

API NUMBER 15-077,21310-00-00

LEASE NAME Harrison

WELL NUMBER 1

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

3960' Ft. from S Section Line

990' Ft. from E Section Line

SEC. 15 TWP. 33S RGE. 6W (E) or (W)

COUNTY Harper

LEASE OPERATOR Oil Producers, Inc. of Kansas

ADDRESS P. O. Box 8647, Wichita, Kansas 67208

PHONE (316) 672-6373 OPERATORS LICENSE NO. 8061

Character of Well Oil

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

Date Well Completed 10-21-96

Plugging Commenced 05-20-97

Plugging Completed 05-20-97

The plugging proposal was approved on 05-20-97 (date)

by District #2 office Steve Van Gieson (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 4413 Bottom 4416 T.D. 4599'

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
	Surface	0	229	8 5/8"	229	0
	Production	0	4598	4 1/2"	4598	2321'

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 set
Bottom plug sanded off to 4363', 4 sk cement, 20 bbls fresh water, pumped 35 sks 60/40, displaced with 9.5 bbls fresh water @ 972', second plug @ 620', 8 bbls fresh water, loaded hole 35 sks cement displaced with 5 bbls fresh water, third plug @ 294', pumper 130 sks cement, 60/40 poz, circulated to surface, Max pressure 100#. Started at 1:00 pm completed 2:45 pm.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231, Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers, Inc. of Kansas

STATE OF Kansas COUNTY OF Barton, ss.

Joseph J. Strube (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 the the same are true and correct, so help me God.

(Signature) Joseph J. Strube

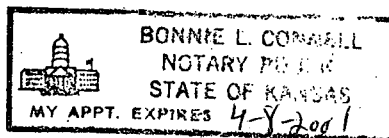
(Address) P.O. Box 231, Claflin, Kansas 67525

SUBSCRIBED AND SWORN TO before me this 3 day of June, 1997

Bonnie L. Connell
 Notary Public

My Commission Expires: April 8, 2001

USE ONLY ONE SIDE OF EACH FORM.



RECEIVED
 KANSAS CORPORATION COMMISSION
 JUN 17 1997
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