

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

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

API NUMBER 15-007-21220-0000

LEASE NAME Swayden

WELL NUMBER 1

810 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 14 TWP. 32S RGE. 15 ~~XXXX~~(W)

COUNTY Barber

Date Well Completed _____

Plugging Commenced 9-18-95

Plugging Completed 9-18-95

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

LEASE OPERATOR Petroleum Technologies Inc.

ADDRESS 500 Nichols Road, Suite #407, Kansas City

PHONE#(816) 531-6904 OPERATORS LICENSE NO. 8653

Character of Well good

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

The plugging proposal was approved on 9-18-95 (date)

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

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

Producing Formation _____ Depth to Top 4716 Bottom 4726 T.D. 4360

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

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED
STATE CORPORATION COMMISSION
10-6-95
OCT 6 1995

Formation	Content	From	To	Size	Put In	Conserved out
				8 5/8	343	None
				5 1/2	5238	3200

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 plug were used, state the character of same and depth placed, from feet to feet each section. Sand hole well back to 4666, dump 5sx cement with dump bailer, stretch and cut pipe at 3200 lay down casing, allied pump 300 hulls, 10 jel, 50sx cement, 10 jel, 100 hulls, 100sx cement 60/40 6%

(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: Petroleum Tech. Inc.

STATE OF Kansas COUNTY OF Barber, ss.

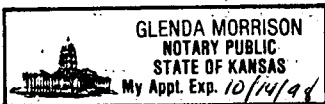
Alan Vratil

(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 5 day of October, 19 95

Glenda Morrison
Notary Public

My Commission Expires: 10/14/98