

API NUMBER 15-051-21-666-0001

LEASE NAME Drees

WELL NUMBER 1

330 Ft. from S Section Line

330 Ft. from ^W Section Line

SEC. 22 TWP. 14 RGE. 17 (W) or (E)

COUNTY ELLIS

Date Well Completed _____

Plugging Commenced OCT-22-1985

Plugging Completed 11 11 11

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

LEASE OPERATOR RJR Exploration

ADDRESS Box 1198 HAYS KAN 67601

PHONE (913) 625-7232 OPERATORS LICENSE NO. 7031

Character of Well Dry Hole

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? yes

Which KCC/KDHE Joint Office did you notify? HAYS KAN

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

Producing Formation Kans City Depth to Top _____ Bottom _____ T.D. 3649

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
				<u>4 1/2</u>	<u>3645</u>	<u>2704</u>

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 plugs were used, state the character of same and depth placed, from feet to feet each set.

Fluid level - Fall hole pumped 250 SX
Cement from top to 1040

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Five Star well Service License No. 7088

Address PO 953 Hays Kan 67601

STATE OF Kan COUNTY OF Ellis, ss.

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

(Signature) [Signature]
 (Address) Box 1198 Hays 155 67601

SUBSCRIBED AND SWORN TO before me this 18 day of Dec, 1985

My Commission Expires: March 21 1988
 Notary Public

NOTARY PUBLIC - State of Kansas
 RALPH P. GOTTSCHALK
 My Appt. Exp: _____
 12-23-85
 DEC 23 1985
 Form CP-4
 Revised 08-84