

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

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

API NUMBER 15-077-20966 ²⁰⁹⁶⁵⁻⁰⁰⁰ ^{JP-} ^{KCC}

LEASE NAME Broce

WELL NUMBER AB #5

4820 Ft. from S Section Line

3960 Ft. from E Section Line

SEC. 29 TWP. 31S RGE. 8 ~~XXXX~~ (W)

COUNTY Harper

Date Well Completed _____

Plugging Commenced 9-19-97

Plugging Completed 9-24-97

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

97-9-30

LEASE OPERATOR Pickrell Drilling Company

ADDRESS 110 N. Market, Suite 205 Wichita KS

PHONE# (316) 262-8427 OPERATORS LICENSE NO. 5123

Character of Well good

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

The plugging proposal was approved on 9-19-97 (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 4389 Bottom 4398 T.D. 4398

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	211	None
				5 1/2	4389	3000

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. Lay down rods and tubing, sand well back to 4316, dump 5sx portland cement with dump bailor, stretch and cut pipe at 3000, lay down casing, tally and run 2 3/8 to 1350, Allied spot 35sx, pull tubing to 900 and spot 35sx, pull tubing to 285 and circulate to surface, all common 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, Medicine Lodge, KS 67104

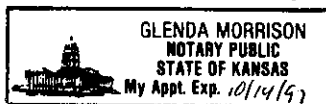
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Company

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 25 day of September, 19 97

[Signature]
Notary Public

My Commission Expires: 10/14/98