

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

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

API NUMBER 15-007-10329-00-01

LEASE NAME McKee

WELL NUMBER 2

1320 Ft. from N/S Section Line

1980 Ft. from E/W Section Line

SEC. 28 TWP. 33S RGE. 13 ~~XEDGE~~ (W)

COUNTY Barber

Date Well Completed 6/1/38

Plugging Commenced 12/22/98

Plugging Completed 12/22/98

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

LEASE OPERATOR Herman Loeb

ADDRESS P.O. Box 524, Lawrenceville, IL 62439

PHONE# 618 943-2227 OPERATORS LICENSE NO. 3273

Character of Well good

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

The plugging proposal was approved on 12/21/98 (date)

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

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

Producing Formation Snyderville Depth to Top 3868 Bottom 3890 T.D. 4500

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
				13	279	None
				7	4513	None

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Well was plugged 9/11/90, drilled out top plug, pressure test casing to 300#, logged and perf 3868 to 90, non productive, spot 25sx common cement with 100 hulls at 3865, pull tubing to 630 and spot 40sx common, pull tubing to 40 and circulate 15sx common cement,

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

Name of Plugging Contractor Clarke Coporation License No. 5105

Address 107 W. Fowler, P.O. Box 145, Medicine Lodge, KS 67104

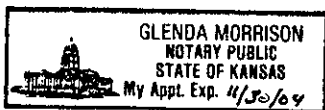
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Herman Loeb

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil

(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) [Handwritten Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 22 day of December, 19 98

[Handwritten Signature]
Notary Public

My Commission Expires: 11/30/04