

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

WELL PLUGGING RECORD
K.A.R.-82-3-117

15-025-210 246000

API NUMBER 15-025021,064-0000

LEASE NAME Gabbert

WELL NUMBER B-1

1320 Ft. from S Section Line

3885 Ft. from E Section Line

SEC. 35 TWP. 34 RGE. 24 (W)

COUNTY Clark

Date Well Completed 6/26/91

Plugging Commenced 4/27/95

Plugging Completed 5/2/95

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

LEASE OPERATOR Charter Production Company

ADDRESS 100 S. Main, Suite 300 Wichita, KS 67202

PHONE# (316) 267-8011 OPERATORS LICENSE NO. 30444

Character of Well good

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

The plugging proposal was approved on 4/26/95 (date)

by Steve Middleton (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 5612 Bottom 5632 T.D. 5721

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	549	None
				4 1/2	5721	4950

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 section. Allied kill well and pump 200 hulls, 20sx cement and 4 1/2 wiper plug, well drank cement, sand well back to 5500, dump 4sx cement with dump bailer, stretch and cut casing at 4950, lay down, Allied pump 300 hulls, 10 jel, 50sx cement, 10 jel, 100 hulls, 8 5/8 plug and 150sx cement, 60/40, 6% Richard Lacy on location

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Clarke Corporation

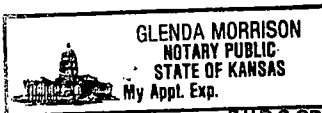
STATE OF Kansas COUNTY OF Barber

Alan Vratil (Employee of Operator) of (Operator)

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

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 3 day of May, 1995

[Signature] Notary Public

My Commission Expires: 10/14/98

STATE RECEIVED
CORPORATION COMMISSION
MAY 04 1995