

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

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

15-095-01084-0000

API NUMBER 15-N/A

LEASE NAME Pruitt

WELL NUMBER 2

940 Ft. from S Section Line

4950 Ft. from E Section Line

SEC. 34 TWP. 29S RGE. 6 (E)(W)

COUNTY Kingman

Date Well Completed 1963

Plugging Commenced 1-4-94

Plugging Completed 1-7-94

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

LEASE OPERATOR Pickrell Drilling Company

ADDRESS 110 N. Market, Suite 205, Wichita, KS

PHONE# (316) 262-8427 OPERATORS LICENSE NO. 5123

Character of Well Good

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

The plugging proposal was approved on 1-3-94 (date)

by Dave and Steve (KCC District Agent's Name).

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

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

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	3214	None
				5 1/2	414R	2900

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 section. Sanded to 3550, dumped 5sx cement at 3550 with dump bailer, cut casing at 2900, pulled casing, ran tubing to 1100, circulated 35sx, 1100, pulled tubing to 700, circulated 35sx cement, pulled to 265, circulated cement to surface, pulled tubing top off with cement

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

Name of Plugging Contractor Clarke Corporation License No. 5105

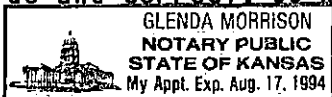
Address P.O. Box 187, Medicine Lodge, KS 67104

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

STATE OF Kansas COUNTY OF Barber, ss.

RECEIVED
STATE CORPORATION COMMISSION
JAN 13 1994

Jeff Sletto (Employee of Operator) of (Operator)
above-described well, being first duly sworn on oath, says: That I have knowledge of the fact
statements, and matters herein contained and the log of the above-described well as filed to
the same are true and correct, so help me God,



(Signature) Jeff Sletto

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 10 day of January, 1994

Glenda Morrison
Notary Public

My Commission Expires: Aug. 17, 1994