

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

WELL PLUGGING RECORD
K.A.R.-02-3-117

API NUMBER 15-055-21,246-000

LEASE NAME Carr

WELL NUMBER 2-5

330 Ft. from N Section Line

1700 Ft. from E Section Line

SEC. 2 TWP. 23S RGE. 31 XXXX (W)

COUNTY Finney

Date Well Completed 11-10-93

Plugging Commenced 11-10-93

Plugging Completed 11-10-93

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

LEASE OPERATOR Sharon Resources, Inc.

ADDRESS 5995 Greenwood Plaza - Suite 220

Orchard Place One

Englewood, CO 80111

PHONE# (303) 694-4920 OPERATORS LICENSE NO. 9883

Character of Well D & A'

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

The plugging proposal was approved on November 10, 1993 (date)

by Case Morris (KCC District Agent's Name).

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

RECEIVED
STATE CORPORATION COMMISSION
NOV 28 1993
CONSERVATION DIVISION
Wichita, Kansas

Producing Formation _____ Depth to Top _____ Bottom 2800 T.D. 4900'

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"	417'	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 _____ foot to _____ feet each set. Spotted 50 sx. cement at 2150' thru drill pipe. Spotted 50 sx. cement at 1400' thru drill pipe. Spotted 50 sx. cement at 450' thru drill pipe. Spotted 10 sx. cement at 40' thru drill pipe. 15 sx. cement in rathole.

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

Name of Plugging Contractor White & Ellis Drilling, Inc. License No. 5420

Address P. O. Box 48848, Wichita, KS 67201-8848

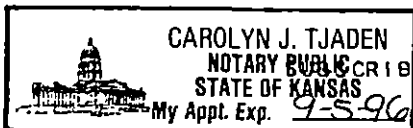
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Sharon Resources, Inc.

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

Michael L. Considine (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) Michael L. Considine

(Address) P. O. Box 48848
Wichita, KS 67201-8848



CRIBED AND SWORN TO before me this 11th day of November, 19 93

Carolyn J. Tjaden
Notary Public

My Commission Expires: September 5, 1993