

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

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

API NUMBER 15-007-01461-00-01

LEASE NAME Blunk

WELL NUMBER 3

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

Ft. from S Section Line

Ft. from E Section Line

LEASE OPERATOR Molz Oil Company

1998 APR 15 12:44

SEC. 7 TWP. 34S RGE. 13 (W)

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

4-15-98

COUNTY Barber

PHONE#(316) 296-4558 OPERATORS LICENSE NO. 6006

Date Well Completed _____

Character of Well good

Plugging Commenced 3-24-98

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

Plugging Completed 4-2-98

The plugging proposal was approved on 3-24-98 (date)

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

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

Producing Formation Miss Depth to Top 4944 Bottom 4952 T.D. 5021

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	434	None
				4 3/4	5021	3100

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. Lay down rods and tubing, set CTBP at 4890, dump 2sx cement with dump bailer, stretch and cut pipe at 3100, lay down casing, Allied pump 300 hulls, 10 jel, 50 cement, 10 jel, 100 hulls, 8 5/8 wiper and 100 sx, 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

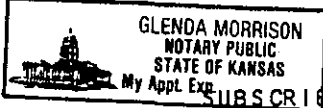
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Molz Oil Company

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, 19 98

[Signature]
 Notary Public

My Commission Expires: 10/14/98