

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

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

API NUMBER 15-171-20462-00-00

LEASE NAME #1 Hansen

TYPE OR PRINT

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

WELL NUMBER #1

1830 Ft. from S Section Line

680 Ft. from E Section Line

LEASE OPERATOR Reynolds-Rexwinkle Oil, Inc.

SEC. 9 TWP. 19 RGE. 33 (E) or (W)

ADDRESS 212 N. Market #402 Wichita, Kansas 67202

COUNTY Scott

PHONE# (316) 269-1233 OPERATORS LICENSE NO. 30870

Date Well Completed 2-18-94

Character of Well DRY

Plugging Commenced 2-18-94

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

Plugging Completed 2-18-94

The plugging proposal was approved on 2-18-94 (date)

by Duane Rankin (KCC District Agent's Name).

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

Producing Formation none Depth to Top _____ Bottom T.D.

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	0	235	8 5/8"	231	none

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.

Plugged with 50sx at 2200, 80 sx at 1380, 40 sx at 650, 50 sx at 250, 10 sx at 40 by Allied

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

Name of Plugging Contractor Murfin Drilling Co., Inc. License No. 6033

Address 250 N. Water #300 Wichita, Kansas 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Reynolds-Rexwinkle Oil, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

Daniel M. Reynolds (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated in the matters herein contained and the log of the above-described well as filed that correct, so help me God.

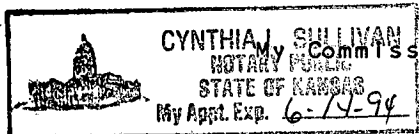
(Signature) [Signature]

(Address) 212 N. Market #402 Wichita, Kansas 67202

SUBSCRIBED AND SWORN TO before me this 17 day of March, 19 94

[Signature]
Notary Public

CONSERVATION DIVISION
WICHITA, KS



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

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER _____ (of this well).

(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR _____ OPERATOR'S LICENSE NO. _____

ADDRESS _____ PHONE # () _____

LEASE (FARM) _____ WELL NO. _____ WELL LOCATION _____ COUNTY _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W) TOTAL DEPTH _____ PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE # () _____

ADDRESS _____

PLUGGING CONTRACTOR _____ LICENSE NO. _____

ADDRESS _____ PHONE # () _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

SIGNED: _____
(Operator or Agent)

DATE: _____