

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

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

15-003-20804-00-01
API NUMBER 10-3-79

LEASE NAME Clarke

WELL NUMBER H-1

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

2970 Ft. from N Section Line

330 Ft. from N Section Line

SEC. 32 TWP. 31 RGE. 12 (E) or (W)

LEASE OPERATOR Marathon

COUNTY Barber

ADDRESS RR#1, Box 125, Medicine Lodge, KS 67104

Date Well Completed 1-18-88

PHONE# (316) 886-5606 OPERATORS LICENSE NO. 5171

Plugging Commenced 12-10-92

Character of Well Gas

Plugging Completed 12-28-92

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

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

Producing Formation Douglas Depth to Top 3615 Bottom 3619 T.D. 4360

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
		From _____	_____	8 5/8	313	
		_____	_____	4 1/2	4165	2350
		_____	_____			
		_____	_____			

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KCC DISTRICT #2
DEC 31 1992
WICHITA, KS

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 section.
Pump 2sx hull, 30sx comm cement stop 2800, ripped 2700-2600-2500, top plug, 3mull 10 gell, 50 cement 10 gell, 8 3/8 plug, 100sx, 60-40 POZ 6%

Pfiffer, Schrant and Mark Morgenstern on location
(if additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Clarke Corporation License No. 5105

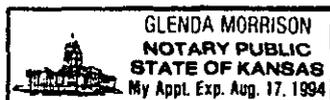
Address P.O. Box 187, Medicine Lodge, KS 67104

RECEIVED
KANSAS CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Marathon

STATE OF Kansas COUNTY OF Barber, ss DEC 31 1992

Elmo Morgenstern (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 to the same are true and correct, so help me God.



(Signature) Elmo Morgenstern

(Address) Medicine Lodge, KS

SUBSCRIBED AND SWORN TO before me this 30 day of December, 1992

Glenda Morrison
Notary Public

My Commission Expires: August 17, 1994