

API NUMBER 15-151-21814-0000

LEASE NAME Hillard

WELL NUMBER 1

<sup>400</sup>  
~~4950~~ Ft. from S Section Line

4950 Ft. from E Section Line

SEC. 14 TWP. 28 RGE. 12 (E) or (W)

COUNTY Pratt

Date Well Completed 02-06-87

Plugging Commenced 11-02-94

Plugging Completed 11-09-94

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

LEASE OPERATOR Siroky Oil Management, Inc.

ADDRESS P. O. Box 464, Pratt, Kansas 67124

PHONE# (316) 672-5713 OPERATORS LICENSE NO. 3050

Character of Well Oil

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

The plugging proposal was approved on 10-31-94 (date)

by Steve Pfeifer (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? N/A

Producing Formation Viola Depth to Top 4363 Bottom 4367 T.O. 4546

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 |
|-----------|------------|------|------|--------|--------|------------|
|           | Surface    | 0    | 260  | 8 5/8" | 260    | 0          |
|           | Production | 0    | 4545 | 5 1/2" | 4545   | 3431       |
|           |            |      |      |        |        |            |
|           |            |      |      |        |        |            |

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

Pumped 50 sacks of cement 300# of hulls and 10 sacks of gel. Pumped 100 # of hulls, released plug/mixed 100 sacks of cement. Shut in 50#, max pressure 300#. 60/40 poz 6% gel

Name of Plugging Contractor D. S. & W. Well Servicing, Inc. License No. 6901

Address P. O. Box 231, Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Brian Siroky

STATE OF Kansas COUNTY OF Barton, ss.

Arthur P. Strube (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 the the same are true and correct, so help me God:

(Signature) Arthur P. Strube

(Address) P. O. Box 231, Claflin, Kansas 67525

SUBSCRIBED AND SWORN TO before me this 14 day of November 1994

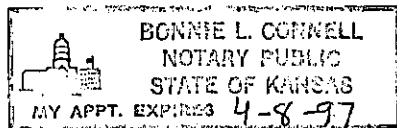
Bonnie L. Cornwell  
 Notary Public

RECEIVED  
 STATE CORPORATION COMMISSION

NOV 15 1994

My Commission Expires: April 8, 1997

USE ONLY ONE SIDE OF EACH FORM



11-15-94  
 CONSERVATIVE Form CP-1  
 W.Revised 05/88  
 KANSAS