STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

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

API NUMBER 15-109-20242-0000

LEASE NAME Jones

WELL NUMBER 1

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

_____ Ft. from S Section Line

_____ Ft. from E Section Line

LEASE OPERATOR Thunderbird Drilling, Inc.

SEC. 11 TWP. 11S RGE. 32 (E) or (W)

ADDRESS P.O. Box 97 Ellinwood, Ks. 67526

COUNTY Logan

PHONE # (316) 564-2577 OPERATORS LICENSE NO. 5131

Date Well Completed drilled 1-16-82

Character of Well Oil

Plugging Commenced 3-4-96

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

Plugging Completed 3-5-96

The plugging proposal was approved on _____ (date)

by Hubert Deines (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4675'

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"	293'	none
				4 1/2"	4674'	1619'

RECEIVED
KS STATE CORPORATION COMMISSION
MAR 18 1996

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 off bottom with sand to 4053', dumped 4 sacks cement. Shot pipe at 2547', at 1822', at 1711', at 1619'. Pumped 85 sacks cement with 300# hulls, pulled to 1000' pumped 40 sacks cement with 200# hulls, pulled to 350' circulated to surface with 80 sacks cement (60/40 POZMIX 10% gel). pulled pipe. Plugging complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 209 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Thunderbird Drilling, Inc. Ellinwood, Ks.

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator) 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) [signature]

(Address) P.O. Box 209 Chase, Kansas 67524

SUBSCRIBED AND SWORN TO before me this 15th day of March, 19 96

[signature]
Notary Public

My Commission Expires: _____

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 1997

Form CP-
Revised 05-