

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

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

API NUMBER 15-151-21,762-00-50
LEASE NAME Cowen
WELL NUMBER 1

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

1980 Ft. from S(N) Line of Section (circle one)
330 Ft. from E(W) Line of Section (circle one)

LEASE OPERATOR Southwind Consulting
ADDRESS P.O. Box 912
CITY, STATE, ZIP Pratt, KS 67124
PHONE# (316) 672-7373 OPERATORS LICENSE NO. 31288
Charater of Well Oil
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

SPOT LOCATION C - E/2 - NE/4 - SE/4
SEC. 24 TWP. 28 S. RGE 15 (E) or (W)
COUNTY Pratt
Date Well Completed 3-12-86
Date Plugging Commenced 11-22-95
Date Plugging Completed 11-22-95

The plugging proposal was approved on Nov 22, 1995 (date)
by Steve (KCC District Agent's Name)

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

Producing Formation(s) Mississippi Depth to Top 4542 Bottom 4571 T.D. 4677

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 | PULL OUT |
|-----------|---------|------|------|-------|--------|----------|
| MISS | OIL | 4542 | 4571 | 4 1/2 | 4677 | 2355 |
| | | | | | | |
| | | | | | | |

Described 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.

PER KCC OFFICE INSTRUCTIONS; 300 # Hulls, 10 sxs Gel, 50 sxs 60/40/6
10 sxs Gel, 100 # Hulls, 8 5/8 Dry hole plug, 120 sxs 60/40/6

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

Name of Plugging Contractor Allied Cementing Co.

License No. _____

Address P.O. Box 31 Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Southwind Consulting

STATE OF Kansas COUNTY OF Pratt, ss.

Scott Alber (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) [Signature]

(Address) P.O. Box 912, Pratt, KS 67124

SUBSCRIBED AND SWORN TO before me this 16th day of JANUARY, 19 96

Laurie D. Niehaus
Notary Public

My Commission Expires: 2/1/96

RECEIVED
STATE CORPORATION COMMISSION

JAN 18 1996
01-16-96
CONSERVATION DIVISION
Wichita, Kansas

