

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 South Market, Room 2078
Wichita, Kansas 67202

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

API NUMBER 15-025-21123000

LEASE NAME Thomas-Comstock

WELL NUMBER 10-12

2600 Ft. from South Section Line

4780 Ft. from East Section Line

SEC 10 TWP 32 RGE 22 West

COUNTY Clark

Date Well Completed 2/21/1995

Plugging Commenced 4/24/2000

Plugging Completed 5/4/2000

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

LEASE OPERATOR Samuel Gary Jr. & Associates, Inc.

ADDRESS 1670 Broadway, Suite 3300 Denver, CO 80202-4838

PHONE # (303) 831-4673 OPERATORS LICENSE NO. 3882

Character of Well oil/SWD
AWB/cce
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 4/20/2000 (date)

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

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

Producing Formation Viola Depth to Top 6493' Bottom 6649' T.D. 6900'

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
Viola	oil	surface	40'	20"	40'	none
		surface	700'	8-5/8"	700'	none
		surface	6580'	5-1/2"	6580'	2190'

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.

CIBP @ 6375 capped w/ 2 sx cmt. Shot csg @ 4519, 4017, 3516, 3111 and 2190'. Pulled 2190' of 5-1/2". Plug down 8-5/8" as follows: 300# hulls, 10 sx gel, 50 sx cmt, 10 sx gel, 100# hulls, 8-5/8" wiper plug and 150 sx cmt. SI csg w/ 300 psig. Used 200 sx 60-40 poz w/ 6% gel.

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

Name of Plugging Contractor Allied Cementing Co., Inc. License No. _____

Address P.O. Box 31, Russell, KS 67665-0031

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Samuel Gary Jr. & Associates, Inc.

STATE OF KANSAS COUNTY OF BARTON, ss.

Tom Larson (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) Thomas Larson, Agent

(Address) 562 W. Hwy 4, Olmitz, KS 67564

SUBSCRIBED AND SWORN TO before me this 1st day of June, 20 00

Carol Larson
Carol Larson

My Commission Expires: June 25, 2001

RECEIVED Notary Public
STATE CORPORATION COMMISSION

JUN 2 2000

Form CP-4
Revised 05-88



CONSERVATION DIVISION
Wichita, Kansas