

API NUMBER 15-171-20,474-00-00

LEASE NAME HERMES

WELL NUMBER #1

660 Ft. from N Section Line

330 Ft. from E Section Line

SEC. 33 TWP. 17S RGE. 31 (E) or (W)

COUNTY Scott

Date Well Completed 10-05-94

Plugging Commenced 10-05-94

Plugging Completed 10-05-94

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

LEASE OPERATOR FALCON EXPLORATION, INC.

ADDRESS 155 N. Market Suite 1010, Wichita, KS

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

Character of Well D & A

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

The plugging proposal was approved on 10-05-94 (date)

by Richard Lacy (KCC District Agent's Name).

Is ACO-1 filed? No If not, Is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. _____

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
				8 5/8"	299.16'	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 plug were used, state the character of same and depth placed, - from _____ feet to _____ feet each set
1st plug @ 2100'-2300' w/50 sxs., 2nd plug @ 1180'-1500' w/80 sxs., 3rd plug @ 590'-750' w/40 sxs., 4th plug @ 170'-330' w/40 sxs., 5th plug @ 0'-40' w/10 sxs., 15 sxs. rathole.
Total 235 sxs 60/40 posmix, 6% gel, with 1/4# floseal per sx.

Name of Plugging Contractor ABERCROMBIE RTD, INC. License No. 30684

Address 150 N. Main, Suite 801, Wichita, KS 67202

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

STATE OF KANSAS COUNTY OF SEDGWICK, 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 and the same are true and correct, so help me God.

(Signature) Jack R. Wharton

(Address) _____

SUBSCRIBED AND SWORN TO before me this 24th day of October, 19 94

Sandra C. McCaig
 Notary Public

USE ONLY ONE SIDE OF EACH FORM

My Commission Expires: 1-31-98

