

API NUMBER 15-179-20578-0000

LEASE NAME Martin

WELL NUMBER #1

2310 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 16 TWP. 10 RGE. 26W (E) or (W)

COUNTY Sheridan

Date Well Completed _____

Plugging Commenced 6-9-93

Plugging Completed 6-10-93

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

LEASE OPERATOR Petroleum Property Services, Inc.

ADDRESS 155 N. Market, #1010, Wichita, Kansas 67202-1824

PHONE# (316) 265-3351 OPERATORS LICENSE NO. 31142

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4355'

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
				8-5/8"	256'	none
				4-1/2"	4044'	1400'

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.
Plugged off bottom with sand to 3830' and 4 sacks cement. Shot pipe @2200', 1835', 1600', spotted 35 sacks cement, shot loose @1400', pulled 5 joints, pumped 65 sacks cement, pulled to 300' and circulated cement to surface, pulled rest of pipe and capped well with cement, 60/40 pos, 10% gel. Plugging Complete.
 (If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Petroleum Property Services, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrell Kelso (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) [Signature]

(Address) P.O. Box 347 Chase, KS. 67524

SUBSCRIBED AND SWORN TO before me this 15th day of June, 19 93

[Signature] RECEIVED
 Notary Public STATE CORPORATION COMMISSION

My Commission Expires: _____



6-17-93
 JUN 17 1993
 Revised 05-88