

LEASE NAME Axman

WELL NUMBER 1

3300 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 23 TWP. 17S RGE. 15 (E) (W)

COUNTY Barton

Date Well Completed 3-4-85

Plugging Commenced 3-4-85

Plugging Completed 3-4-85

COPY

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

LEASE OPERATOR N-B Company, Inc.

ADDRESS P. O. Box 506, Russell, KS 67665

PHONE# (913) 483-5345 OPERATORS LICENSE NO. 6111

Character of Well D & A

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes

Which KCC/KDHE Joint Office did you notify? District #6

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3485' RTD

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
		-0-	218'	8 5/8"	218'	-0-

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.

Mud laden fluid 3485' - 940' 10 sks cement @ Rathole

20 sks cement @ 940'

80 sks cement @ 360'

10 sks cement @ 40'

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

Name of Plugging Contractor Emphasis Oil Operations License No. 750

Address P. O. Box 506, Russell, KS 67665

RECEIVED
 STATE CORPORATION COMMISSION

STATE OF Kansas COUNTY OF Russell, ss.

Joe K. Branum (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 and that the same are true and correct, so help me God.

(Signature) Joe K. Branum

(Address) P. O. Box 506, Russell, KS 67665

SUBSCRIBED AND SWORN TO before me this 6th day of March, 19 85

DENISE S. REYNOLDS
 NOTARY PUBLIC
 STATE OF KANSAS My Commission Expires: 2-13-89
 My Appointment Expires: 2-13-89

Denise S Reynolds
 Notary Public