

API NUMBER 15-033-20910-0000 <sup>20810</sup>

LEASE NAME Pauline

WELL NUMBER 1A

4770 Ft. from S Section Line

475 Ft. from E Section Line

SEC. 13 TWP. 31 RGE. 19 (E) (W)

COUNTY Commanche

Date Well Completed 5/25/95

Plugging Commenced 7/6/95

Plugging, Completed 7/6/95

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

LEASE OPERATOR Molz Oil Company

ADDRESS RR 2, Box 54, Kiowa, KS 67070

PHONE# (316) 296-4558 OPERATORS LICENSE NO. 6006

Character of Well Good

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

The plugging proposal was approved on 5/24/95 (date)

by Glen Barlow (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 4951 Bottom 5148 T.D. 5151

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	232	
				8 5/8	628	
				4 1/2	5219	Approx 3400'

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 plugs were used, state the character of same and depth placed, from feet to feet each set.  
Sanded bottom back to 4700, dump 4sx cement with dump bailer, stretch and cut casing at 3400 lay down casing, Allied pump 300 hulls, 10 jcl, 50 cement, 10 jcl, 100 hulls, 8 5/8 wiper plug, 150sx cement, 60/40, 6%.

(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

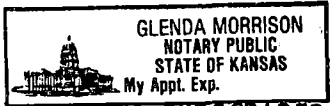
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Molz Oil Company

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 filed that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 15 day of July, 19 95

[Signature]  
 Notary Public

My Commission Expires: 10/14/98

