

#2 API NUMBER 5 077-21274-0000
 LEASE NAME JUDY

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

WELL NUMBER 1
1980 Ft. from N Section Line
1980 Ft. from W Section Line
 SEC. 23 TWP. 34S RGE. 9W (E) or (W)
 COUNTY Harper
 Date Well Completed 12-14-93
 Plugging Commenced 12-14-93
 Plugging Completed 12-14-93

LEASE OPERATOR W. C. Payne
 ADDRESS 800 United Founders Tower, OKC, OK 73112
 PHONE# (405) 843-9419 OPERATORS LICENSE NO. 31355

Character of Well D & A
 (Oil, Gas, D&A, SWD, Input, Water Supply Well)
 The plugging proposal was approved on 12-14-93 (date)

by Don Thompson (KCC District Agent's Name).

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

Producing Formation None Depth to Top _____ Bottom T.D.

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
Mississippi	little gas	4594	4641	8-5/8	305	None
Hunton-Misener	dry	4986	95			

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 plug were used, state the character of same and depth placed, - from feet to feet each set
1450' w/35 sks, 950' w/35 sks, 360' w/25 sks, mouse hole 10 sks, rat hole 15 sks.
Steel plate on top of 8-5/8"
Hole full of drilling mud - cmt. circulated to depths.

Name of Plugging Contractor Eagle Drilling, Inc. License No. 5380

Address 110 N. Market, Ste. 411 Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: W. C. Payne, 800 United Founders Tower OKC, OK 73112

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

Clyde D. Towery (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) Clyde D. Towery
 (Address) 800 United Founders Tower, OKC, OK 73112

SUBSCRIBED AND SWORN TO before me this 28th day of December, 1993

RECEIVED
 RECEIVED
 STATE CORPORATION COMMISSION
 CONSERVATION DIVISION
 WICHITA, KANSAS
 JAN 03 1994
 Form CP-4
 Revised 05-88
 CONSERVATION DIVISION
 WICHITA, KANSAS

My Commission Expires: 11-27-97
 USE ONLY ONE SIDE OF EACH FORM

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

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE# () _____

ADDRESS _____ City/State _____

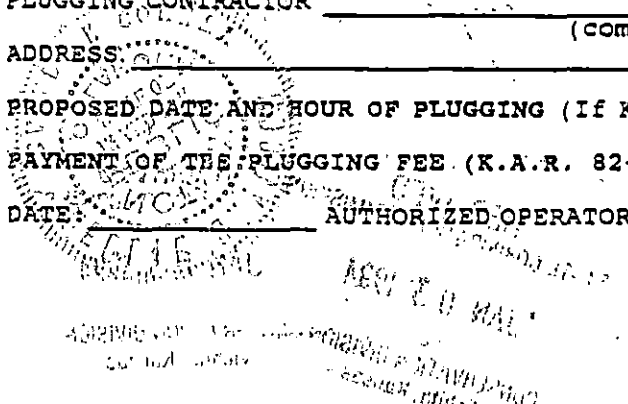
PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)



432206 JUN 1992
RECEIVED
STATE CORPORATION COMMISSION
CONSERVATION DIVISION