

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

WELL NUMBER 11
2310 Ft. from S Section Line

743 Ft. from E Section Line

SEC. 24 TWP. 16s RGE. 26w ~~XXX~~ or (W)

COUNTY Ness

Date Well Completed 4/30/97

Plugging Commenced 7:00AM 4/30/97

Plugging Completed 9:00AM 4/30/97

LEASE OPERATOR Scott T. Lutz

ADDRESS P.O. Drawer D Shell Knob, MO 65747

PHONE (417) 858-6628 OPERATORS LICENSE NO. 7200

Character of Well D&A

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

The plugging proposal was approved on 4/29/97 (date)

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

Is ACO-1 filed? Yes If not, is well log attached? No

Producing Formation None Depth to Top _____ Bottom T.D. 4554

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
		0	232	8 5/8	232.02	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 plug.
1st Plug @ 2011' w/50sks 5th Plug @ 40' w/10sks Circulated 1st Plug 15 min. w/5T Vis. Mud
2nd Plug @ 1150' w/80sks 10sks In Mouse Hole Plugs displaced w/ mud
3rd Plug @ 650' w/40sks 15sks In Rat Hole Completed @ 9:00AM 4/30/97 By Allied Cementing
4th Plug @ 260' w/40sks Total 245sks 60/40Poz 6%Gel w/4#FS/sk

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

Name of Plugging Contractor Discovery Drilling, Inc. License No. 31548

Address P.O. Box 763 Hays, Kansas 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Scott T. Lutz

STATE OF _____ COUNTY OF _____, ss.

(Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated, 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) P.O. 3060 Lawrence, KS

SUBSCRIBED AND SWORN TO before me this 15th day of July, 1997

[Signature]
Notary Public

My Commission Expires: 05.22.00

