

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

K.A.R.-82-3-117

API NUMBER 15-097-20,421-0000

LEASE NAME Clark

WELL NUMBER 1-13

RECEIVED
KANSAS CORP COM
3-12-98
1998 MAR 12 12:02

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

1980 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 13 TWP. 27S RGE. 17 XXX or (Y)

LEASE OPERATOR Indian Oil Co., Inc.

COUNTY Kiowa

ADDRESS PO Box 209 Medicine Lodge, Ks. 67104-0209

Date Well Completed _____

PHONE (316) 886-3763 OPERATORS LICENSE NO. 31938

Plugging Commenced 3-3-98

Character of Well Gas

Plugging Completed 3-5-98

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

The plugging proposal was approved on 3-3-98 (date)

by STEVE PFEITER (KCC District Agent's Name)

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

Producing Formation CHEROKEE Depth to Top 4608 Bottom 4663 T.O. 4663

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"	445'	
				4 1/2"	4657'	2527'

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 set.

Pumped 25 sks common with 3% calcium & 1 hull to 4551'. Shot 2527'. Pulled to 1025'. Pumped 10 gel/50 sks/5 gel. Pulled to 470'. Pumped 50 sks. Pulled to 40'. Pumped 10 sks. Pulled last joint. 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.

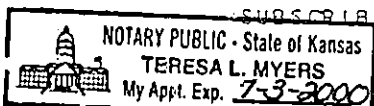
STATE OF KANSAS COUNTY OF BARBER, ss.

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 filed 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 10th day of March, 19 98



Teresa L. Myers
Notary Public

My Commission Expires: 7-3-2000

USE ONLY ONE SIDE OF EACH FORM