

API NUMBER 15-007-22,455-00-00

LEASE NAME #1 Nurse "A"

WELL NUMBER 1

660' Ft. from (S) Section Line

330' Ft. from (W) Section Line

SEC. 35 TWP. 33S RGE. 12 (X) or (W)

COUNTY Barber

Date Well Completed 9-27-94

Plugging Commenced 9-26-94

Plugging Completed 9-27-94

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

LEASE OPERATOR Pickrell Drilling Co. Inc.

ADDRESS 110 N. Market, Suite 205 - Wichita, KS. 67202

PHONE#(316) 262-8427 OPERATORS LICENSE NO. 5123

Character of Well _____

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

The plugging proposal was approved on 9-26-94 (date)

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

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

Producing Formation None Depth to Top _____ Bottom T.D. 5060'

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 Casing			8 5/8"	225'KB	

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.

P&A as follows: 50sx @ 600', 40sx @ 250', 10sx @ 40', 15sx in rathole (total 115sx) of 60-40 poz, 6% gel. Complete @ 6:45 AM on 9-27-94.

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

Name of Plugging Contractor Company Tools License No. 5123

Address 110 N. Market, Suite 205 - Wichita, Kansas 67202

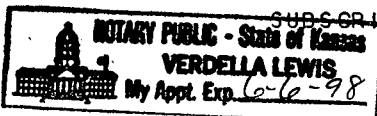
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Company, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

C. W. Sebitts, President of Pickrell Drilling Co. Inc. (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 that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) C. W. Sebitts, President
 110 N. Market, Suite 205
 Wichita, Kansas 67202



SUBSCRIBED AND SWORN TO before me this 7th day of October, 1994

STATE CORPORATION COMMISSION
Verdella Lewis
 Notary Public

My Commission Expires: 6-6-98

OCT 10 1994

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

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER _____ (of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR _____ OPERATOR'S LICENSE NO. _____

ADDRESS _____ PHONE # () _____

LEASE (FARM) _____ WELL NO. _____ WELL LOCATION _____ COUNTY _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W) TOTAL DEPTH _____ PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE
RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE # () _____

ADDRESS _____

PLUGGING CONTRACTOR _____ LICENSE NO. _____

ADDRESS _____ PHONE # () _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR, OR AGENT.

SIGNED: _____
(Operator or Agent)

DATE: _____