

STATE CORPORATION COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

K.A.R. 82-3-117

API NUMBER 15-097-20279-6000

LEASE NAME Joy Station

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

WELL NUMBER E-3 Docket #E25689

4470 Ft. from N/S Section Line

4620 Ft. from E/W Section Line

LEASE OPERATOR Pickrell Drilling Company, Inc.

SEC. 36 TWP. 28S RGE. 19 ~~XXXX~~ (W)

ADDRESS 110 N. Market, Suite 205, Wichita, KS 67202

COUNTY Kiowa

PHONE# 785-798-2430 OPERATORS LICENSE NO. 5123

Date Well Completed _____

Character of Well good

Plugging Commenced 5/6/99

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

Plugging Completed 5/10/99

The plugging proposal was approved on 5/6/99 (date)

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

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

Producing Formation KC Depth to Top 4702 Bottom 4706 T.D. 4819 ^{PBTD}

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	258	None
				4 1/2	4849	2600

Describe in detail the manner in which the well was plugged, indicating where the mud was placed and the 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.

Sand hole back to 4600, dump 4sx portland cement with dump bailor, stretch and cut pipe at 2600, lay down casing. Allied pump 300 hulls, 10 jel, 50sx cement, 10sx jel, 100 hulls, 150sx cement, 60/40 6%jel

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

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

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (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) [Handwritten Signature]

(Address) Medicine Lodge, KS 67104

RECEIVED
STATE CORPORATION COMMISSION

SUBSCRIBED AND SWORN TO before me this 12 day of May, 19 99

[Handwritten Signature]
Notary Public

MAY 17

My Commission Expires: 11/30/04

CONSERVATION DIVISION
Wichita, Kansas