

LEASE NAME Coon Field

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

WELL NUMBER 1
3630 Ft. from S Section Line
2970 Ft. from E Section Line

LEASE OPERATOR Oil Producers Inc. of Kansas
 ADDRESS P.O. Box 8647 2400 N. Woodlawn #115 Wichita, KS
 PHONE# (316) 672-6373 OPERATORS LICENSE NO. 8061

SEC. 11 TWP. 25 RGE. 15W (E) or (4)
 COUNTY Stafford

Character of Well Oil
 (Oil, Gas, G&A, SWO, Input, Water Supply Well)

Date Well Completed _____
 Plugging Commenced 08-21-98
 Plugging Completed 08-21-98

The plugging proposal was approved on 08-21-98 (date)
 by Steve Pfeifer (KCC District Agent's Name).

Is ACO-1 filled? Yes If not, is well log attached? _____

Producing Formation _____ Depth to Top 4246' Bottom 4278' T.D. 4340'
 show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content Surface	From	To	Size	Put In	Pulled out
		-0-	280	8 5/8"	280'	None
	Production	-0-	4339	4 1/2"	4339'	2100.20'

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 vens used, state the character of same and depth placed, -from ___ feet to ___ feet each set
Bottom plug sand & cement 4196'. Allied mixed 10 sacks gel ahead followed by 50 sacks cement, 60/40% poz with 6% gel at 1000', mixed 50 sacks cement at 310', mixed 15 sacks at 40' to 0'. Job started 12:00 p.m. and completed 1:30 p.m.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 69016

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers Inc. of Kansas

STATE OF Kansas COUNTY OF Barton, ss.

RECEIVED
 OIL & GAS
 DIVISION
 AUG 26 11:00 AM '98

Joseph F. Strube

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated, and matters herein contained and the log of the above-described well as filed. The same are true and correct, so help me God.

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 25th day of August, 19 98

Brenda Urban
 Notary Public

My Commission Expires: Nov 14, 2001

USE ONLY ONE SIDE OF EACH FORM

