

API NUMBER 15-135-22707-0600
 LEASE NAME JONES
 WELL NUMBER 1
1650 Ft. from SN Line of Section (circle one)
4950 Ft. from EW Line of Section (circle one)

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

LEASE OPERATOR SCOTT T. LUTZ
 ADDRESS P.O. DRAWER 940
 CITY, STATE, ZIP FAYETTEVILLE, AR 72702
 PHONE# (501) 443-5430 OPERATORS LICENSE NO. 7200
 Character of Well GIL D+A
 (Oil, Gas, D&A, SWD, Input, Water Supply Well)

SPOT LOCATION _____
 SEC. 24 TWP. 16 S. RGE 26 (E) or (W)
 COUNTY NESS
 Date Well Completed 11/26/84
 Date Plugging Commenced 11/14/95
 Date Plugging Completed _____

The plugging proposal was approved on 11/21/95 (date)
 by STEVE DURANT (KCC District Agent's Name)

is ACO-1 filed? YES If not, is well log attached? _____
 Producing Formation(s) Mississippi Depth to Top _____ Bottom _____ T.D. 4570

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 |
|-----------|---------|------|----|-------|--------|----------|
| | | | | 8 5/8 | 327' | NONE |
| | | | | 5 1/2 | 4576' | NONE |
| | | | | | | |
| | | | | | | |

Described 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.

146 SK CEMENT 4793 POZMIX A SEED HULLS 10 SK
PUMP JOB HALLIBURTON 11/14/95
(HALLIBURTON PLUG TICKET ENCLOSED)

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

Name of Plugging Contractor HALLIBURTON
 License No. _____
 Address HAYS, KS
 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: SCOTT T. LUTZ
 STATE OF _____ COUNTY OF _____, SS.

RECEIVED
 STATE CORPORATION COMMISSION
 DEC 19 1995
 12-19-95
 CONSERVATION DIVISION
 WICHITA, KS

 (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) [Signature]
 (Address) DRAWER 940, FAYETTEVILLE, AR 72701

SUBSCRIBED AND SWORN TO before me this 13 day of Dec, 19 95

Dorothy Williams
 Notary Public

My Commission Expires: 8-1-2004

