

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

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

API NUMBER 15-033-20870-0000

LEASE NAME Selser

WELL NUMBER 16-10

2300 Ft. from ⁿS Section Line

2160 Ft. from ^wE Section Line

SEC. 16 TWP. 34 RGE. 20 (E) or (W)

COUNTY Commanche

Date Well Completed REC'D 10-28-98

Plugging Commenced 10-20-98

Plugging Completed 10-22-98

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

LEASE OPERATOR Samuel Gary Jr & Asso.

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 10-20-98 (date)

by Kevin Strube (KCC District Agent's Name).

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

Producing Formation Lansing Depth to Top 4313 Bottom 4330 T.D. 6160

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
				85/8	685	0
				5 1/2	6160	3100

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

MIRU Lay down tbg set cipp @ 4250 dump 2x5x cement with dump bailer stretch & cut pipe @ 3100 lay down csg RDMO Miru Allied & pump 300# csh, 10 jel, 50 cement, 10 jel, 100# csh, 8 5/8 wiper & 150 exs. cement 60/40 6% jel RDMO

(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: Sam Gary Jr

STATE OF Kansas COUNTY OF Barber, ss.

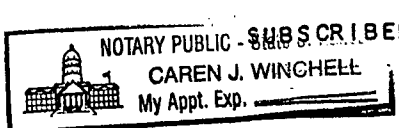
Alan Vratil

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 23rd day of October, 19 98

[Signature]
 Notary Public

My Commission Expires: 6-21-99