

LEASE NAME Dickson

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

WELL NUMBER 4  
2310 Ft. from S Section Line

330 Ft. from E Section Line

LEASE OPERATOR American Petroleum Company

SEC. 8 TWP. 31S RGE. 8 ~~XXX~~ (W)

ADDRESS HCR 69, Box 413-2 Sunbeach, MO 65079

COUNTY Harper

PHONE# (514) 374-7266 OPERATORS LICENSE NO. 5923

Date Well Completed \_\_\_\_\_

Character of Well good

Plugging Commenced 2-13-97

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

Plugging Completed 2-17-97

The plugging proposal was approved on 2-13-97 (date)

by \_\_\_\_\_ (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 4414 T.D. 4520

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	208	None
				4 1/2	4520	3460

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from feet to feet each s Sand well back to 4260, dump 4sx portland cement with dump bailer, stretch and cut pipe at 3460, pull casing to 1463, Allied pump 35sx, pull casing to 931 and spot 35sx, pull casing to 280, circulate cement to surface, lay down rest of casing

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

Name of Plugging Contractor Clarke Corporation License No. \_\_\_\_\_

Address P.O. Box 187, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Petroleum Inc.

STATE OF Kansas COUNTY OF Barber, ss.

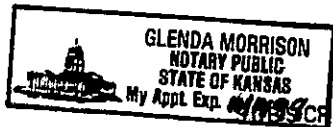
Alan Vratil

(Employee of Operator) (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the fac statements, and matters herein contained and the log of the above-described well as filed t the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



DESCRIBED AND SWORN TO before me this 18 day of February, 1997

Glenda Morrison  
Notary Public

My Commission Expires: 10/14/98