

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

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

API NUMBER 135-22, 750-00-00 ^{CSKCC}

LEASE NAME Beardslee "A"

WELL NUMBER #1

SPOT LOCATION C SW NE

SEC. 16 TWP. 18 RGE. 23 COR. (W)

COUNTY Ness

Date Well Completed 1/21/85

Plugging Commenced _____

Plugging Completed 4:00 p.m.

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

LEASE OPERATOR Foxfire Exploration, Inc.

ADDRESS P. O. Box 6360 Los Osos, CA 93402

PHONE # (805) 528-6008 OPERATORS LICENSE NO. 6177

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes

Which KCC/KDHE Joint Office did you notify? Dodge City

Is ACO-1 filled? Yes if not, is well log attached? _____

Producing formation D&A 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		0	335'	8 5/8"	1/14/85	

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. 1st plug @ 1580' w/50 sx. 2nd plug @ 750' w/50 sx. 3rd plug @ 300' w/50 sx. 4th plug @ 40' w/10 sx. 10 sx in rathole. Total 170 sx 60/40 poz, 2% gel, 3% cc. Plug down @ 4:00 p.m.

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

Name of Plugging Contractor Allied Cementing License No. _____
Address Ness City, Kansas

STATE OF Kansas COUNTY OF Sedgwick, ss.

D. C. Marchant (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) D. C. Marchant

(Address) _____

SUBSCRIBED AND SWORN TO before me this 4th day of February, 1985

D. Marie L. Starn
Notary Public

My Commission expires: 10-1-85

02-05-1985
FEB 05 1985

Form CP-4
Revised 06-83