

STATE OF KANSAS
STATE CORPORATION COMMISSION
10 S. Market, Room 2078
Topeka, KS 67202

K.A.R.-82-3-117

API NUMBER 15-071-206770000

LEASE NAME CARNES

WELL NUMBER 14A

445 Ft. from S Section Line

1176 Ft. from E Section Line

SEC. 14 TWP. 16 RGE. 42 (E) of (W)

COUNTY Greely

Date Well Completed 12/16/97 TD

Plugging Commenced 1/27/98

Plugging Completed 1/28/98

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

EASE OPERATOR Ricks Exploration, Inc.

ADDRESS 5600 No. May, Suite 350, Oklahoma City 73112

PHONE/(405) 8409099 OPERATORS LICENSE NO. 7873

Character of Well Dry

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

The plugging proposal was approved on 1/27/98 (date)

by Kevin Strube (KCC District Agent's Name).

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

Producing Formation Mississippi Depth to Top 5120- Bottom 5222'
Morrow 4967- Bottom 4988' T.D. 5472'

How 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	24#J55	surf	348'	8-5/8"	367'	not pulled
Miss	15.50#N80		5445'	5 1/2"	5448'	not pulled

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 are used, state the character of same and depth placed, from feet to feet each set

Mixed 200# hulls followed by 255 sx cmt with 100# hulls, 20 sx gel, & 215 sx cmt. Pressured to 800 psi, held. Squeezed to 1000 psi. Tested 5 1/2" to 500 psi. Dig out collar, cut off csq, weld on ID plate.

Name of Plugging Contractor Allied Cementing Co., Inc. License No. _____

Address P.O. Box 31, Russell, Kansas 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ricks Exploration, Inc.

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

Lynne Suchy, Drilling Operations Asstnt (Employee of Operator) or (Operator) c

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) Lynne Suchy

(Address) 5600 No. May, Oklahoma City, OK 73112

SUBSCRIBED AND SWORN TO before me this 5th day of February, 19 98

Deane Edwards
Notary Public

4-24-01

02-11-98

My Commission Expires: _____
USE ONLY ONE SIDE OF EACH FORM