

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

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

API NUMBER 15-007-21-542-00-00

LEASE NAME Kincaid

WELL NUMBER 1-26

SW1/4SW-SW Ft. from S Section Line

Ft. from E Section Line

SEC. 26 TWP. 32S RGE. 12 (E) or (W)

COUNTY Barber

Date Well Completed _____

Plugging Commenced 11-8-88

Plugging Completed 11-9-88

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

LEASE OPERATOR Exon Inc.

ADDRESS 6410 B. North Santa Fe Oklahoma City, Ok. 73116

PHONE# (405) 840-9196 OPERATORS LICENSE NO. _____

Character of Well Gas

(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? Dodge City, Ks.

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4018

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

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED
 STATE CORPORATION COMMISSION

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8	475	0
				51	4078	2950

NOV 14 1988

CONSERVATION DIVISION
 Wichita, Kansas

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.

Sand from 3850 to 3700-55sacks cement dump bailer-DJ Pump-3-3sacks Hull Plug 10 Gel
 50 cement 10 Gel 15 sacks Hull Plug 100 sacks cement 60-40 POZ

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

Name of Plugging Contractor Clarke Corporation License No. 5105

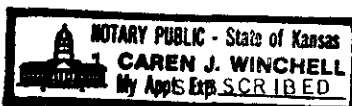
Address Box 187 Medicine Lodge, Ks. 67104

STATE OF Ks. COUNTY OF Barber, ss.

(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) Edna J. Winchell

(Address) _____



AND SWORN TO before me this 11th day of November, 1988

Caren J. Winchell
 Notary Public

My Commission Expires: June 21, 1991