

LEASE NAME Ummel

WELL NUMBER 1

330 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 18 TWP. 16 RGE. 21 (XXX(W))

COUNTY Ness

Date Well Completed 8-1-93

Plugging Commenced 8-1-93

Plugging Completed 8-1-93

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

LEASE OPERATOR Bakoff Oil Company

ADDRESS 155 N. Market, #1050 A, Wichita, KS

PHONE# (316) 262-2784 OPERATORS LICENSE NO. 6040

Character of Well D&A

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

The plugging proposal was approved on 7-30-93 (date)

by Steve Durant (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____

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

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

Bottom plug:	@ 1680'	w/50 sacks cement thru drill pipe
next plug	900'	80 sacks
" "	330'	40 sacks
" "	40'	10 sacks

Name of Plugging Contractor Duke Drilling License No. 5929

Address Wichita, KS

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Operator

STATE OF Kansas COUNTY OF Sedgwick, ss.

Frank S. Mize (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.

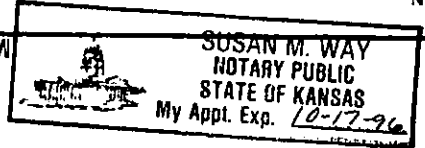
(Signature) Frank S. Mize

(Address) 155 N. Market, #1050, Wichita

SUBSCRIBED AND SWORN TO before me this 22nd day of October, 19 93

Susan M. Way
Notary Public

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



RECEIVED
KANSAS CORPORATION COMMISSION
10-22-1993
OCT 22 1993
CONSERVATION DIVISION
WICHITA, KS

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

FORM CP-1
Rev. 03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ (owner/company name) KCC LICENSE # _____ (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL ___ GAS WELL ___ D&A ___ SWD/ENHR WELL ___ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

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.

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

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____

ADDRESS _____ (company name) _____ (contractor's)
PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

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

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____

(signature)