

LEASE NAME Mease

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

WELL NUMBER 1

990 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 27 TWP. 30S RGE. 12 ~~W~~ (W)

COUNTY Barber

LEASE OPERATOR Vess Oil Company

ADDRESS 8100 E. 22nd St. N. Bldg. 300, Wichita, KS 67226

PHONE#(316 682-1537 OPERATORS LICENSE NO. 5030

Character of Well Oil

Date Well Completed _____

Plugging Commenced 12-20-96

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

Plugging Completed 12-26-96

The plugging proposal was approved on 12-20-96 (date)

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

Is ACO-1 filed? yes If not, is well log attached? No - none ran

Producing Formation ARB Depth to Top 4666 Bottom 4673 T.D. 4673

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	300	None
				5 1/2	4666	3000

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from feet to feet each s
Lay down rods and tubing, sand well back to 4520, dump 5sx portland cement, stretch and cut
pipe at 3000, lay down casing, Allied pump 300 hulls, 10sx jel 50sx cement, 10 jel, 8 5/8
wiper plug and 100sx 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: Vess Oil Company

STATE OF Kansas COUNTY OF Barber, ss.

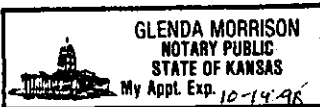
Alan Vratil

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the fac statements, and matters herein contained and the log of the above-described well as filed t the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 30 day of December, 1996

Glenda Morrison
Notary Public

My Commission Expires: 10-14-98