

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

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

API NUMBER 15-057-20,139-0000

LEASE NAME Hicks

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

WELL NUMBER "A" #1

3630 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 11 TWP. 28 RGE. 21 (E) or (W)

COUNTY Ford

Date Well Completed _____

Plugging Commenced 1-12-87

Plugging Completed 1-26-87

LEASE OPERATOR Pickrell Drilling Co, Inc.

ADDRESS Box 1303, Great Bend, Kansas 67530

PHONE# (316) 532-3511 OPERATORS LICENSE NO. 5123

Character of Well Oil

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

Did you notify the KCC District Office prior to plugging this well? Yes

Which KCC Office did you notify? One (1)

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 5083'

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"	606'	None
				4-1/2"	5083'	3,479.52'

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 plugs were used, state the character of same and depth placed, from feet to feet each set.

Allied squeezed perforations with one sack hulls and 25 sacks cement blended with one sack hulls displaced to 4666'. Shot casing at 4400', 4000', 3750' and 3450'. Pulled 85 joints of 4-1/2" casing. Allied squeezed well with 2 sacks hulls, 15 sacks gel, 50 sacks cement, 10 sacks gel, 1 sack hulls released plug and pumped 150 sacks 60/40 pozmix cement with 6% added gel. Maximum pressure was 600 psi and shutin 400 psi.

Name of Plugging Contractor Rockhold Engineering, Inc. License No. 5111

Address Box 698, Great Bend, Kansas 67530 STATE CORPORATION COMMISSION

STATE OF Kansas COUNTY OF Barton, ss.

James W. Rockhold

(Employee of Operator) or (Agent) 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) James W. Rockhold

(Address) James W. Rockhold
Box 698, Ct. Bend, Ks. 67530

SUBSCRIBED AND SWORN TO before me this 28th day of January, 1987

My Commission Expires:

STATE NOTARY PUBLIC
 IONA M. LEATHERMAN
 Barton County, Kansas
 My Appt. Exp. 7-26-87

Iona M. Leatherman
 Notary Public