

API NUMBER 15-175-20107-0000

LEASE NAME Reimer #1

WELL NUMBER #1

TYPE OR PRINT

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

_____ Ft. from S Section Line

_____ Ft. from E Section Line

LEASE OPERATOR Whiting Petroleum Corporation

SEC. 13 TWP. 33 RGE. 34 (E) or (W)

ADDRESS 1700 Broadway, Suite 2300

COUNTY Seward

PHONE# (303) 837-1661 OPERATORS LICENSE NO. 04476

Date Well Completed 2-14-95

Character of Well OIL

Plugging Commenced 2-14-95

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

Plugging Completed 2-20-95

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4415

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
		1593	0	8 5/8		0
		4414	0	5 1/2		2412

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
Mixed 2 5x hulls & 25 sx cmt. @ perfs from 4206 to 4006. Recovered 2412 5 1/2. mixed 25 sx cmt. plug from 2400 to 2300. Mixed 50 sx plug from 1620 to 1470. Mixed 35 sx plug from 650 to 550. Mixed 10 sx 33 to 3. Used mud between all plugs. Cut off & cap 8 5/8 3 ft. below ground level. G. Barlow KCC

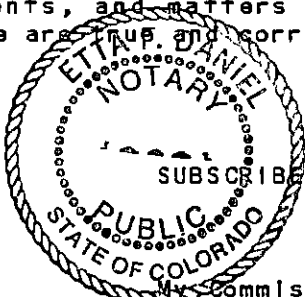
Name of Plugging Contractor Sargent And Horton Plugging Inc. License No. 31151

Address Rt 1 Box 49 BA Tyrone OK 5661 -28-E

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Freeport Pipe & Supply Inc.

STATE OF Kansas COUNTY OF Comanche, ss.

Douglas Sprague (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) Douglas Sprague

(Address) 1700 Broadway, Suite 2300 Denver, CO 80290

Subscribed and sworn to before me this 24 day of March, 1995

Etta Daniel Notary Public

My Commission Expires: _____ My Commission Expires Aug. 22, 1995
 1700 Broadway
 Denver, CO 80290

USE ONLY ONE SIDE OF EACH FORM

WELL PLUGGING APPLICATION FORM

(File one copy)

API NUMBER _____ (of this well).
 (This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR _____ OPERATOR'S LICENSE NO. _____

ADDRESS _____ PHONE # () _____

LEASE (FARM) _____ WELL NO. _____ WELL LOCATION _____ COUNTY _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W) _____ TOTAL DEPTH _____ PLUG BACK TD _____

Check one:

OIL WELL _____ GAS WELL _____ D & A _____ SMD or INT WELL _____ DOCKET NO. _____

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
 (If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE
 RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS: _____

ADDRESS _____ PHONE # () _____

PLUGGING CONTRACTOR _____ LICENSE NO. _____

ADDRESS _____ PHONE # () _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

USE ONLY ONE SIDE OF EACH FORM

SIGNED: _____

DATE: _____

(Operator or Agent) _____