

API NUMBER 15-009-00 240-00-00
 LEASE NAME Rude E #1
 WELL NUMBER #1

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

1650 Ft. from S Line of Section (circle one)
990 Ft. from W Line of Section (circle one)

EASE OPERATOR GLM Company
 ADDRESS P.O. Box 193
 CITY, STATE, ZIP Russell, Ks. 67665
 PHONE#(785) 483-2123 OPERATORS LICENSE NO. 3134
 Character of Well Oil
 (Oil, Gas, D&A, SWD, Input, Water Supply Well)

SPOT LOCATION NW - SE - NE
 SEC. 2 TWP. 16 S. RGE 13 (E) or W
 COUNTY Barton
 Date Well Completed 2-27-59
 Date Plugging Commenced 12-18-01
 Date Plugging Completed 12-18-01

The plugging proposal was approved on 12-14-01 (date)
 by Herb Deines (KCC District Agent's Name)
 Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation(s) LKC Depth to Top 3100 Bottom 3173 T.D. 3300
P.B.

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	PULL OUT
<u>LKC</u>	<u>oil-water</u>	<u>3100</u>	<u>3173</u>	<u>5 1/2"</u>	<u>3360</u>	<u>0</u>

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 set.

Perforate 1575' 870' 450'
WL FL 3100' FS TD= 3303 Tie onto 5 1/2", pump 285 SKS 60-40 Poz-Mix
10% Gel 500" hulls, Max pressure 350", SI 350". Tie onto 8 5/8" x 5 1/2"
Annulas, pump 25 SKS 60-40 Poz-Mix 10% Gel 100" hulls, circulated
out of ground at 300". Well P.O.A 11:30 A.M. 12-18-01
 (if additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Co., Inc.
 License No. NA
 Address P.O. Box 31 Russell, Ks. 67665
 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: GLM Company
 STATE OF Kansas COUNTY OF Russell, ss.

RECEIVED
 KANSAS CORPORATION COMMISSION

JAN 11 2002

CONSERVATION DIVISION

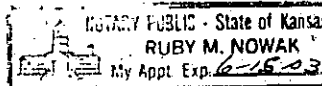
Terry Morris (Employee of Operator or Operator) of above-described well, being first
 duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Terry E. Morris
 (Address) P.O. Box 193 RUSSELL, KS 67665

SUBSCRIBED AND SWORN TO before me this 10 day of January, 19 2002

Ruby M Nowak
 Notary Public

My Commission Expires: 6-15-03



OK