

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

K.A.R.-82-3-117

API NUMBER 109-205900000

15-109-20590-00-00

LEASE NAME Hubert

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

WELL NUMBER A-1

330' Ft. from S Section Line

2310' Ft. from E Section Line

SEC. 30 TWP. 11s RGE. 33 (EX or W)

COUNTY Logan

Date Well Completed 8/4/95

Plugging Commenced 12:15AM 8/4/95

Plugging Completed 3:30AM 8/4/95

LEASE OPERATOR AFG ENERGY INC.

ADDRESS P.O. Box 458 Hays, Kansas 67601

PHONE# (913) 625-6374 OPERATORS LICENSE NO. 3456

Character of Well D&A

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

The plugging proposal was approved on 8/3/95 (date)

by Ken Kuhn (KCC District Agent's Name).

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

Producing Formation None Depth to Top _____ Bottom T.O. RTD 4735'

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
		0	377	8 5/8	377.43	None

RECEIVED
STATE CORPORATION COMMISSION
SEP 13 1995
9-13-1995
CONSERVATION DIVISION
Wichita, Kansas

Describe in detail the manner in which the well was plugged, indicating where the 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 section.

1st Plug @ 2630' w/25 sks Circulate 1st Plug 15 Minutes with 49 Vis. Mud.
2nd Plug @ 1650' w/100 sks Plugs Displaced with mud.
3rd Plug @ 425' w/ 40 sks Job Completed @ 3:30 AM 8/4/95 By Allied Cementing
4th Plug @ 40' w/ 10 sks 200 sks Total 60/40 Poz 6%Gel with 1/4#FS/sk
(10 sks In Mouse Hole & 15 sks In Rat Hole)

Name of Plugging Contractor DISCOVERY DRILLING License No. 31548

Address P.O. Box 763; Hays, KS 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: AFG Energy, Inc.; P.O. Box 458; Hays, KS 67601

STATE OF KANSAS COUNTY OF ELLIS, ss.

Edgar L. Glassman (Employee of Operator) or (Operator)
above-described well, being first duly sworn on oath, says: That I have knowledge of the fact
statements, and matters herein contained and the log of the above-described well as filed to
the same are true and correct, so help me God.

(Signature) Edgar L. Glassman

(Address) P.O. Box 458 Hays KS 67601

SUBSCRIBED AND SWORN TO before me this 12th day of Sept., 19 95

Linda H. Hannasch
Notary Public

215/96

USE ONLY ONE SIDE OF THIS FORM

My Commission Expires: _____
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 2/5/96