

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-015-22323-00-00

LEASE NAME JACOBS

WELL NUMBER 5

2310 Ft. from N Section Line

2310 Ft. from W Section Line

SEC. 6 TWP. 25 RGE. 4E (E) or (W)

COUNTY Butler

Date Well Completed _____

Plugging Commenced 4-9-01

Plugging Completed 4-12-01

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

LEASE OPERATOR DOUBLE EAGLE EXPLORATION, INC.

ADDRESS 221 S. Broadway, #310 Wichita, Kansas 67202

PHONE#(316 264-67202 OPERATORS LICENSE NO. 6009

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by Donald Hoberecht (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. 2760'

Show depth and thickness of all water, oil and gas formations.

STATE CORPORATION COMMISSION

OIL, GAS OR WATER RECORDS

CASING RECORD

APR 19 2001

Formation	Content	From	To	Size	Put in	Pulled out
				8-5/8"	216'	None
				4-1/2"	2759'	2000'

CONSERVATION DIVISION
Wichita, Kansas

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 plugging material was used, state the character of same and depth placed, from _____ feet to _____ feet each side. Plugged off bottom with sand to 2280' and 4 sks. cement, shot pipe @2200', 2000', pulled up to 265', circulated cement from 265' to surface. Layed rest of pipe down. Used 60/40 pos, 6% gel. Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, 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.

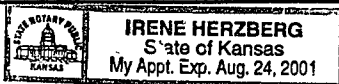
(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 17th day of April, 2001

[Signature]
Notary Public

My Commission Expires: _____



Form CP
Revised 05-