

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

15-007-30244-0000

API NUMBER 5-10-66

LEASE NAME McClure

WELL NUMBER 1

 Ft. from S Section Line

 Ft. from E Section Line

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

SEC. 30 TWP. 32S RGE. 11 ~~XXXX~~(W)

COUNTY Barber

LEASE OPERATOR Casey Musgrove Oil

ADDRESS Rt 2, Box 401, Ponca City, OK 74604

PHONE# (405) 765-6590 OPERATORS LICENSE NO. 3308

Date Well Completed

Character of Well good

Plugging Commenced 7-22-96

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

Plugging Completed 7-25-96

The plugging proposal was approved on 7-22-96 (date)

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

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

Producing Formation Depth to Top 3550 Bottom 3560 T.D. 3723

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
				8 5/8	210	None
				4 1/2	3723	1100

MADE AS PER ORDER
7-25-96
A.E.S.

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 feet. Lay down rods and tubing, sand well back to 2950, dump 4sx portland with dump bailer set jacks, stretch and cut casing at 1100, lay down 4 1/2 casing, tally and run 2 3/8 to 590, displace hole with jel, spot 50sx cement pull tubing to 245, spot 50sx, pull tubing to 30" and circulate to surface, 60/40 2% jel 3% CC

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Casey Musgrove Oil

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, 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) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 26 day of July, 19 96

[Signature]
Notary Public

My Commission Expires: 10/14/98