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

Character of Well D&A

by Scott Alberg

WELL PLUGGING RECORD

K.A.R.-82-3-117 API NUMBER 15-025-211820000

	_		
LEASE	NAME_	Gardiner	
	_		

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

WELL NUMBER 1-35

2970 Ft. from S Section Line 1980 Ft. from E Section Line

SEC. 35 TWP. 348 RGE. 24W (E)or(W)

ADDRESS 1675 Broadway, Suite 1060, Denver, CO 80202 COUNTY Clark

PHONE (303) 892-8860 OPERATORS LICENSE NO. 31560

Date Well Completed 8-25-99

Plugging Commenced = 8-25-99

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

LEASE OPERATOR Maxwell Operating Company, Inc.

Plugging Completed 8-25-99

(KCC District Agent's Name).

(date) The plugging proposal was approved on _____8-25-99

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

Producing Formation _____ Depth to Top_____ Bottom _____T.D.

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WAT	ER RECORDS		CASING RECORD					mineral managed of the state of		
								All Distriction		
Formation	Content	From	То	Size	Put in	Pulled out	33.	N S		
		720'	0	8 5/8"	720'	none	TO T	ठा		
							,	Om		
							prote-1	77		
					1		T	wellish landers		

Describe in detail, the manner in which the well was plugged, indicating where the mudo 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__ 平feet each set.

Filled with heavy mud, 1st plug @ 950' w/40 sks, 2nd plug @ 700' w/50 sks, 3rd plug @ 40' w/10 sks & 10 sks mouse hole. 15 sks rat hole - total 125 sks 60/40 poz w/6% gel.

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

Name of Plugging Contractor Abercrombie RTD, Inc.

____License No. 30684

Address 150 N. Main, Suite 801, Wichita, Ks 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Maxwell Operating Company, Inc.

STATE OF Kansas ____ COUNTY OF ___Seward

Roger O. Pearson, Agent for Maxwell Operating Company (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) / Loger Teason

(Address) 612 N. Clav. Liberal. Ks 67901

NOTARY PUBLIC SEPTEMBER SWORN TO before me this 13

My Commission Expires: 1/-27-99

My Appt. Expires 11-27-99