

LEASE NAME Daisy Evans

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

WELL NUMBER 1

1980 Ft. from S Section Line

575 Ft. from E Section Line

SEC. 20 TWP. 34S RGE. 30 ~~XXXX~~(W)

COUNTY Meade

Date Well Completed 8-4-87

Plugging Commenced 8-3-87

Plugging Completed 8-4-87

LEASE OPERATOR Shirwood Forest Oil Company

ADDRESS RR #1, Box 17, Linwood, KS 66052

PHONE#(913) 723-3340 OPERATORS LICENSE NO. 4626

Character of Well D&A

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

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

Which KCC/KDHE Joint Office did you notify? District #1 - Duane Rankin

Is ACO-1 filed? To be filed by Operator If not, is well log attached? \_\_\_\_\_

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 6425'

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"	1552'	None

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.

1560' - 50 sks . RH & MH - 10 sks each

550' - 25 sks

40' - 10 sks

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

Name of Plugging Contractor Halliburton Services License No. \_\_\_\_\_

Address 410 Union Center Bldg., Wichita, KS 67202

STATE OF Kansas COUNTY OF Sedgwick, ss.

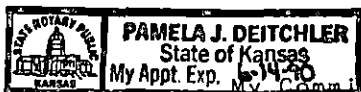
Diane Rebstock, Agent

~~Operator~~ of Operator ~~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) Diane Rebstock

(Address) 251 N. Water, Suite 10, Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 12th day of August, 19 87



PAMELA J. DEITCHLER  
 State of Kansas  
 My Appt. Exp. 6-14-90

My Commission Expires: June 14, 1990

Pamela J. Deitchler  
 Notary Public  
 STATE CORPORATION COMMISSION

AUG 17 1987