

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market, Room 2078  
Wichita, KS 67202

K.A.R.-82-3-117

API NUMBER Comp. 10-19-56

LEASE NAME Blanche Sterling

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

WELL NUMBER 1

330 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 1 TWP. 36 RGE. 13 ~~W~~

COUNTY Barber

Date Well Completed \_\_\_\_\_

Plugging Commenced 2-17-98

Plugging Completed 2-18-98

15-007-10376-00-00

LEASE OPERATOR Indian Oil Co., Inc.

ADDRESS PO Box 209 Medicine Lodge, Ks. 67104-0209

PHONE#(316) 886-3763 OPERATORS LICENSE NO. 31938

Character of Well D & A

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

The plugging proposal was approved on 2-16-98 (date)

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

Is ACO-1 filed? Yes If not, is well log attached? \_\_\_\_\_

Producing Formation Mississippi Depth to Top 4739 Bottom 4758 T.D. 4847

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"	266'	
				5 1/2"	4847'	3247'

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 4661'. Bailed 5 sks cement. Shot at 3247'. Pulled to 600'. Pumped 10 gel/50 sks cement/5 gel. Pulled to 285'. Pumped 50 sks cement. Pulled to 40'. Pumped 10 sks cement. Pulled the rest of the pipe. Hole stayed full.

Name of Plugging Contractor Quality Well Service, Inc. License No. 31925

Address 249 Beth Drive Sterling, Ks. 67579-9048

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Indian Oil Co., Inc.

STATE OF Kansas COUNTY OF Barber, 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 filled the the same are true and correct, so help me God.

(Signature) \_\_\_\_\_

(Address) P.O. Box 209, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 24th day of February, 19 98

NOTARY PUBLIC - State of Kansas  
TERESA L. MYERS  
My Appl. Exp. 7-3-2000

Teresa L. Myers 2-28-98

NOTARILY DIVISION  
Wichita, Kansas

USE ONLY ONE SIDE OF EACH FORM