

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

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

15-065-02659-006

API NUMBER April 10-1958
 LEASE NAME Hildstrand
 WELL NUMBER A-2

RECEIVED
 STATE CORPORATION COMMISSION
 12-7-88
 DEC 7 1988

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

_____ Ft. from S Section Line
 _____ Ft. from E Section Line

LEASE OPERATOR CONSERVATION DIVISION
Wichita, Kansas
Exploration Inc.
 ADDRESS 11225 Edinborough Way, Parker, Colo. 80134

SEC. 28 TWP. 9 RGE. 23 (E) or (W)
 COUNTY GRAHAM

PHONE (303) 841-9417 OPERATORS LICENSE NO. 7448

Date Well Completed 5-10-1958

Character of Well SWD
 (Oil, Gas, D&A, SWD, Ind. Water Supply Well)

Plugging Commenced 11-10-1988

Plugging Completed 11-10-1988

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? yes

Which KCC/KDHE Joint Office did you notify? HAYS, KS. CARL GOODYOW

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4461

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 |
|-------------------|---------|----------------|-------------|---------------|----------|-------------|
| <u>SHALE</u> | | <u>SURFACE</u> | <u>225</u> | <u>8 1/2"</u> | <u>X</u> | <u>NONE</u> |
| <u>AT BWD KIL</u> | | <u>SURFACE</u> | <u>4288</u> | <u>5 1/2"</u> | <u>X</u> | <u>NONE</u> |

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.
Mix 300 LBS OF HULLS W/ 30 SKS OF 6040 POZ MIX TOP 9' OFF PERES. FILL 5 1/2" CASING TO SURFACE.
W/ 170 SKS 6040 POZ MIX. MIX 200 LBS OF HULLS W/ 25 SKS OF 6040 POZ MIX
FILL 9 1/2" CASING TO SURFACE.

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

Name of Plugging Contractor Doer's Well Service License No. 6779

Address P.O. BOX 115 DERTIN

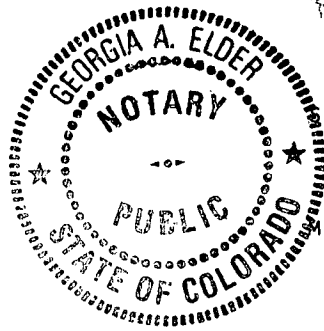
STATE OF KANSAS 67749 COUNTY OF DECATUR, ss.

(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) J. David Burch
 (Address) _____

SUBSCRIBED AND SWORN TO before me this 5 day of December, 19 88

Georgia A. Elder
 Notary Public



My Commission Expires: My Commission Expires 7-25-92