

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

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

API NUMBER 15-025-20, 569-0000

LEASE NAME Barby

WELL NUMBER 1-23

330 Ft. from S Section Line

330 Ft. from ~~S~~ Section Line

SEC. 23 TWP. 34 SRGE. 21 (E) or (W)

COUNTY Clark

Date Well Completed _____

Plugging Commenced 11/04/00

Plugging Completed 11/07/00

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

LEASE OPERATOR C. H. Todd, Inc.

ADDRESS 100 S Main, Suite 414-Wichita, KS 67202

PHONE (316) 264-7566 OPERATORS LICENSE NO. 5055

Character of Well SWD

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

The plugging proposal was approved on 11/03/00 (date)

by Steve Durant (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 4146' Bottom 4322' T.D. 4448'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED
STATE CORPORATION COMMISSION
Wichita, Kansas
CONSERVATION DIVISION

Formation	Content	From	To	Size	Put In	Produced
				20"	80'	0
				8 5/8"	844'	0
				4 1/2"	4443'	3040'

Describe in detail the manner in which the well was plugged, indicating where plugs were 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. Displ. hole with mud. set CIBP at 4100' Capped with 2 sks cement. Recover 3040' of 4 1/2" Plugs place as follows: 50 sks cement 880' to 680', 25 sks cement 440' to 340', 10 sks cement 40' to 0' with mud spacing each plug.

(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, KS 67905-0506

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: C. H. TODD, INC.

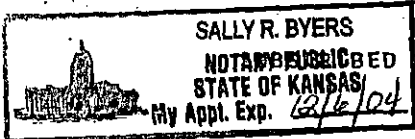
STATE OF KANSAS COUNTY OF SEDGWICK, ss.

David B. Pauly, Jr. Vice President (Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, and matters herein contained and the log of the above-described well as filed and the same are true and correct, so help me God.

(Signature) [Signature]

(Address) 100 South Main - Suite 415
Wichita, Kansas 67202



AND SWORN TO before me this 8th day of December, 2000

[Signature]
Notary Public

My Commission Expires: December 6, 2004

