

API NUMBER 15-063-20086 0000

LEASE NAME Sutcliffe "AC"

WELL NUMBER 5

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

4514 Ft. from S Section Line

766 Ft. from E Section Line

LEASE OPERATOR Pickrell Drilling Company, Inc.

SEC. 12 TWP. 14S RGE. 27 (X) or (W)

ADDRESS 110 N. Market #205 Wichita, Kansas 67202

COUNTY Gove

PHONE# (316) 262-8427 OPERATORS LICENSE NO. 5123

Date Well Completed 10-14-71

Character of Well _____

Plugging Commenced 01-19-94

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

Plugging Completed 01-19-94

The plugging proposal was approved on 01-19-94 (date)

by Carl Goodrow (KCC District Agent's Name).

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

Producing Formation LKC Depth to Top 3778 Bottom 4063 T.D. 4390

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	251	None
				5 1/2	4380	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 plugs were used, state the character of same and depth placed, from feet to feet each set.

Pressured 8 5/8 x 5 1/2 annulus to 500#, held. Pumped down 5 1/2" casing 350 sx 65/35
Poz mix, 10% gel, 500# of cottonseed hulls in first cement. Closed in casing at 1000#.

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

Name of Plugging Contractor Allied Cementing Company License No. N/A

Address P.O. Box 628 Great Bend, Kansas 67530-0628

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Company, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

Jack Gurley (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) Jack Gurley

(Address) 110 N. Market #205 Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 1st day of February, 19 94



Karen A. Mans
 Karen A. Mans Notary Public

My Commission Expires: 06-23-96

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

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER _____ (of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR _____ OPERATOR'S LICENSE NO. _____

ADDRESS _____ PHONE # () _____

LEASE (FARM) _____ WELL NO. _____ WELL LOCATION _____ COUNTY _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W) TOTAL DEPTH _____ PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE
RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE # () _____

ADDRESS _____

PLUGGING CONTRACTOR _____ LICENSE NO. _____

ADDRESS _____ PHONE # () _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

SIGNED: _____
(Operator or Agent)

DATE: _____