

LEASE NAME Theis

WELL NUMBER #3

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

1320 Ft. from N Section Line

1320 Ft. from E Section Line

SEC. 18 TWP. 34s RGE. 24 (W)

LEASE OPERATOR Red Hills Res. Inc.

COUNTY Clark

ADDRESS P.O. Box 205 Englewood Ks 67840

Date Well Completed 9-8-84

PHONE# (316) 539-2977 OPERATORS LICENSE NO. 30233

Plugging Commenced 8-9-96

Character of Well Good

Plugging Completed 8-13-96

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

The plugging proposal was approved on 8-9-96 (date)

by Steve Durant (KCC District Agent's Name).

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

Producing Formation Mississippi Depth to Top 5483 Bottom 5493 T.O. 5700

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	857	0
				4 1/2	5700	0

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from feet to feet each s

Moved in, rigged up, laid down rods & tubing, rigged up Brand X, set CIBP @ 5400'. Dumped 2 svs portland cement with dump bailor on CIBP, pulled 4 1/2 slips, found 4 1/2 cemented in, reset slips, ran tubing to 956', rigged up Allied, circulated cement to surface, laid down tubing, pumped into 8 5/8 - 25 svs, squeezed to 450#, 65/35/8% get

(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: Red Hills Res. Inc.

STATE OF Kansas COUNTY OF Barber, ss. Aug 15 1996

Alan Vratil

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the fac statements, and matters herein contained and the log of the above-described well as filed 1 the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 13th day of August, 1996

[Signature]
Notary Public

My Commission Expires: 6/21/99