

API NUMBER 007-22,353-0000

LEASE NAME Graves G

WELL NUMBER 1

990 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 18 TWP. 34 RGE. 13 (W)

COUNTY Barber

Date Well Completed 2-2-91

Plugging Commenced 12-29-93

Plugging Completed 1-4-94

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

LEASE OPERATOR Marathon

ADDRESS RR1, Box 125, Medicine Lodge, KS 67104

PHONE#(316) 886-5606 OPERATORS LICENSE NO. 5171

Character of Well \_\_\_\_\_

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

The plugging proposal was approved on 12-28-93 (date)

by Lacy and Moore (KCC District Agent's Name).

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

Producing Formation \_\_\_\_\_ 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
				8 5/8	380	None
				4 1/2	4983	3750

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 section. Sanded to 4660, dumped 4sx cement at 4660 with dump bailer, pumped 300 hulls, 10 gel, 50 cement, 10 gel, 100 hulls, 100sx cement at surface, 60/40 POZ, 6%

(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

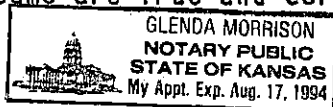
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Marathon

STATE OF Kansas COUNTY OF Barber, ss.

Jeff Sletto

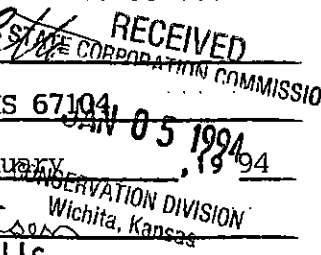
(Employee of Operator) or (Operator)

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 that the same are true and correct, so help me God.



(Signature) Jeff Sletto

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 4 day of January, 1994

Glenda Morrison  
 Notary Public

My Commission Expires: Aug. 17, 1994