

15-095-01098-00-00

STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R. 82-3-117
TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

API NUMBER N/A
LEASE NAME Bliss
WELL NUMBER #3
4290 Ft. from N / (S) Section Line
2970
330 Ft. from (E) W Section Line

LEASE OPERATOR Pickrell Drilling Company Inc.
ADDRESS 100 S. Main, Suite 505, Wichita, KS 67202-3738
PHONE # 316.262-8427 OPERATOR'S LICENSE NO. 5123
Character of Well Good

SEC. 3 TWP. 30S RGE. 7 (E) or (W)
COUNTY Kingman
Date Well Completed N/A
Plugging Commenced 6/8/2001
Plugging Completed 6/12/2001

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

The plugging proposal was approved on 6/8/2001 (date)
by Doug Lewis (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 4164 Bottom 4174 T. D. PBTD @ 4188

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	219	None
				4 1/2	4225	

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Sane well back to 4083, dump 4 sx portland cement with dump bailer, stretch and cut pipe at 3300, lay down casing, run tubing To 1108, Allied load hole with #1 sx jel and spot 35 sxs common cement, pull tubing to 705 and spot 35 sxs common cement Pull tubing to 285 and circulate cement to surface, lay down tubing

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

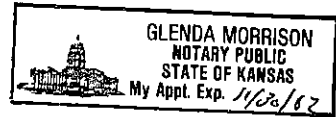
Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Company, Inc.

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (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 filled that the same are true and correct, so help me God.



(Signature) [Handwritten Signature]

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 12 day of June, 2001

RECEIVED

KANSAS CORPORATION COMMISSION

Glenda Morrison
Notary Public

JUN 13 2001

My Commission Expires: November 30, 2002

CONSERVATION DIVISION

OR