

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

K.A.R.-82-3-117

15-007-01105-0000
API NUMBER Comp. 3-28-57
LEASE NAME Bartz-Platt

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

WELL NUMBER 1
660 Ft. from X^N Section Line
660 Ft. from E Section Line

LEASE OPERATOR Indian Oil Co., Inc.
ADDRESS PO Box 209 Medicine Lodge, Ks. 67104-0209
PHONE (316) 886-3763 OPERATORS LICENSE NO. 31938

SEC. 1 TWP. 35S RGE. 13 XXXX (W)
COUNTY Barber

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

Date Well Completed _____
Plugging Commenced 2-16-98
Plugging Completed 2-17-98

The plugging proposal was approved on 2-16-98 (date)
by Steve Pfeifer (KCC District Agent's Name).

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

Producing Formation Mississippi Depth to Top 4753 Bottom 4804 T.O. 4840

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"	261'	
				5 1/2"	4840'	2014'

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 were used, state the character of same and depth placed, from feet to feet each section. Sanded to 4600'. Bailed 5 sks Portland cement. Shot 15 2014'. Pulled to 600'. Pumped 10 gel/50 sks cement/5 gel. Pulled to 310'. Pumped 50 sks cement. Pulled to 47'. Pumped 10 sks cement. Pulled the rest of the pipe. Hole stayed full.

Name of Plugging Contractor Quality Well Service, Inc. License No. 31925

Address 249 Beth Drive Sterling, Ks. 67579-9048

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Indian Oil Co., Inc.

STATE OF Kansas COUNTY OF Barber, ss.

Michael Farrar (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) [Signature]
(Address) P.O. Box 209, Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 24th FEB 2 February, 19 98

Teresa L. Myers 2-28-98
Notary Public

My Commission Expires: 7-3-2000

USE ONLY ONE SIDE OF EACH FORM