

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

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

API NUMBER 15-171-20,334-00-00

LEASE NAME Janssen "R"

WELL NUMBER 1

4620 Ft. from S Section Line

1980 Ft. from E Section Line

SEC. 28 TWP. 17 RGE. 31 (X) or (W)

COUNTY Scott

Date Well Completed 7-8-86

Plugging Commenced 11-29-88 1:00 PM

Plugging Completed 11-29-88 2:00 PM

RECEIVED
STATE CORPORATION COMMISSION

DEC 7 1988
12-07-88

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

LEASE OPERATOR CONSERVATION DIVISION L. D. Drilling, Inc.
Wichita, Kansas

ADDRESS R.R. 1 Box 183 B Great Bend, Ks

PHONE# (316) 793-3051 OPERATORS LICENSE NO. 4656

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by Dan Goodrow Dist. 1 (KCC District Agent's Name).

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

Producing Formation LKC Depth to Top _____ Bottom T.D. 4290'

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	387'	8 5/8"	387'	none
Production		surf.	4624'	4 1/2"	4624'	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.

Mixed 400# hulls, 50 sx cement (60/40 6% gel) then 100# hulls, shut in at 50#. Release plug, mix 150 sx cement, shut in at 1000#, backside 20 sx, shut in at 400# (Total 220 sx cement 500# hulls.

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

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

Address Russell, Kansas 67665

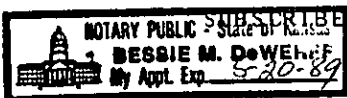
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: L. D. Drilling, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

Michael Kasselman (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) Michael Kasselman

(Address) R.R. 1 Box 183 B Great Bend, Ks.



AND SWORN TO before me this 5th day of December, 1988

Bessie M. DeWerff
Notary Public

My Commission Expires: 5-20-89

Bessie M. DeWerff