

API NUMBER 15-151-22,135-0000  
LEASE NAME Josserand  
WELL NUMBER 1-A  
810 Ft. from S/N Line of Section (circle one)  
330 Ft. from E/W Line of Section (circle one)

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

LEASE OPERATOR Falcon Exploration, Inc.  
ADDRESS 155 N. Market Suite 1010 Wichita, KS 67202  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE# (316) 721-6714 OPERATORS LICENSE NO. 5316  
Character of Well D&A  
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

SPOT LOCATION C/W/2 - NW - NW -  
Sec. 16 TWP. 27S S. RGE. 12 XXXXr (W)  
COUNTY Pratt  
Date Well Completed 4-10-95  
Date Plugging Commenced 4-10-95  
Date Plugging Completed 4-10-95

The plugging proposal was approved on 4-10-95 (date)  
by D. Ranken (KCC District Agent's Name)

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

Producing Formation(s) \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 4400

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	PULL OUT

Described 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.

1st Plug: 655' w/50 cement thru drill pipe  
2nd Plug: 400' w/75 " " " "  
3rd Plug: 40' w/15 " " " "  
Rathole w/15 Mousehole 2/10

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

Name of Plugging Contractor Allied Cementing

License No. NA

Address P.O. Box 31 Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Falcon Exploration, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

Micheal S. Mitchell (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) 155 N. Market Suite 1010 Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 22nd day of June, 1995

Sharon J. Pines  
Notary Public

My Commission Expires: May 19, 1998

RECEIVED  
STATE CORPORATION COMMISSION  
JUN 23 1995  
CONSERVATION DIVISION  
WICHITA, KANSAS

SHARON K. TIMS  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 5-19-98