

STATE CORPORATION COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

K.A.R. 82-3-117

API NUMBER 15-033-20832-00-00

LEASE NAME Caraway

TYPE OR PRINT

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

WELL NUMBER A-1

4620 Ft. from N/S Section Line

660 Ft. from E/W Section Line

LEASE OPERATOR Pickrell Drilling Company, Inc.

SEC. 12 TWP. 31S RGE. 19 ~~XXXX~~ (W)

ADDRESS 110 N. Market, Suite 205, Wichita, KS 67202

COUNTY Comanche

PHONE# 785-798-2430 OPERATORS LICENSE NO. 5123

Date Well Completed _____

Character of Well good

Plugging Commenced 4/28/99

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

Plugging Completed 5/10/99

The plugging proposal was approved on 4/28/99 (date)

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

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

Producing Formation KC Depth to Top 4953 Bottom 4956 T.D. 4980 CIBP

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	671	None
				4 1/2	5197	3100

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.

Sand hole back to 4865, dump 4sx portland cement with dump bailor, stretch and cut pipe at 3100, caw down 4 1/2 casing. Allied pump 300 hulls, 10sx jel, 50sx cement, 10sx jel, 100 hulls 150sx cement, 60/40 6% jel.

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

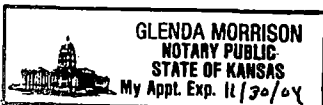
Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickeral Drilling Company, 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 filed that the same are true and correct, so help me God.



(Signature) Alan Vratil

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 12 day of May, 19 99

RECEIVED
STATE CORPORATION COMMISSION

Glenda Morrison
Notary Public
My Commission Expires: 11/30/04

MAY 17 1999

05-17-1999

CONSERVATION DIVISION
Wichita, Kansas