

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 15-007-01023-00-02

LEASE NAME Hull OWWO

TYPE OR PRINT

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

WELL NUMBER 1-A

330 Ft. from N/S Section Line

2310 Ft. from E/W Section Line

RECEIVED

KANSAS CORPORATION COMMISSION

7-12-01
JUL 12 2001

LEASE OPERATOR Kestrel Energy Inc.

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

ADDRESS 995 18th St., #2490, Denver, CO 80202

COUNTY Barber

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

Date Well Completed _____

Character of Well Good

Plugging Commenced 7-3-2001

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

Plugging Completed 7-5-2001

The plugging proposal was approved on 7-3-2001 (date)

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

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

Producing Formation Cottonwood Depth to Top 2556 Bottom 2652 T. D. 2770

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	968	None
				5 1/2	2836	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.

Lay down rods and tubing, set CIBP at 2490, dump 2sx portland cement with dump bailer, stretch and cut 5 1/2 at 1850, lay down 5 1/2, run 2 3/8 to 1000, Allied load hole with jel and spot 75sx cement, pull 2 3/8 to 400, spot 50sx, pull tubing to 60' and circulate to surface, lay down tubing

(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.

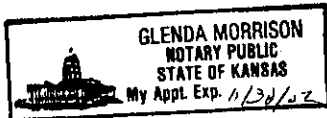
Alan Vratil (Employee of Operator) or (Operator) of above described well, being first

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) [Handwritten Signature]

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

SUBSCRIBED AND SWORN TO before me this 9 day of July,



[Handwritten Signature]
Notary Public

My Commission Expires: November 30, 2002

CE