

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

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

API NUMBER 15-025-20,487
 LEASE NAME Inel #1-4
 WELL NUMBER #1-4

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

1980 Ft. from S Section Line
4620 Ft. from E Section Line
 SEC. 4 TWP. 31 RGE. 21 (E) or (W)

LEASE OPERATOR FARRAR Pump & Supply Co. Inc
 ADDRESS P.O. Box 209 Medicine Lodge, KS 67104
 PHONE (316) 886-3763 OPERATORS LICENSE NO. 3399

COUNTY Clark
 Date Well Completed 8-28-81

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

Plugging Commenced 11-9-95
 Plugging Completed 2-27-96

Did you notify the KCC District Office prior to plugging this well? YES

Which KCC Office did you notify? Dodge City

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

Producing Formation Mississippi Depth to Top 5243 Bottom 5252 T.O. 5252

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
<u>Mississippi</u>	<u>oil</u>	<u>5243</u>	<u>5252</u>	<u>4 1/2"</u>	<u>5243'</u>	<u>3532.50'</u>

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.

Cementing log attached

MAY 02 1996

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

Name of Plugging Contractor MIKE'S TESTING & SALVAGE INC. License No. 6050

Address P.O. Box 209 CHASE, KANSAS 67524

STATE OF _____ COUNTY OF _____, ss.

MICHAEL FARRAR (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) P.O. 209 MEDICINE LODGE, KS 67104

SUBSCRIBED AND SWORN TO before me this 1 day of May, 1996

[Signature]
 Notary Public

My Commission Expires: 6-21-99

