

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

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

API NUMBER 15-193-20,525⁻⁰⁰⁰⁰

LEASE NAME HOWARD

WELL NUMBER 1

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

1980 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 26 TWP. 9 RGE. 32 (E) or (W)

LEASE OPERATOR ANDERSON ENERGY, INC.

ADDRESS 200 E. FIRST, #414 WICHITA, KS 67202 COUNTY THOMAS

PHONE # (316) 265-7929 OPERATORS LICENSE NO. 6484

Date Well Completed 10-90

Character of Well OIL

Plugging Commenced 2-16-94

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

Plugging Completed 2-16-94

The plugging proposal was approved on 2-11-94 (date)

by DENNIS HAMEL (KCC District Agent's Name).

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

Producing Formation PAWNEE Depth to Top 4458 Bottom 4480 T.D. 4670

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
MYRICK STATION	OIL/WATER	4498	4506	8 5/8	288	NONE
PAWNEE	OIL/WATER	4458	66	5 1/2	4661	NONE
L-KC "L"	OIL/WATER	4317	22			
L-KC "K"	OIL/WATER	4284	92			
L-KC "J"	OIL/WATER	4251	55			

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.

PLUG DOWN CSC AS FOLLOWS: 35 SX 6.5-35 POZ W/10% GEL & 100# HULLS, 14 SX GEL & 16.5 SX 6.5-35 POZ W/10% GEL, SIP 700#, PUMPED ~1 BBL CMT DOWN ANNULUS TO LOAD, PRESSURED TO 500# - HELD. LAST PLUG DOWN @ 3:45 PM 2-16-94. STATE MAN ON LOCATION - DENNIS HAMEL

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

Name of Plugging Contractor ALLIED CEMENTING CO, INC. License No. _____

Address P.O. BOX 31 RUSSELL, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ANDERSON ENERGY, INC.

STATE OF KANSAS COUNTY OF BARTON, ss.

THOMAS LARSON AGENT 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.

CAROL S. LARSON
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 6-8-97

(Signature) Thomas Larson

(Address) 562 WHWY 4 VOLMITZ KS 67564

SUBSCRIBED AND SWORN TO before me this 25TH day of FEBRUARY, 19 94

Carol S. Larson
Notary Public

My Commission Expires: 6-8-97