

LEASE NAME Sam Brookover

11-05-1997

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

WELL NUMBER 1

1890 Ft. from S Section Lin

3300 Ft. from E Section Lin

SEC. 15 TWP. 13S RGE. 30 KKKor(W

COUNTY Gove

LEASE OPERATOR FALCON EXPLORATION, INC.

ADDRESS P.O. Box 75067 Wichita, Kansas 67275-5067

PHONE (316) 262-1378 OPERATORS LICENSE NO. 5316

Date Well Completed 9/9/97

Character of Well D&A

Plugging Commenced 11:30PM9/8/97

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

Plugging Completed 2:00AM9/9/97

The plugging proposal was approved on 9/5/97 (date)

by Herb Deines (KCC District Agent's Name)

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

Producing Formation None Depth to Top _____ Bottom T.O. 4613

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
		Surface	348	8 5/8	348 33	None

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 p were used, state the character of same and depth placed, from ___ feet to ___ feet each
1st Plug @ 2350'w/25sks 10sks In Mouse Hole Circulated 1st Plug 15 Minutes with 52 Vis Mud
2nd Plug @ 1440'w/100sks 15sks In Rat Hole Plugs displaced with mud.
3rd Plug @ 400'w/40sks 200sks 60/40Poz 6&Gel w/1#ES/sk By Allied Cementing
4th Plug @ 40'w/10sks Completed @ 2:00AM 9/9/97

Name of Plugging Contractor Discovery Drilling, Inc. License No. 31548

Address P.O. Box 763 Hays, Kansas 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: FALCON EXPLORATION, INC.

STATE OF Kansas COUNTY OF Sedgwick, ss.

Micheal S. Mitchell (Employee of Operator) or (Operator above-described well, being first duly sworn on oath, says: That I have knowledge of the fa 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) 

(Address) 155 N. Market Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 4th day of November, 19 97

Rosann M. Schippers
Notary Public

My Commission Expires: 9-28-99

USE ONLY ONE SIDE OF EACH FORM

