

NOTICE: Fill out completely and return to Cons. Div. CORP. COMM. office within 30 days.

120 Ft. from S Section Line
660 Ft. from E Section Line
1998 APR 15 12:45
4-15-98

LEASE OPERATOR Molz Oil Company SEC. 24 TWP. 32 RGE. 11 ~~XXXX~~ (W)

ADDRESS RR #2, Box 54, Kiowa, KS 67070 COUNTY Barber

PHONE# (316) 296-4558 OPERATORS LICENSE NO. 6006 Date Well Completed _____

Character of Well good Plugging Commenced 3-27-98

(Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 4-2-98

The plugging proposal was approved on 3-27-98 (date)

by Richard Lacy (KCC District Agent's Name).

Is ACO-1 filled? yes If not, Is well log attached? no

Producing Formation Miss Depth to Top 4449 Bottom 4455 T.D. 4455

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		None
				4 1/2		2500

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 lay down rods and tubing, sand well back to 4330, dump 4sx portland cement with dump bailor, stretch and cut pipe at 2500, lay down casing, Allied pump 300 hulls, 10 jel, 50 cement, 10 jel, 100 hulls, 8 5/8 wiper and 100sx, 60/40 6% jel.

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

Name of Plugging Contractor Clarke Corporation License No. 5105

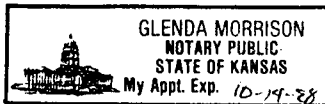
Address P.O. Box 187, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Molz Oil Company

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 th the same are true and correct, so help me God.



(Signature) [Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 14 day of April, 1998

[Signature]
Notary Public

My Commission Expires: 10/14/98