

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

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

API NUMBER 15-051-24,428-

LEASE NAME JENSEN

00-00

WELL NUMBER 1

2220 Ft. from S Section Line

1600 Ft. from E Section Line

SEC. 34 TWP. 12 RGE. 18 (E) or (W)

COUNTY ELLIS

Date Well Completed 10-12-86

Plugging Commenced 2-8-94

Plugging Completed 2-8-94

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

LEASE OPERATOR ANDERSON ENERGY, INC.

ADDRESS 200 E. FIRST, #414 WICHITA KS 67202

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

Character of Well OIL

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

The plugging proposal was approved on 2-4-94

(date)

by MARION SCHMIDT

(KCC District Agent's Name).

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

Producing Formation ARBUCKLE Depth to Top 3620 Bottom NA T.D. 3677

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
ARBUCKLE	OIL	3641	47	8-5/8	255	NONE
ARBUCKLE	OIL	3634	38	5-1/2	3674	NONE
ARB/REWORKED	OIL	3612 1/2	17 1/2			

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.

DUG OUT CSG HEAD - ANNULUS FULL OF CMT. PERF 2050'(1') & 1348'(1'), 3JSPE.
PLUG DOWN CSG AS FOLLOWS: 25 SX 65-35 POZ W/ 10% GEL & 100# HULLS, 13 SX GEL W/
50# HULLS & 150 SX 65-35 POZ W/ 10% GEL & 50# HULLS. MAX PRESSURE 800#,
SIP 500#. LAST PLUG DOWN @ 11:00AM 2-8-94.

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

Name of Plugging Contractor ALLIED CEMENTING CO., INC. License No. FD 1

Address P.O. Box 31 RUSSELL, KS 67665-0031

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

STATE OF KANSAS COUNTY OF BARTON, ss.

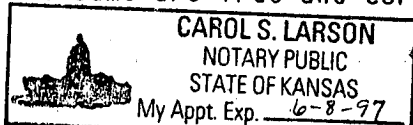
THOMAS LARSON, AGENT

(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) Thomas Larson

(Address) 562 W. HWY 4 OLMITZ, KS 67564



SUBSCRIBED AND SWORN TO before me this 10TH day of FEBRUARY, 19 94

Carol S. Larson
Notary Public

My Commission Expires: June 8, 1997