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

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

API NUMBER 15-175-20946-0000

LEASE NAME ___Black___

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

WELL NUMBER ___1-28___

NW SE SE Ft. from S Section Line
1250
1250 Ft. from E Section Line

LEASE OPERATOR ___Donald C. Slawson___

SEC. 28 TWP 34S RGE. 33W (E)or(W)

ADDRESS 20 N. Broadway, Ste. 700 Okla. City, Okla.

COUNTY ___Seward___

PHONE#(800 333-5493 OPERATORS LICENSE NO. 5181

Date Well Completed ___4-03-88___

Character of Well ___Gas___

Plugging Commenced ___2-14-89___

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

Plugging Completed ___2-20-89___

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? ___Yes___

Which KCC/KDHE Joint Office did you notify? ___Glen Barlow___

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

Producing Formation ___L Morrow___ Depth to Top 6082' Bottom 6095' T.D. 6500

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	1576	none
				4 1/2	6500	3643

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 plugs
were used, state the character of same and depth placed, from___feet to___feet each set.
  CIBP @ 6000 w/ 2 sks. of cement on top
  Pump 100 sks. of cement @ 2900
  Pump 50 sks. of cement @ 1626 to 1526   Pump 30 sks. of cement @ 700
  Put 10 sks. of cement @ 40 to 4   Cut off & cap 8 5/8   3' below ground level
       (If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Sargent's Casing Pulling Service License No. 6547

Address p.o. Box 506 Liberal, Kansas 67905-0506

STATE OF ___Oklahoma___   COUNTY OF ___Oklahoma___ ,ss.

___Stephen B. Slawson, Division Engineer___ (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) _[signature]_

(Address) 20 N. Broadway, Suite 700
Okla. City, OK 73102

SUBSCRIBED AND SWORN TO before me this 6th day of March ,19 89

[signature]
Notary Public

My Commission Expires: ___1-14-92___

Form CP-4
Revised 08-84