

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

LEASE NAME Dubbs F-1
 WELL NUMBER F-1
3300 Ft. from S Section Line
990 Ft. from E Section Line
 SEC. 17 TWP. 16S RGE. 24W (E) or (W)
 COUNTY Ness

LEASE OPERATOR Castelli Exploration Inc.
 ADDRESS 9500 Westgate Dr.; Suite 101; Okla. City, Okla.
 PHONE# (405) 722-5511 OPERATORS LICENSE NO. 31021

Date Well Completed 7/14/76
 Plugging Commenced 8/15/95
 Plugging Completed 8/16/95

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

The plugging proposal was approved on 8/14/95 (date)
 by Duane Rankin (KCC District Agent's Name).

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

Producing Formation Mississippi Depth to Top 4465 Bottom 4483 T.D. 4483

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	0	286	8 5/8	286	none
	5 1/2	0	448	5 1/2	448	2424

RECEIVED
 STATE CORPORATION COMMISSION
 09-06-1995
 SEP 06 1995
 WICHITA, KANSAS

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.
 Plug back with sand from 4475' to 4410'. Dumped 5 sks cement with dump bailer.
 Cut pipe off @ 2424'. Pull 5 1/2 casing to 1580'. Spotted 50 sks cement 60/40 poz 6% gel. Pull 5 1/2 casing to 1150', spotted 50 sks. cement 60/40 poz, 6% gel.
 Displaced with Howco gel. Pull 5 1/2 to 600', spotted 40 sks. cement 60/40 poz, 6% gel.
 Pull 5 1/2 to 300', Spotted 50 sks. cement 60/40 poz, 6% gel. Pull 5 1/2 casing to 60', circulate cement to surface. Pull 60' 5 1/2 casing. Job finished 1 p.m. 8/16/95

Name of Plugging Contractor Halliburton Services License No. _____
 Address Hays, Kansas 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Castelli Exploration Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

H. Dean Dues (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 the the same are true and correct, so help me God.

(Signature) H. Dean Dues
 (Address) 1209 Haney HAYS, KS.

SUBSCRIBED AND SWORN TO before me this 5th day of Sept, 19 95

Gloria A. Rader
 Notary Public

My Commission Expires:
 USE ONLY ONE SIDE OF EACH FORM

