

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

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

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

API NUMBER 15-007-22,382 - 00-00
LEASE NAME Cargill
WELL NUMBER G-1
2310 Ft. from N S Section Line
2310 Ft. from E / W Section Line

LEASE OPERATOR Pickrell Drilling Company Inc.

SEC. 27 TWP. 30S RGE. 12 (E) or W

ADDRESS 100 S. Main, Suite 505, Wichita, KS 67202-3738

COUNTY Barber

PHONE # 316 262-8427 OPERATOR'S LICENSE NO. 5123

Date Well Completed N/A

Character of Well Good

Plugging Commenced 6/4/2001

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

Plugging Completed 6/7/2001

The plugging proposal was approved on 6/4/2001 (date)
by Mike Maier (KCC District Agent's Name).

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

Producing Formation Lansing H Depth to Top 4032 Bottom 4035 T. D. CIBP @ 4228

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	233	None
				4 1/2	4685	2650

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.

Displace 4 1/2 casing with salt water, set CIBP @ 3975, dump 2sx cement with dump bailer, stretch and cut 4 1/2 at 2650
Lay down 4 1/2 to 700', Allied load hole with jel and spot 50sx, pull 4 1/2 to 260 and spot 40sx, pull 4 1/2 to 40', circulate to surface
Common cement

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

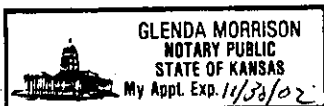
Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Company, Inc.

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 filled that the same are true and correct, so help me God.



(Signature) [Signature]

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

RECEIVED
KANSAS CORPORATION COMMISSION

SUBSCRIBED AND SWORN TO before me this 8 day of June, 2001

[Signature]
Notary Public

JUN 11 2001

My Commission Expires: November 30, 2002

CONSERVATION DIVISION

OR