

API NUMBER 15-193-20,311-00-00

LEASE NAME Herbel

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

WELL NUMBER 1

3630 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 28 TWP. 9S RGE. 33 ~~XXXX~~(W)

COUNTY Thomas

Date Well Completed 7-19-84

Plugging Commenced 7-9-90

Plugging Completed 7-9-90

LEASE OPERATOR Energy Exploration, Inc.

ADDRESS 1002 S. Broadway, Wichita, Kansas 67211

PHONE#(316) 267-7336 OPERATORS LICENSE NO. 5063

Character of Well oil

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

The plugging proposal was approved on approximatley 7-6-90 (date)

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

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

Producing Formation Cherokee Sand Depth to Top 4683 Bottom 4702 T.D. 4770

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
		367	0	8 5/8"	367	0
		4768	0	4 1/2"	4768	0

RECEIVED
 STATE CORPORATION COMMISSION
 JUL 13 1990
 07-13-1990
 CONSERVATION DIVISION
 Wichita, Kansas

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. Pressured up annulus between surface pipe and production casing to 200 PSI. & used 6 sx. ALT cement. Mixed 150 sx. ALT cement + 4 sx. hulls, pumped down 4 1/2" casing a max. pressure of 1000 PSI.

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

Name of Plugging Contractor Allied Cementing Co., Inc. License No. N/A

Address P.O. Box 31, Russell, Kansas 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Energy Exploration, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

Joseph D. Mace

(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) Joseph D. Mace
 (Address) 1002 S. Broadway, Wichita, Ks. 67211

SUBSCRIBED AND SWORN TO before me this 12th day of July, 19 90

My Commission Expires: 2-3-93

