

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 15-033-21112-00-00

LEASE NAME Barnes

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

WELL NUMBER #1

660 Ft. from N (S) Section Line

660 Ft. from E (W) Section Line

LEASE OPERATOR Thoroughbred Associates

ADDRESS 8100 E. 22nd Street N, Bldg. 600, Wichita, KS 67226

PHONE # 316 685-1512 OPERATOR'S LICENSE NO. 31514

Character of Well Good

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

The plugging proposal was approved on 3/27/2001 (date)

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

is ACO-1 filed? yes If not, is well log attached? No

Producing Formation Mississippi Depth to Top 5264 Bottom 5298 T. D. 5306 PBTD

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
				13 3/8	330	None
				8 5/8	743	
				4 1/2	5440	3850

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 2 3/8 tubing, set CIBP at 5150, dump 2sx portland cement with dump bailer, stretch and cut 4 1/2 at 3850, lay down 4 1/2 run 2 3/8 to 1200, load hole with mud and spot 50sx cement and pull tubing to 760 and spot 40sx cement, pull tubing to 40 and circulate to surface with 20sx, 60/40, 6% jel, lay down 2 3/8 tubing, cement fell 249', top 8 5/8 off with 4 yards ready mix

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

Name of Plugging Contractor Clarke Corporation

License No. 5105 RECEIVED
KANSAS CORPORATION COMMISSION

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

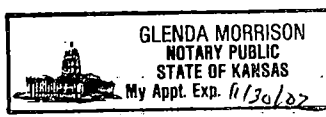
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Thoroughbred Associates

STATE OF Kansas COUNTY of Barber

ss. APR 18 2001
04-18-2001

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 17 day of April, 2001

[Handwritten Signature]
Notary Public

My Commission Expires: 11/30/02

OR