

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

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

15-877-19000-0000

API NUMBER Nov 1961

LEASE NAME Drake

WELL NUMBER B#3

2310 Ft. from N/S Section Line

2970 Ft. from E/W Section Line

SEC. 6 TWP. 31S RGE. 8 ~~XXXX~~ (W)

COUNTY Harper

Date Well Completed _____

Plugging Commenced 12-30-98

Plugging Completed 1-5-99

AMMENDED COPY

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

LEASE OPERATOR Pickrell Drilling Company

ADDRESS 110 N. Market, #205, Wichita, KS 67202

PHONE# 316 262-8427 OPERATORS LICENSE NO. 5123

Character of Well Casing leak

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

The plugging proposal was approved on 12-30-98 (date)

By Jack Luthie (KCC District Agent's Name).

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

Producing Formation Mississippi Depth to Top 4393 Bottom 4482 T.D. 4488 PBTB

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

CIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				8 5/8	236	None
				5 1/2	4524	2450

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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 well back to 4180, dump 5sx portland cement with dump bailor, stretch and cut casing at 2450 lay down 5 1/2 casing, run 2 7/8 tubing to 1460, load hole, spot 35sx class A cement, pull tubing to 976 and spot 35sx, pull tubing to 305 and circulate to surface, class A cement, lay down tubing, fill cellar with cement.

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Company

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (Employee of Operator) or (Operator) of above described well, being first duty 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) Alan Vratil

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 11 day of January, 19 99

Glenda Morrison
Notary Public

My Commission Expires: 11/30/04