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KANSAS CORP COMM
9-29-97
1997 SEP 29 1:47

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

LEASE NAME Brush Creek Unit

WELL NUMBER 201W

4620 Ft. from S Section Line

3300 Ft. from E Section Line

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

COUNTY Graham

Date Well Completed _____

Plugging Commenced 09-04-97

Plugging Completed 09-04-97

LEASE OPERATOR John J. Darrah Jr.

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

PHONE (316) 262-2095 OPERATORS LICENSE NO. 5088

Character of Well SWD

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

The plugging proposal was approved on 09-04-97 (date)

by Rich Williams (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 3702 Bottom 3853 T.D. 3874

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

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content Surface	From 0	To 190	Size 8 5/8"	Put in 190	Pulled out None
	Production	0	3874	5 1/2"	3874	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 mixed 170 sacks cement with 300# hulls, down 2" tubing. Circulated to surface, hooked up to backside. Mixed 50 sacks cement and 100# hulls, 200# max, 100# shut in. Hooked up to casing, mixed 130 sacks cement and 200# hulls. 300# max, 100# shut in. Job started 8:00 am completed 10:00 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: Darrah 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 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, 19 97

Bonnie L. Connell
Notary Public

My Commission Expires: April 8, 2001

USE ONLY ONE SIDE OF EACH FORM

