

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

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-04720113-0000

LEASE NAME Meyer B

WELL NUMBER 1

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

1980 Ft. from S Section Line

1900 Ft. from E Section Line

SEC. 16 TWP. 25S RGE. 16W (E) or (W)

COUNTY Edwards

Date Well Completed _____

Plugging Commenced 03-05-97

Plugging Completed 03-13-97

LEASE OPERATOR D. R. Lauck Oil Company, Inc.

ADDRESS 221 S. Broadway, Suite 400, Wichita, KS 67202

PHONE# (316) 263-8267 OPERATORS LICENSE NO. 5427

Character of Well Oil

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

The plugging proposal was approved on 03-13-97 (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 4337 Bottom 4382 T.D. 4436

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

4-4-97

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
	Surface	0	323	8 5/8"	323	0
	Production	0	4429	5 1/2"	4429	1585

KANSAS RECORDS

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 was used, state the character of same and depth placed, from feet to feet of each set. Bottom plug, sanded off to 4280', 5 sks cement. Mixed 300# hulls, 10 gal, 50 sks cement 60/40 poz, 10 gal, 100# hulls, plug 150 sks cement. Maximum pressure 250 #, shut in pressure 100#. Plugging began 12:15pm completed 1:05 pm.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231, Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: D. R. Lauck Oil Company, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

Joseph J. Strube (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) Joseph J. Strube

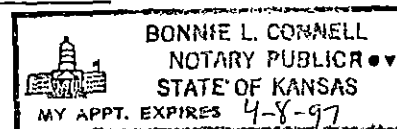
(Address) P.O. Box 231, Claflin, Kansas 67525

SUBSCRIBED AND SWORN TO before me this 2nd day of April, 1997

Bonnie L. Connell
Notary Public

My Commission Expires: April 8, 1997

USE ONLY ONE SIDE OF EACH FORM



Form 67-4
Used 05-88