

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

LEASE OPERATOR Clark Exploration

ADDRESS 75 Falcon Hills Drive, Highlands Ranch, CO

PHONE#(303) 470-9043 OPERATORS LICENSE NO. 09026

Character of Well SWD

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

The plugging proposal was approved on February 11, 1994 (date)

by David P. Williams (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 5340'

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
Conductor				13"	100'	None
Surface				8-5/8"	372'	None
Production				4-1/2"	5306'	2700'

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

Cast iron bridge plug at 4200' with 2 sx cement on top; Cut casing at 2700' & pulled from well; Pumped 300# hulls, 10 sxs gel, 50 sxs cement, 100# hulls, 10 sxs gel & 100 sxs cement. Cement was 60/40 Poz with 6% gel.

Name of Plugging Contractor Allied Cementing/Hardtner Well License No. /30607

Address Great Bend, Kansas / Wichita, Kansas

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: CMX, Inc. - License #3532

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

RECEIVED
 STATE CORPORATION COMMISSION
 MAR 28 1994

I, Douglas H. McGinness II (Employee of Operator) (Operator) o above-described well, being first duly sworn on oath, says: That I have knowledge of the above-described well, 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) [Signature]
 (Address) 150 N. Main, Suite 1026
 Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 18th day of March, 19 94

De Ann Renee Konkell
 Notary Public

My Commission Expires: April 8, 1997

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 _____ (owner/company name) KCC LICENSE # _____ (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 _____ (company name) KCC LICENSE # _____ (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)