

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 15-077-21,358-0000

LEASE NAME Miles

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

WELL NUMBER D-1

330 Ft. from N/S Section Line

2970 Ft. from E/W Section Line

LEASE OPERATOR Pickrell Drilling Company

SEC. 12 TWP. 31S RGE. 8 ~~XXXX~~ (W)

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

COUNTY Harper

PHONE# 316 262-8427 OPERATORS LICENSE NO. 5123

Date Well Completed _____

Character of Well Good

Plugging Commenced 12-28-98

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

Plugging Completed 12-30-98

The plugging proposal was approved on 12-28-98 (date)

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

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

Producing Formation Miss Depth to Top 4400 Bottom 4404 T.D. 4450 ^{PBTD}

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	269	None
				4 1/2	4485	3650

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 4305, dump 4sx portland cement with dump bailor, stretch and cut pipe at 3650 lay down 4 1/2 casing, run 2 7/8 tubing to 1350, load hole, spot 35sx class A cement, pull tubing to 892 and spot 35sx. pull tubing to 305 and circulate cement to surface, class A, lay down tubing

(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 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) [Handwritten Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 30 day of December, 19 98

[Handwritten Signature]
Notary Public

My Commission Expires: 11/30/04