

API NUMBER 5 009-22,699.00.00

LEASE NAME Allen

WELL NUMBER 2

330S Ft. from S Section Line

1650E Ft. from E Section Line

SEC. 25 TWP. 16 RGE. 13 (E) or (W) (W)

COUNTY Barton

Date Well Completed _____

Plugging Commenced 06-22-00

Plugging Completed 06-22-00

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

LEASE OPERATOR Richlan Drilling

ADDRESS 598 2nd Ave Beaver. KS 67517

PHONE# (316) 587-3224 OPERATORS LICENSE NO. 31086

Character of Well Oil

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

The plugging proposal was approved on 06-22-2000 (date)

by Jay Pfeifer (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3403

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
	Surface	-0-	614	8 5/8"	614	None
	Production	-0-	3402	5 1/2"	3402	None

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 plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set. Bottom plug, sand & cement 3352'. Allied shot off @ 800', circulated with 130 sacks cement, circulated another 175 sacks cement & 500# hulls. Hob started 10:30 a.m. and completed 12:20 p.m.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. box 231 Claflin, KS 67525

RECEIVED
 STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Richlan Drilling

STATE OF Kansas COUNTY OF Barton, ss.

JUL 07 2000

Joseph F. Strube

(Employee of Operator) or (Operator) of

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated, and matters herein contained and the log of the above-described well as filed and the same are true and correct, so help me God.

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 30th day of June, 19 2000

My Commission Expires: Nov 14, 2001

Notary Public

BRENDA URBAN
 Notary Public - State of Kansas
 My Appl. Expires Nov 14, 2001

Form 9-1
 Revised 05-68