

STATE OF KANSAS
 STATE CORPORATION COMMISSION
 130 S. Market, Room 2078
 Wichita, KS 67202

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

API NUMBER 15-167-22, 641-00-00

LEASE NAME D. Dumler

WELL NUMBER 2 *And see*

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

3630 Ft. from SW Line of Section (circle one)

330 Ft. from EW Line of Section (circle one)

EASE OPERATOR H.H. Production, Inc.

SPOT LOCATION NE - SE - NE

ADDRESS P.O. Box 348

SEC. 27 TWP. 13 S. RGE 15 (E) or (W)

CITY, STATE, ZIP Russell, Ks. 67665

COUNTY Russell

PHONE#(785) 483-4898 OPERATORS LICENSE NO. 31464

Date Well Completed 10-31-85

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

Date Plugging Commenced 11-14-97

Date Plugging Completed 11-14-97 12:30 P.M.

The plugging proposal was approved on 11-10-97 (date)

by Herb Deines District # 4 (KCC District Agent's Name)

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

Producing Formation(s) Arbuckle and LKC Depth to Top 3312 Bottom 3342 T.D. 3363

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
<u>Arbuckle</u>	<u>Oil + Water</u>	<u>3339</u>	<u>3342</u>	<u>8 5/8</u>	<u>466</u>	<u>None</u>
<u>LKC</u>	<u>Oil + Water</u>	<u>3312</u>	<u>3316</u>	<u>5 1/2</u>	<u>3399</u>	<u>None</u>

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.

Circulate Clean from 1082', P.O.H. to 800'. Perforate thru tbg at 1000' 3-holes.
Circulate cement to surface w/95 SKS 60-40 Poz-Mix 10% gel 400" hulls. P.O.H.
Tie onto 8 5/8 x 5 1/2 annulus, Pump 25 SKS 60-40 Poz-Mix 10% gel 100" hulls 400" Max.
S.T. 200". Tie onto 5 1/2" Pump 25 SKS 60-40 Poz-Mix 10% gel 50" hulls. 800" Max. 200" Set.
 (If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Co. Inc

License No. N.A.

Address P.O. Box 31 Russell, Ks. 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: H.H. Production, Inc.

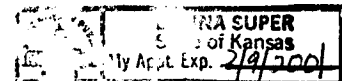
STATE OF Ks. COUNTY OF Russell, ss.

Ted Luebbers (Employee of Operator or (Operator) of above-described well, being fir-
 duly

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

(Signature) Ted Luebbers

(Address) 1620 N. Maple Russell, Ks. 67665



SUBSCRIBED AND SWORN TO before me this 21st day of Nov., 1997

Donna Super
 Notary Public

My Commission Expires: 2/9/2001