

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

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

API NUMBER 15-135-23,156-0000

LEASE NAME POPP 1-29

TYPE OR PRINT

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

WELL NUMBER 1

2970 Ft. from S Section Line

4950 Ft. from E Section Line

LEASE OPERATOR SABRE EXPLORATION, INC.

ADDRESS 127 E. SECOND

PHONE# (316) 264-2635 OPERATORS LICENSE NO. 5190

Character of Well _____

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

SEC. 29 TWP. 17 RGE. 25 (E) or (W)

COUNTY NESS

Date Well Completed 8/24/87

Plugging Commenced 8/24/87

Plugging Completed 8/24/87

The plugging proposal was approved on _____ (date)

by DODGE CITY (KCC District Agent's Name).

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

Producing Formation _____ 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 CASING	24#	SURFACE	250	8 5/8	250	0

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 & ABANDONED WITH 215 SX 60/40 POZMIX (6% GEL) as follows 50SX @ 1820 90SX @ 1000; 40SX @ 280; 10 SX @ 40 15 SX in Rathole

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

Name of Plugging Contractor HALLIBURTON SERVICES License No. _____

Address NESS CITY, KANSAS

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

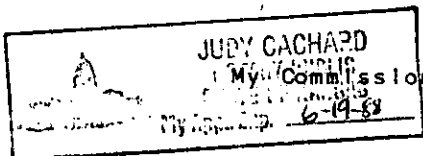
STUART M. KOWASKI (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Stuart M. Kowalski

(Address) _____

SUBSCRIBED AND SWORN TO before me this 20th day of October, 19 87

Judy Cachard Notary Public ON



Expires: 6-19-88

ECT 21 1987