

LEASE NAME Yost

WELL NUMBER 1

1980 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 32 TWP. 18 RGE. 20 (S) or (W)

COUNTY Rush

Date Well Completed 10-10-93

Plugging Commenced 10-10-93

Plugging Completed 10-10-93

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

LEASE OPERATOR Falcon Exploration, Inc.

ADDRESS 155 North Market, Suite 1010 Wichita, KS 67202

PHONE#(316) 262-1378 OPERATORS LICENSE NO. 5316

Character of Well D&A

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

The plugging proposal was approved on 10-08-93 (date)

by Alan Barlow (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4310'

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	485	None

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 section.

Bottom Plug: @ 1420' w/50 sacks cement thru drill pipe

Next Plug: @ 850' w/50 " " " " " 15 sacks in Rat Hole

Next Plug: @ 500' w/50 " " " " " "

Top Plug: @ 40' w/10 " " " " " "

Name of Plugging Contractor Falcon Exploration Inc. License No. 5316

Address 155 N. Market, Suite 1010 Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Falcon Exploration Inc.

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

Jim Thatcher (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 therewith, and the same are true and correct, so help me God.

(Signature) Jim Thatcher

(Address) 155 N. Market, Suite 1010 Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 19th day of October, 19 93

My Commission Expires: _____
USE ONLY ONE SIDE OF EACH FORM

Susan M. Wagoner Notary Public
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 10-12-96
Wichita, Kansas
10-20-93