

LEASE OPERATOR VAL Energy, Inc.

ADDRESS Box 322 Haysville, Ks. 67060

PHONE#(316) 522-1560 OPERATORS LICENSE NO. 5822

Character of Well oil

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

The plugging proposal was approved on 2-14-92 (date)

by Case Morris (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 3938 Bottom 3716 ⁴¹⁵²

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

RECEIVED
 KANSAS CORPORATION COMMISSION

OIL, GAS OR WATER RECORDS | CASING RECORD APR 16 1992

Formation	Content	From	To	Size	Put In	Pulled out
	water	0	244	1 3/4"	244	none
	water	0	4155	5 1/2"	4155	2700 ft.

CONSERVATION DIVISION
 WICHITA, KS

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
Set plug at 3550 ft, spot 2 sx cement, pull pipe at 2700 ft,

Pump 300 Lbs. hulls, 10 sx gel, 50 sx cement, 10 sx gel, 1 sx hulls, wiper plug, 150 sx cement. 60/40 Poz 6% gel.

Name of Plugging Contractor VAL Energy, Inc. License No. 5822

Address Box 322 Haysville, Ks. 67060

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: VAL Energy, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

K. Todd Allam (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.

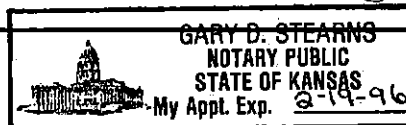
(Signature) K. Todd Allam

(Address) Box 322 Haysville, Ks. 67060

SUBSCRIBED AND SWORN TO before me this 16th day of April, 19 92

Gary D. Stearns
 Notary Public

My Commission Expires:
 USE ONLY ONE SIDE OF EACH FORM



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

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER _____ (of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR _____ OPERATOR'S LICENSE NO. _____

ADDRESS _____ PHONE # () _____

LEASE (FARM) _____ WELL NO. _____ WELL LOCATION _____ COUNTY _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W) TOTAL DEPTH _____ PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE
RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE # () _____

ADDRESS _____

PLUGGING CONTRACTOR _____ LICENSE NO. _____

ADDRESS _____ PHONE # () _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

USE ONLY ONE SIDE OF EACH FORM

SIGNED:

(Operator or Agent)

DATE: _____