

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 207B
Wichita KS 67202

K.A.R.-62-3-117

15-033-21155-00-00

API NUMBER 033 21155

LEASE NAME Ellis Trust

WELL NUMBER 29-1

660 Ft. from S Section Line

1850 Ft. from A Section Line

SEC. 29 TWP. 31 RGE. 19 (E) or (W)

COUNTY Comanche

Date Well Completed _____

Plugging Commenced 5-08-01

Plugging Completed 5-10-01

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

LEASE OPERATOR Comanche Resources Co

ADDRESS 9520 N May Stc 370 Oklahoma City, OK, 73120

PHONE (405) 363-2401 OPERATORS LICENSE NO. 32384

Character of Well Dry

(Oil, Gas, O&A, SWO, Input, Water Supply Well)

The plugging proposal was approved on 5-10-01 (date)

by Scott (KCC District Agent's Name)

is ACD-1 filed? _____ If not, is well log attached? _____

Producing Formation _____ Depth to Top 5189 Bottom 5210 T.O. 6013

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	656	0
				4 1/2	6014	3537

Describe in detail the manner in which the well was plugged, indicating where the plug pills were 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 set. Pumped 80 barrels 9.5# mud, pulled tubing, ran and set CIBP at 5100 with 2 sacks cement on top, loaded hole with 9.5# mud, cut and pulled casing at 3537 feet, ran tubing to 1056 feet, circulated hole with 9.5# mud, pumped 50 sacks cement, pulled tubing to 672 feet, pumped 50 sacks cement, pulled tubing to 34 feet, pumped 10 sacks cement to surface, pulled tubing, dug out and cut off well head 4 feet below ground level, welded on steel ID plate

Name of Plugging Contractor H&K Plugging & Salvage License No. 31705

Address P.O. Box 2742 Pampa, Texas 79066-2742

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Comanche Resources Co

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

Mike Moore (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 filed the same are true and correct, so help me God.

(Signature) [Signature]

(Address) PO Box 24 Henwesseey, Okla 73742

SUBSCRIBED AND SWORN TO before me this 4 day of May, 2001.

Melissa Mead

NOTAR PUBLIC RECEIVED

KANSAS CORPORATION COMMISSION

05-29-2001
MAY 29 2001

CONSERVATION DIVISION

OR

USE ONLY ONE SIDE OF EACH FORM

My Commission Expires: 8-9-01