

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

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

API NUMBER 15-007-20,459-00-00

LEASE NAME Vanderwork

WELL NUMBER 1-14

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 14 TWP. 32SRGE.12W (E) or (W)

COUNTY Barber

Date Well Completed 2-3-77

Plugging Commenced 11-16-95

Plugging Completed 1-23-96

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

LEASE OPERATOR Farrar Pump & Supply Co., Inc.

ADDRESS P.O. Box 209

PHONE# (316) 886-3763 OPERATORS LICENSE NO. 3399

Character of Well Oil

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

Did you notify the KCC District Office prior to plugging this well? Yes

Which KCC Office did you notify? District #1 - Dodge City

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

Producing Formation Mississippi Depth to Top 4316 Bottom 4326 T.O. 4689

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
		0	498	8-5/8	498	None
		0	4683	5-1/2	4683	2483

1996 FEB 19 A. 9:20
KANSAS CUIFP COMMISSION
RECEIVED
2-19-96

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.

Sanded bottom to 4050' with 5 sx cement on top. Pumped 300# hulls, 10 sx Gel, 50 sx cement, 10 sx Gel, 100# hulls, 8-5/8 wiper plug, 100 sx cement.

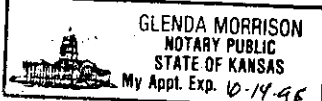
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Mike's Testing & Salvage Inc. License No. 31529

Address P.O. Box 209, Chase, KS 67524

STATE OF Kansas COUNTY OF Barber, ss.

Michael Farrar (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) P.O. Box 209, Medicine Lodge, KS

SUBSCRIBED AND SWORN TO before me this 16 day of February, 19 96

[Signature]
Notary Public

My Commission Expires: 10-14-98