

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

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

API NUMBER 15-033-01006-00-01

LEASE NAME Einsel

WELL NUMBER 1

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

CSW-SW Ft. from S Section Line

 Ft. from E Section Line

SEC. 14 TWP. 325 RGE. 16 (E) or (W)

COUNTY Comanche

Date Well Completed 6-17-88

Plugging Commenced 8-1-88

Plugging Completed 8-5-88

LEASE OPERATOR Midco Exploration

ADDRESS 200-E 1st Suit 411 Wichita Ks 67202

PHONE#(316) 267-3613 OPERATORS LICENSE NO.

Character of Well DA

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

Did you notify the KCC District Office prior to plugging this well?

Which KCC Office did you notify? Dodge City

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

Producing Formation Miss Depth to Top Bottom T.D. 4915

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 |
|-----------|---------|------|----|------|--------|------------|
| | | | | 1338 | | |
| | | | | | 313 | 0 |
| | | | | 45 | 4915 | 3600 |
| | | | | | 4914 | |

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.

Send from 4870 to 4760 - 4sx cement - dump baler - BJ Pump in 3sx Hull 10sx Jell - 50sx cement - 10sx Jell 1sx Hull 150 sx cement - 60-40-POZ -6% Jell

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

Name of Plugging Contractor Clarke Corporation License No. 5105

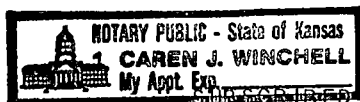
Address Box 187 Medicine Lodge, Ks.

STATE OF Ks. COUNTY OF Barber, ss.

(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) P.O. Box 187 Medicine Lodge, Ks.



SUBSCRIBED AND SWORN TO before me this 8 day of August, 19 88

My Commission Expires June 21, 1991

Notary Public