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

LEASE NAME Brush Creek Unit
 WELL NUMBER 108
4290 Ft. from S Section Line
1650 Ft. from E Section Line
 SEC. 4 TWP. 9 RGE. 23 (E) or (W)
 COUNTY Graham
 Date Well Completed _____
 Plugging Commenced 09-10-97
 Plugging Completed 09-10-97

LEASE OPERATOR John J. Darrah Jr.
 ADDRESS 225 N. Market Suite 300 Wichita, Kansas 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 09-10-97 (date)
 by Rich Williams (KCC District Agent's Name).

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

Producing Formation Lansing H, I, J Depth to Top 3715 Bottom 3743 T.D. 3798

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	216	8 5/8"	216	
	Production	0	3798	5 1/2"	3790	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
Ran 2 3/8" tubing @ 2200', circulated cement to surface with 400 # hulls and 225 sacks cement. 5 1/2" casing, squeezed in 75 sacks cement and 200# hulls. 8 5/8" casing, squeezed in 50 sacks cement with 100# hulls. Max psi 200#, shut in 100#. Time started 9:00 am, completed 9:30 am.

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 statements, 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 26th day of September, 1997

Bonnie L. Connell
 Notary Public

My Commission Expires: April 8, 2001

USE ONLY ONE SIDE OF EACH FORM

