

LEASE NAME Gotsch Peterman

WELL NUMBER 1

         Ft. from S Section Lin

         Ft. from E Section Lin

SEC. 14 TWP. 35 RGE. 12 COR. (W)

COUNTY Barber

Date Well Completed         

Plugging Commenced 4-6-95

Plugging Completed 4-11-95

TYPE OR PRINT

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

LEASE OPERATOR C & D Supply

ADDRESS RR 2, Box 1E, Cherokee OK 73728

PHONE# (405) 596-2485 OPERATORS LICENSE NO. 31248

Character of Well Junk In Hole

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

The plugging proposal was approved on 4-6-95 (date

by Steve Durant (KCC District Agent's Name)

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

Producing Formation Miss Depth to Top          Bottom          T.D. 4920

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	333	None
				4 1/2	4920	3000 approx.

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 p were used, state the character of same and depth placed, from          feet to          feet each  
Run 4 1/2 wiper plug to 3251 with tubing, displace hole with fresh water, spot 25sx at 3251, lay down tubing, stretch and cut casing at 3018, Allied pump 300 hulls, 10 gal, 50 cement, 6 gal, 100 hulls, 125sx cement, 60/40 6%

(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: C & D Supply

STATE OF Kansas COUNTY OF Barber, ss.

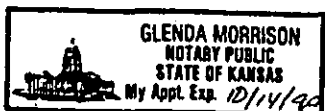
Alan Vratil

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the fa 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 17 day of April, 19 95

[Signature]  
Notary Public

My Commission Expires: 10/14/98