

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

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

API NUMBER 097-21-226-0000

LEASE NAME Swafford

WELL NUMBER 1-36

SE-SW - SE Ft. from S Section Line

 Ft. from E Section Line

SEC. 36 TWP. 27S RGE. 16 (E) or (W)

COUNTY Kiowa

Date Well Completed 12-31-86

Plugging Commenced 10-1-90

Plugging Completed 10-17-90

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

LEASE OPERATOR CMX

ADDRESS 1026 Union Center Wichita, KS 67202

PHONE# (316) 267-6065 OPERATORS LICENSE NO. 3532

Character of Well

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

Did you notify the KCC District Office prior to plugging this well? yes

Which KCC Office did you notify? Dodge City

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

Producing Formation Depth to Top Bottom T.D. 4725

BBTD-4696

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
				85/8	405	none
				5 1/2	4724	2600

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.
sand from 4696 to 4590 -5sx with Dump Bailor ripped at 2700 -2600
BJ pump -3-H-10-J -50C- 10 J plug 125-C- 60-40 POZ 6% d

Steve M- Jeff Clarke

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

Name of Plugging Contractor Clarke Corporation License No. 5105

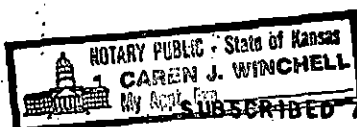
Address PO Box 187 Medicine Lodge, KS 67104

STATE OF Kansas COUNTY OF Barber, ss.

Elmo R. Morgenstern (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) Elmo R. Morgenstern

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 18th day of October, 1990

Caren J. Winchell
Notary Public

My Commission Expires: June 21, 1991

OCT 22 1990

10-22-90

Form CP-4
Revised 07-86