

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

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

API NUMBER 15-033-2094-00-00

LEASE NAME Brass

WELL NUMBER 1-8

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

1320 ^{RECEIVED FROM} Section Line

2310 ^{1998 MAY 26 D} from E Section Line

SEC. 8 TWP. 32 RGE. 189 ~~XXXX~~ (W)

LEASE OPERATOR Helmerick & Payne, Inc.

05-26-1998

ADDRESS 2606 Fleming, Garden City, KS 67846

COUNTY Commanche

PHONE# (316) 276-3693 OPERATORS LICENSE NO. 5293

Date Well Completed _____

Character of Well good

Plugging Commenced 5-19-98

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

Plugging Completed 5-21-98

The plugging proposal was approved on 5-19-98 (date)

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

Is ACO-1 filled? yes If not, is well log attached? no

Producing Formation Douglas Depth to Top 4400 Bottom 4408 T.D CIBP @ 4500

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	698	None
				5 1/2	6068	3700

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 plug were used, state the character of same and depth placed, from ___ feet to ___ feet each section. Sand well back to 4320, dump 5sx cement with dump bailor, stretch and cut pipe at 3700, lay down casing. Allied pump 300 hulls, 10 jel, 50 cement, 10 jel, 100 hulls, 8 5/8 wiper 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

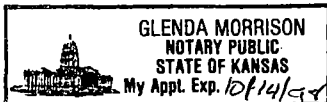
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Helmrich & Payne

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 therewith are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 22 day of May, 1998

[Signature]
Notary Public

My Commission Expires: 10/14/98