

LEASE NAME Sterling "A"

WELL NUMBER 3

660 Ft. from X<sup>N</sup> Section Line

1980 Ft. from X<sup>W</sup> Section Line

SEC. 36 TWP. 34S RGE. 13 ~~XXX~~ (X)

COUNTY Barber

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

Plugging Commenced 2-19-98

Plugging Completed 2-20-98

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

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 Gas

(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 4855 Bottom 4885 T.O. 4950  
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"	205'	
				4 1/2"	4947'	3243'

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 4792'. Bailed 4 sks cement. Shot at 3243'. Pulled to 600'. Pumped 50 sks cement. Pulled to 240'. Pumped 40 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.

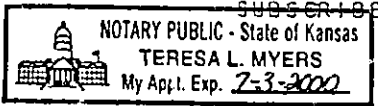
STATE OF Kansas COUNTY OF Barber, ss.

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) [Signature]

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

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



Teresa L. Myers DIVISION  
Notary Public Kansas

My Commission Expires: 7-3-2000

USE ONLY ONE SIDE OF EACH FORM

2-28-98