

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

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

API NUMBER 15-007-22-489-0000

LEASE NAME Donavan L

WELL NUMBER 1

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

1650 Ft. from S Section Line

4950 Ft. from E Section Line

SEC. 1 TWP. 34s RGE. 13 ~~XXXX~~(W)

COUNTY Barber

LEASE OPERATOR <sup>Pickrel</sup> ~~Pickrel~~ Drilling Co.

ADDRESS 110 N. Market, Suite 205, Wichita, KS 67202

Date Well Completed \_\_\_\_\_

PHONE#( 316 262-8427 OPERATORS LICENSE NO. 5123

Plugging Commenced 5-27-98

Character of Well good

Plugging Completed 5-29-98

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

The plugging proposal was approved on 5-28-98 (date)

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

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

Producing Formation N/A Depth to Top 3668 1/2 Bottom 3669 1/4 T.D. 3669 1/4

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	349	None
				4 1/2	3668 1/2	3000

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. Lay down rods and tubing, set CIBP at 3550 and dump 2sx portland cement with dump bailor, stretch and cut pipe at 3000, lay down 4 1/2 casing, run 2 3/8 tubing to 650, pump 10sx jel, 50sx cement, pull tubing to 370 and spot 50sx. pull tubing to 40 and circulate to surface all common cement.

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

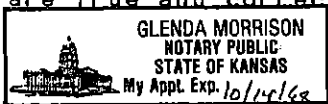
Name of Plugging Contractor Clarke Corporation License No. 5105

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Co.

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (Employee of Operator) or (Operator) c 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 the the same are true and correct, so help me God.



(Signature) [Signature] RECEIVED

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 9 day of June, 1998

[Signature]  
Notary Public

My Commission Expires: 10/14/98