

LEASE NAME Shirley Woodson

WELL NUMBER 1

         Ft. from S Section Line

         Ft. from E Section Line

SEC. 20 TWP. 26S RGE. 9W (E) or (W)

COUNTY Reno

Date Well Completed         

Plugging Commenced 10/23/89

Plugging Completed 10/25/89

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

LEASE OPERATOR Fairchild Exploration

ADDRESS RR #3 Kingman, Kansas 67068

PHONE (316) 532-3047 OPERATORS LICENSE NO. 7533

Character of Well SWD

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

The plugging proposal was approved on          (date)

by          (KCC District Agent's Name).

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

Producing Formation          Depth to Top          Bottom          T.D. 4230

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	230	none
				5 1/2	4230	2943

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.

Sanded bottom to 4140', ran 5 sacks cement, shot pipe @ 2943'  
Pulled up to 1300', pumped 25 sacks, pulled up to 860' pumped 25 sacks  
pulled up to 280 circulated, filled up surface

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Fairchild Exploration

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrell Kelso

(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) [Signature]

(Address) P.O. Box 347 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 30 day of October, 19 89

My Commission Expires:         

