

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

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

RECEIVED
KANSAS CORP COM

1997 NOV 24 P 2:33

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

API NUMBER 15-109-20,445-00-00

LEASE NAME Seibel Y

WELL NUMBER 1

1980 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 9 TWP. 13S RGE. 33 (E) or (4)

COUNTY Logan

Date Well Completed _____

Plugging Commenced 11-18-97

Plugging Completed 11-18-97

11-24-1997

LEASE OPERATOR JHS Energy, Inc.

ADDRESS 1720 S. Bellaire Street Suite 1209 Denver CO 80222

PHONE (303)757-8811 OPERATORS LICENSE NO. 31645

Character of Well Oil

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

The plugging proposal was approved on 11-18-97 (date)

by Herb Deines (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 4109' Bottom 4113' T.O. 4655'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content Surface	From	To	Size	Put in	Pulled out
				8 5/8"	246'	-0-
	Production			4 1/2"	4664'	-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 plug were used, state the character of same and depth placed, from ___ feet to ___ feet each set. Allied mixed 30 sacks cement 60/40, 10% with 200 pounds Halls followed by 10 sacks of jel. Mixed and pumped 135 sacks cement 60/40, 10% jel, pressured to 500 PSI, shut in. Job started 10:00 a.m. and completed 11:15 a.m.

Name of Plugging Contractor D'S & W Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: JHS Energy, Inc.

STATE OF _____ COUNTY OF _____, ss.

Arthur Strube (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 the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 20th day of November, 1997

Brenda Urbán

USE ONLY ONE SIDE OF EACH FORM

My Commission Expires: November 14, 2001

BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires 11-14-2001