

TYPE OR PRINT

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

R-T KCC

LEASE OPERATOR Castle Resources Inc.

ADDRESS 1200 E. 27th

CITY, STATE, ZIP Hays Ks. 67601

PHONE# (913) 625-5155 OPERATORS LICENSE NO. 9860

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

The plugging proposal was approved on 8-15-96 (date)

by Herb Denes (KCC District Agent's Name)

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

Producing Formation(s) Lansing-K.C. Depth to Top 4,210 Bottom 4,216 T.D. 4,398'

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	PULL OUT
Lansing K.C.	Oil	3948	4220	8 5/8"	231'	none
				5 1/2"	4,397'	none

Described 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.

Pumped down 5 1/2" casing with 50sks. with 400# hulls then 15 sks gel
then 160 sks. cement. Pressured to 1,000#. Also pressured backside to 500#

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

Name of Plugging Contractor Allied Cment

License No. _____

Address Russell Ks.

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Castle Resources

STATE OF Kansas COUNTY OF Russell, ss.

Kelly P. Branum (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) Kelly P. Branum

(Address) 130 N. Ash Russell, Ks. 67665

SUBSCRIBED AND SWORN TO before me this 9th day of SEPTEMBER, 1996

KATHERINE BRAY
 Notary Public

My Commission Expires: 6-19-2000

RECEIVED
 STATE CORPORATION COMMISSION
 9-12-96
 SEP 12 1996

KATHERINE BRAY
 NOTARY PUBLIC
 STATE OF KANSAS
 MY APPT. EXPIRES 6-19-2000 Form CP-4 Revised 12-92