

API NUMBER 033-209190000

LEASE NAME Colter

WELL NUMBER 36-13

330 Ft. from S Section Line

1305 Ft. from E Section Line

SEC. 36 TWP. 32S RGE. 19 ~~W~~(W)

COUNTY Comanche

Date Well Completed N/A

Plugging Commenced 4-2-97

Plugging Completed 4-15-97

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

LEASE OPERATOR Samual Gary Jr. & Associates

ADDRESS 1670 Broadway, Suite 3300, Denver, CO 80202

PHONE# (303) 831-4673 OPERATORS LICENSE NO. 3882

Character of Well good

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

The plugging proposal was approved on 4-2-97 (date)

by Steve Middleton (KCC District Agent's Name).

Is ACO-1 filed? no If not, is well log attached? yes

Producing Formation Arb Depth to Top 6070 Bottom 6087 T.D. 6178

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
				2"	60	None
				8 5/8	670	None
				5 1/2	6133	3900

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  
Displace hole with 160bbls salt water, Brand X set CIBP at 5978, dump 2sx cement with dump bailer, stretch and cut pipe at 3900, lay down casing. Allied pump 300 hulls, 10sx jel 50sx cement, 10sx jel, 100 hulls 8 5/8 wiper plug and 150sx cement 60/40 6% jel

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, Medicine Lodge, KS 67104

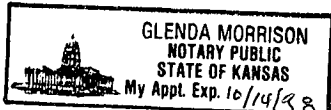
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Samual Gary Jr. & Associates

STATE OF Kansas COUNTY OF Barber, ss. 04-18-97

Alan Vratil (Employee of Operator) of (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) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 16 day of April, 1997

Glenda Morrison  
Notary Public

My Commission Expires: 10/14/98