

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 15-007-22190-00-01

LEASE NAME House

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

WELL NUMBER 1

660 Ft. from S Section Line

4620 Ft. from E Section Line

LEASE OPERATOR Kestrel Energy Inc.

ADDRESS 999 18th St., #2490, Denver, CO 80202

PHONE # 303-295-0344 OPERATOR'S LICENSE NO. _____

Character of Well Good

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

The plugging proposal was approved on 7-6-2001 (date)

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

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

Producing Formation Red Eagle Depth to Top 2645 Bottom 2649 T. D. 2818 ^{CP 2/3} 2846

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	262	None
				4 1/2	2844	1850

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.

Release packer and lay down tubing, sand well back to 2590, dump 4sx portland cement with dump bailer, stretch and cut 4 1/2 casing at 2000, lay down 4 1/2 casing, run 2 3/8 tubing to 700, allied load hole with jel and spot 50sx cement, pull tubing to 290 and spot 50sx, pull tubing to 60 and circulate to surface; lay down tubing, 60/40, 60% jel

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

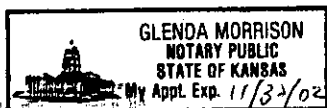
Name of Plugging Contractor Clarke Corporation License No. 5105

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Kestrel Energy, 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) Alan Vratil

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

SUBSCRIBED AND SWORN TO before me this 13 day of July

Glenda Morrison
Notary Public

My Commission Expires: November 30, 2002

RECEIVED
KANSAS CORPORATION COMMISSION
JUL 18 2001
7-18-01
CONSERVATION DIVISION

OR