

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

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

API NUMBER 15-007-21645-0000

LEASE NAME Yates

WELL NUMBER C-1

830 Ft. from S Section Line

690 Ft. from E Section Line

SEC. 13 TWP. 35S RGE. 12 ~~XXX~~(W)

COUNTY Barber

Date Well Completed _____

Plugging Commenced 1-22-98

Plugging Completed 1-28-98

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

LEASE OPERATOR Molz Oil Company

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

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

Character of Well good

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

The plugging proposal was approved on 1-22-98 (date)

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

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

Producing Formation Miss Depth to Top 4834 Bottom 4864 T.D. 4904

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
				10 3/4	253	None
				5 1/2	4904	3500

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. Lay down rods and tubing, sand well back to 4750, dump 5sx portland cement with dump bailor, stretch and cut pipe at 3500, lay down casing, Allied pump 300 hulls, 10 jel, 50sx cement, 10 jel, 100 hulls, 10 3/4 wiper plug and 150sx cement, 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 STATE KAN

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

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 29 day of January, 1998

[Signature]
Notary Public

My Commission Expires: 10/14/98