

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

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

API NUMBER 15-171-20,412-0000

LEASE NAME ROSS "H"

WELL NUMBER #1

1320' Ft. from S Section Line

1330' Ft. from E Section Line

SEC. 5 TWP. 18 RGE. 31 (E or W)

COUNTY Scott

Date Well Completed 8-27-90

Plugging Commenced 8-27-90

Plugging Completed 8-27-90

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

LEASE OPERATOR Slawson Exploration Company, Inc.

ADDRESS 104 S. Broadway, Suite 200

PHONE#(316) 263-3201 OPERATORS LICENSE NO. 3988

Character of Well D&A

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

The plugging proposal was approved on August 27, 1990 (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom T.D. 2330'

Show depth and thickness of all water, oil and gas formations. (anhydrite plug)

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
Surface		0	370	8 5/8"	370'	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.

50 sx. @ 2300', 80 sx. @ 1500', 50 sx. @ 750', 40 sx. @ 370', 10 sx. @ 40', 15 sx. in rathole
Total 245 sx. 60/40 Pozmix, 6% Gel, 1/4# Flosill per sack

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

Name of Plugging Contractor Allied Cementing License No. _____

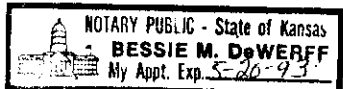
Address Russell, Kansas 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Slawson Exploration Company, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

Greg Davidson (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.

9-19-90 (Signature) Greg Davidson
Great Bend, Kansas 67530 (Address)



SUBSCRIBED AND SWORN TO before me this 31st day of August, 19 90

Bessie M. DeWerff
Notary Public
Bessie M. DeWerff

My Commission Expires: 5-20-93

EFFECTIVE DATE: 8-5-90

FORM MUST BE TYPED
FCRA C-1 4/90

State of Kansas

FORM MUST BE SIGNED

NOTICE OF INTENTION TO DRILL 171-20,412-0000 ALL BLANKS MUST BE FILLED

Must be approved by the K.S.C. five (5) days prior to commencing well

Expected Spud Date August 10 1990
month day year

C SE. Sec 5 Twp 18 S, Rg 31 X East West

OPERATOR: License # 3988
Name: SLAWSON EXPLORATION COMPANY, INC.
Address: 104 South Broadway, Suite 200
City/State/Zip: Wichita, Kansas 67202-4165
Contact Person: Robert B. Jenkins
Phone: (316) 263-3201

1320' feet from South line of Section
1330' feet from East line of Section
(Note: Locate well on Section Plat on Reverse Side)

CONTRACTOR: License #: 6039
Name: L.D. DRILLING, INC.

County: Scott
Lease Name: Ross "H" Well #: 1
Field Name: Wildcat
Is this a Prorated Field? yes X no
Target Formation(s): MISSISSIPPIAN
Nearest lease or unit boundary: 1320'
Ground Surface Elevation: 2952' GR. (Seis) feet MSL
Domestic well within 330 feet: yes X no
Municipal well within one mile: yes X no
Depth to bottom of fresh water: 225'
Depth to bottom of usable water: 1650'
Surface Pipe by Alternate: 1 X 2
Length of Surface Pipe Planned to be set: 365'
Length of Conductor pipe required: None
Projected Total Depth: 4650'
Formation at Total Depth: Mississippian
Water Source for Drilling Operations:
X well farm pond other
DWR Permit #: 899-048
Will Cores Be Taken? Yes
If yes, proposed zone: STATE OF KANSAS COMMISSION

Well Drilled For: Well Class: Type Equipment:
X Oil ... Inj ... Infield X Mud Rotary
... Gas ... Storage ... Pool Ext. ... Air Rotary
... OWWO ... Disposal X Wildcat ... Cable
... Seismic; ... # of Holes

If OWWO: old well information as follows:
Operator: _____
Well Name: _____
Comp. Date: _____ Old Total Depth _____

Directional, Deviated or Horizontal wellbore? yes X no
If yes, total depth location: _____

Exp. 1/31/91

AFFIDAVIT

250' SEA. TO 1990

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101, et. seq.

I agree that the following minimum requirements will be met:

1145
309
144
Pusher Gray Launcher
SPUD DATE 8-25-90 INIT. SEA
LENGTH SURFACE PLANNED 365'
RESERVE PIT STATUS- REMOVE FLUID LINED
after salt sect. bbls. when done bbls.
RATHOLED AHEAD? Y N SIZE HOLE
SURFACE PIPE 85/70 @ 370' CONDUCTOR
ANHYDRITE T- 2290 B- 2308 ELEVATION
TD 2330 FORMATION Rel Ref
RAN PIPE @ DV TOOL ALT II DONE
SX Y N
Arbuckle Plug @ Ft. W/ SX
Hug./Council @ Ft. W/ SX
Anhydrite Base @ 2326 Ft. W/ 50 SX
1/2 Base Anhyd. @ 1500 Ft. W/ 50 SX
1/2, 1/2 Plug @ 750 Ft. W/ 50 SX
Bottom Surface @ 390 Ft. W/ 40 SX
40' Plug @ 49 Ft. W/ 10 SX
RAT HOLE CIRC/W 15 SX MOUSE HOLE W/ SX
WATER WELL SX (Irr. Well Pond Hauling)
TECHNICIAN S.M. DATE 8-27-90
TYPE OF CEMENT 60/40 60/40 14/16/10 Sea
STARTING TIME 8:00 (AM/PM) DATE 8-27-90
COMPLETION TIME 10:00 (AM/PM) DATE 8-27-90
CEMENT COMPANY Antitoxon A.I.I. d