

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

LEASE OPERATOR A. L. Abercrombie, Inc.

ADDRESS Rt. #1, Box 56 Great Bend, Ks. 67530

PHONE# (316) 793-8186 OPERATORS LICENSE NO. 5393

Character of Well D & A

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

The plugging proposal was approved on 9-29-94 (date)

by Steve Pfeifer (KCC District Agent's Name).

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

Producing Formation Lansing KC Depth to Top 4004 Bottom 4468 T.D. 5080

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
Marmaton	water	4520	21	8 5/8	287'	None
Lansing KC	water	4429	31	4 1/2	4616	2860'

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 plug were used, state the character of same and depth placed, from feet to feet each set
Sanded bottom from 4500 to 4370 cap with 5 sacks cement. Plug 2865 with 25 sacks Plug @ 2260 with 50 sacks - Plug @ 1200 with 80 sacks - Plug @ 600 with 50 sacks - Plug @ 320 with 50 sacks - & cap @ 40 with 10 sacks. Cement was 60/40 Poz 6% gel 1/4# Flo Cele sack A Gel spacer was pumped between plug stages. Plugging complete @ 6:30 PM 9-30-94

State Plugger- Richard Lacy

Name of Plugging Contractor A. L. Abercrombie, Inc. License No. 5393

Address Rt. #1, Box 56 Great Bend, Kansas 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: A. L. Abercrombie, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

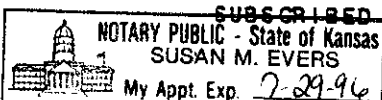
E. L. Abercrombie

(Employee of Operator) or (Operator) o

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) E. L. Abercrombie

(Address) Rt. #1, Box 56 Great Bend, Ks. 67530



SUBSCRIBED AND SWORN TO before me this 4th day of October, 19 94

Susan M. Evers
 Notary Public

My Commission Expires: 7-29-96

USE ONLY ONE SIDE OF EACH FORM

10-7-94
 Form CP-4
 Revised 05-88