

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

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

API NUMBER 15-057-20167-0000

LEASE NAME Vise

WELL NUMBER 1

1980 Ft. from S Section Line

1320 Ft. from E Section Line

SEC. 14 TWP. 28S RGE. 21 ~~W~~(W)

COUNTY Ford

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

Plugging Commenced 12-13-95

Plugging Completed 12-29-95

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

966170 NAR  
JAN 04 1996

1-4-1996

LEASE OPERATOR Seagull Operating Co.

ADDRESS 416 Traffis, Suite 1215, Shreveport LA 71101

PHONE#(318) 226-9170 OPERATORS LICENSE NO. 07016

Character of Well good

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

The plugging proposal was approved on 12-12-95 (date)

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

Is ACO-1 filled? no If not, is well log attached? yes

Producing Formation Miss Depth to Top 5044 Bottom 5046 T.D. 5100

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	620	none
				4 1/2	5149	3597

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 plugging materials were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each section. Lay down rods and tubing, sand bottom off to 4760, dump 4sx cement with dump bailer, stretch and cut pipe at 3697, lay down casing. Allied pumped 300 hulls, 10 jel 50 cement, 10 jel, 100 hulls, 8 5/8 plug and 175 sx cement, 60/40 6%.

(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: Clarke Corporation

STATE OF Kansas COUNTY OF Barber, ss.

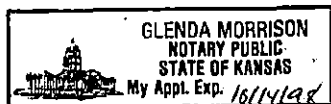
Alan Vratil

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed and the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 29 day of December, 19 95

[Signature]  
Notary Public

My Commission Expires: 10/14/98