

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

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

API NUMBER 15-193-20,404-0000

LEASE NAME Moorhous

WELL NUMBER 7

4290 Ft. from S Section Line

4290 Ft. from E Section Line

SEC. 31 TWP. 10S RGE. 31 (#) or (W)

COUNTY Thomas

Date Well Completed May, 1986

Plugging Commenced Feb. 12, 1991

Plugging Completed Feb. 12, 1991

2-15-91

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

LEASE OPERATOR Mid Continent Resources, Inc.

ADDRESS P. O. Box 399 Garden City, KS 67846

PHONE# (316) 275-2963 OPERATORS LICENSE NO. 8996

Character of Well Oil & SWD

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

The plugging proposal was approved on Feb. 12, 1991 (date)

by Carl Goodrow (KCC District Agent's Name).

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

Producing Formation Lansing/Kansas City Depth to Top 4046 Bottom 4322 T.D. 5352

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
Lansing/Kansas City	Oil + Water	4046	4322	8 5/8"	330'	0
Arbuckle	Water	5004	5338	5 1/2"	5350'	0

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.
Squeezed 5 1/2" with 300SX 65-35, 10% gel, 2% econolite mixed with 500 lbs. hulls after 20 bbls of slurry. Filled hole from 425' to surface. Cut 8 5/8" below collar at ground level. Redimix backside 8 5/8" to surface.

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

Name of Plugging Contractor Halliburton Services License No. _____

Address Ness City, KS P.O. Box 405 67560

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Cecil O'Brate Mid Continent Resources

STATE OF Kansas COUNTY OF Finney, ss.

Michael J. Wreath (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) Michael J. Wreath

(Address) P.O. Box 399 Garden City, KS 67846

PATRICIA S. MERZ NOTARY PUBLIC STATE OF KANSAS My Appt. Exp. 2-14-93 SUBSCRIBED AND SWORN TO before me this 13th day of February, 19 91

Patricia S. Merz Notary Public

My Commission Expires: 2-14-93