

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

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

API NUMBER 15,171-20,030-0000

LEASE NAME Beckley

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

WELL NUMBER #1

3300 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 13 TWP. 18 RGE. 32 (E) or (W)

COUNTY Scott

Date Well Completed _____

Plugging Commenced 10-31-88

Plugging Completed 11-3-88

LEASE OPERATOR Thunderbird Drilling, Inc.

ADDRESS Box 97, Ellinwood, Kansas 67526

PHONE# (316)-564-2577 OPERATORS LICENSE NO. 5131

Character of Well oil

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

The plugging proposal was approved on October 31, 1988 (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4645'

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

OIL, GAS OR WATER PLUGGING RECORD

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8-5/8"	615'	None
				5-1/2"	4641'	1,384.09'

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. Dumped sant to 4460' and 5 sacks cement.. Shot casing at 3500', 3000' and 2200'. Shot casing at 1350' Allied pumped 5 sacks gel and 50 sacks 60/40 pozmix cement with 6% gel displaced to 1300' pulled casing to 600', pumped 5 sacks gel and 50 sacks cement., pulled casing to 40' and pumped 10 sacks cement.

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

Name of Plugging Contractor Rockhold Engineering, Inc. License No. 5111

Address Box 698, Gt. Bend, Kansas 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Thunderbird Drilling, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

James W. Rockhold (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) James W. Rockhold

(Address) Box 698, Gt. Bend, Kansas 67530

SUBSCRIBED AND SWORN TO before me this 4th day of November, 1988

Iona M. Leatherman
Notary Public

My Commission Expires _____

STATE NOTARY PUBLIC
IONA M. LEATHERMAN
Barton County, Kansas
My Appt. Exp. 9-26-91