

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

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

15-007-01106-0000

API NUMBER NA

LEASE NAME Bartz - Platt

WELL NUMBER 2

NE NW NE Ft. from S Section Line

 Ft. from E Section Line

SEC. 1 TWP. 35S RGE. 13 (E) or (W)

COUNTY Barber

Date Well Completed NA

Plugging Commenced 11-12-90

Plugging Completed 11-26-90

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

LEASE OPERATOR Bristol Resources

ADDRESS 3601 E. 51st Tulsa, Okla. 74135

PHONE#(918) 747-2817 OPERATORS LICENSE NO. 3048

Character of Well Oil

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

Did you notify the KCC District Office prior to plugging this well? yes

Which KCC Office did you notify? Dodge City

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

Producing Formation Miss. Depth to Top Bottom T.D. 4860

Show depth and thickness of all water, oil and gas formations. P.B. 4840

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8	263	none
				5 1/2	4858	3600

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.
sand from 4840 to 3900 5sx cement Dump Bailor BJ pumped
3-H -10 J -50C 10-J -1-H 100-C 60-40 POZ 6%Jell

Jeff Clarke and Pfifter on location
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Clarke Corporation License No. 5105

Address PO Box 187 Medicine Lodge, Ks 67104

STATE OF Kansas COUNTY OF Barber, ss.

Jeff J. Clarke (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) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 27th day of November, 1990

11-28-90 NOV 26 1990

My Commission Expires: June 21, 1991

Notary Public