

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--25-20,368 ~~4000~~

LEASE NAME SCHEIB

WELL NUMBER #1

2130 Ft. from S Section Line

560 Ft. from E Section Line

SEC. 18 TWP. 31S RGE. 21 (E) or (W)

COUNTY CLARK

Date Well Completed 6-17-80

Plugging Commenced 10-18-91

Plugging Completed 10-29-91

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

LEASE OPERATOR MESA OPERATING LIMITED PARTNERSHIP

ADDRESS P.O. BOX 2009 AMARILLO TX 79189

PHONE# (806) 378-1000 OPERATORS LICENSE NO. 04824

Character of Well GAS

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

The plugging proposal was approved on _____ (date)

by MR. STEVE MIDDLETON (KCC District Agent's Name).

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

Producing Formation MORROW Depth to Top _____ Bottom _____ T.D. 5350'

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	664'	0
				4-1/2		700'

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.

PUMPED 20 SXS CMT W/ 1 SK COTTONSEED HULLS FROM 5199'-4950'

PUMPED 50 SXS CMT FROM 1100'-925'

PUMPED 50 SXS CMT FROM 700'-525'

PUT 10 SXS CMT FROM 40' TO SURFACE, CUT OFF 8-5/8 3' BELOW GROUND LEVEL.

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

Name of Plugging Contractor SARGENTS CASING PULLING SERVICE License No. 04824

Address P.O. BOX 506 LIBERAL KS 67905-0506

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: MESA OPERATING LIMITED PARTNERSHIP

STATE OF TEXAS COUNTY OF POTTER, ss.

DEANA R. REA

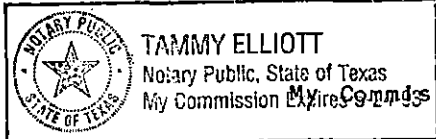
(Employee of Operator) or (Operator) of

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) Deana R. Rea

(Address) P.O. BOX 2009 AMARILLO TX 79189

SUBSCRIBED AND SWORN TO before me this 27th day of November, 1991



Tammy Elliott
Notary Public