

LEASE NAME Brush Creek Unit

WELL NUMBER 107

990 Ft. from S Section Line

2970 Ft. from E Section Line

SEC. 4 TWP. 9S RGE. 23W (E) or (W)

COUNTY Graham

Date Well Completed _____

Plugging Commenced 09-05-97

Plugging Completed 09-05-97

LEASE OPERATOR John J. Darrah Jr.

ADDRESS 225 N. Market Suite 300 Wichita, KS 67202-3417

PHONE (316) 263-2243 OPERATORS LICENSE NO. 5088

Character of Well Oil

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

The plugging proposal was approved on 09-05-97 (date)

by Rich Williams (K.C.C. District Agent's Name)

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

Producing Formation _____ Depth to Top 3740 Bottom 3762 T.D. 3838

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

| Formation | Content Surface | From | To | Size | Put In | Pulled out |
|-----------|-----------------|------|------|--------|--------|------------|
| | | 0 | 220 | 8 5/8" | 220 | None |
| | | | | | | |
| | | | | | | |
| | Production | 0 | 3838 | 5 1/2" | 3838 | 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. Allied spotted 200 sacks with 400# hulls @ 2200'. Spotted 40 sacks with 100# hulls @ 1000', took on vacuum. Pulled to 500', waited 1 1/2 hours. Spotted 50 sacks with 100# hulls. Pulled tubing, pumped 60 sacks down back side. No pressure. Waited 1 hour, pumped 200 sacks with 500# hulls down 5 1/2" casing, no pressure. Time started 8:15 am, completed 2:30 pm.

Name of Plugging Contractor D S & W Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: John J. Darrah Jr.

STATE OF Kansas COUNTY OF Barton, ss.

Arthur P. Strube (Employee of Operator) or (Operator) of

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

(Signature) Arthur P. Strube

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

SUBSCRIBED AND SWORN TO before me this 26 day of September, 19 97

Bonnie L. Connell
Notary Public

My Commission Expires: April 8, 2001

USE ONLY ONE SIDE OF EACH FORM

