

API NUMBER 15-165-21668 0000

LEASE NAME Herl Trust

WELL NUMBER 1

3176 S Ft. from S Section Line

3424 E Ft. from E Section Line

SEC. 3 TWP. 16S RGE. 18W (E) or (4)

COUNTY Rush

Date Well Completed _____

Plugging Commenced 10-08-98

Plugging Completed 10-08-98

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

LEASE OPERATOR Liboc, Inc.

ADDRESS 16430 Park Ten Place Drive Suite 600 Houston, TX77084

PHONE# (713) 647-2600 OPERATORS LICENSE NO. 31741

Character of Well Gas

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

The plugging proposal was approved on 10-08-98 (Date)

by Richard Lacey (KCC District Agent's Name)

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

Producing Formation Penn sand Depth to Top 3507' Bottom 3511' T.N. 3650'

Show depth and thickness of all water, oil and gas formations. 10-29-98

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
	Surface	-0-	1115'	8 5/8"	1115'	-0-
	Production	-0-	3649'	5 1/2"	3649'	2047.70'

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 vrs used, state the character of same and depth placed, from _____ feet to _____ feet each set
Bottom plug, 25 sacks cement from 3397' to 3507'. Pipe at 1150', spot 10 sacks gel, followed with 50 sacks cement 60/40 6% gel, pull to 500', spot 60 sacks cement, pull to 50', circulate with 10 sacks cement. Job started 9:30 a.m. and completed 11:40 a.m..

Name of Plugging Contractor D.S.& W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Liboc, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

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

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 28 day of October, 1998

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001

USE ONLY ONE SIDE OF EACH FORM

BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001