

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

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

API NUMBER 15-095-20-789-0000

LEASE NAME Dyche

WELL NUMBER 1

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

C-NE-SE Ft. from S Section Line

Ft. from E Section Line

SEC. 14 TWP. 27S RGE. 10 (E/or(W)

COUNTY Kingman

Date Well Completed _____

Plugging Commenced 04-13-89

Plugging Completed 04-19-89

LEASE OPERATOR Rupe Oil Co.

ADDRESS P.O. Box 2273 Wichita, Ks. 67201

PHONE#(316) 262-3748 OPERATORS LICENSE NO. 5047

Character of Well Gas

(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? Wichita, ks.

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

Producing Formation _____ Depth to Top _____ Bottom T.D. 4330

Show depth and thickness of all water, oil and gas formations.

RECEIVED
 STATE CORPORATION COMMISSION

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8	272	0 ADD 2.5.1989
				5 1/2	4326	1800 4-25-89

CONSERVATION DIVISION
 Wichita, Kansas

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.
Sand from 4284 to 3560 5 sacks cement dump bailer run tubing to 1500 spot 35 sacks cement pull 1000 spot 35 sacks pulled to 330 circulate cement 60-40 POZ 2% C.C. 2% gel BJ Pump
Jack Luther and Elmo Morgenstern on location

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

Name of Plugging Contractor Clarke Corp. License No. 5105

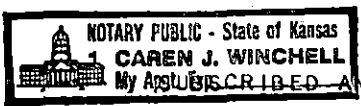
Address Box 187 Medicine Lodge, Ks. 67104

STATE OF Ks. COUNTY OF Barber, ss.

Elmo Morgenstern (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) Elmo J. Morgenstern

(Address) Box 187 Medicine Lodge, Ks.



My Commission Expires: AND SWORN TO before me this 24 day of April, 19 89

Caren J. Winchell
 Notary Public

My Commission Expires: June 21, 1991