

STATE OF KANSAS  
STATE CORPORATION  
COMMISSION  
130 South Market Room 2078  
Wichita, Kansas 67202

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

15-047-10031 100-00  
API NUMBER NA

LEASE NAME C J Burton

WELL NUMBER #1

2310 Ft. from N S Section Line

1650 Ft. from E W Section Line

RECEIVED  
AUG 15 2001  
KCC WICHITA

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 60 days.

LEASE OPERATOR Herman Loeb

SEC. 33 TWP. 26S RGE. 18 (E) or (W)

ADDRESS P.O. Box 524, Lawrenceville, IL 62439

COUNTY Edwards

PHONE # 812-853-3813 OPERATOR'S LICENSE NO. 3273

Date Well Completed \_\_\_\_\_

Character of Well Good

Plugging Commenced 7/24/2001

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

Plugging Completed 7/31/2001

The plugging proposal was approved on 7/24/2001 (date)

by Steve Middelton (KCC District Agent's Name).

is ACO-1 filed? yes If not, is well log attached? No

Producing Formation Miss & KC Depth to Top 4225 Bottom 4705 T. D. 4827

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	665	None
				5 1/2	4864	2900

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Lay down rods and tubing, set CIBP at 4175, dump 2sx portland cement with dump bailor, stretch and cut 5 1/2 casing at 2900

Lay down 5 1/2 casing, 7/31/2001 - Acid Service pump 300 hulls, 10sx jel, 50sx cement, 10sx jel, 100 hulls, 150sx cement

60/40, 6% jel

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

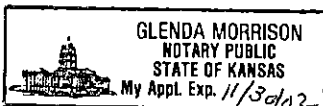
Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Herman Loeb

STATE OF Kansas COUNTY of Barber, ss.

Alan Vratil (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 filled that the same are true and correct, so help me God.



(Signature) [Handwritten Signature]

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 3 day of July,

[Handwritten Signature]  
Notary Public

My Commission Expires: November 30, 2002

OR