

API NUMBER 15-063-21,467-00-00

LEASE NAME WEBER

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

WELL NUMBER 1

2310 Ft. from S Section Line

1650 Ft. from E Section Line

SEC. 13 TWP. 12 RGE. 31 (E or W)

COUNTY GOVE

Date Well Completed 11/12/93

Plugging Commenced 11/11/93

Plugging Completed 11/12/93

LEASE OPERATOR FALCON EXPLORATION, INC.

ADDRESS 155 N. Market, Suite 1010, Wichita, KS 67202

PHONE#( 316) 265-3351 OPERATORS LICENSE NO. 5316

Character of Well D & A

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

The plugging proposal was approved on 11/10/93 (date)

by Marion Schmidt (KCC District Agent's Name).

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 4572

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"	310	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 surface.

25 sx @ 2400' 10 sx @ 40'  
100 sx @ 1557 + 1 sx floseal 15 sx @ rathole  
40 sx @ 360' 60/40 posmix, 6% gel  
 (If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor BLUE GOOSE DRILLING CO., INC. License No. 5104

Address P.O. BOX 1413, GREAT BEND, KS 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: operator

STATE OF KANSAS COUNTY OF BARTON, ss.

MARTIN E. MILLER (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 and the same are true and correct, so help me God.

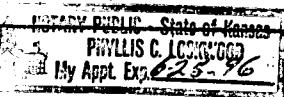
(Signature) Martin E. Miller

(Address) SAME AS ABOVE

SUBSCRIBED AND SWORN TO before me this 16 day of NOVEMBER, 1993

Phyllis C. Leckie  
 Notary Public

My Commission Expires: \_\_\_\_\_



12-08-1993  
 0005 F.A.M. 10/1/93  
 REVISED 05-85