

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

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

API NUMBER 15-185-22,245-0000

LEASE NAME Newell

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

WELL NUMBER #2

2970 Ft. from S Section Line

3630 Ft. from E Section Line

LEASE OPERATOR Cincris Energy Co, Inc.

SEC. 31 TWP. 24 RGE. 11 (E) or (W)

ADDRESS 2213-31st, Great Bend, Kansas 67530

COUNTY Stafford

PHONE# 316-793-6990 OPERATORS LICENSE NO. 9247

Date Well Completed _____

Character of Well Oil

Plugging Commenced 6-25-91

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

Plugging Completed 7-9-91

The plugging proposal was approved on June 26, 1991 (date)

by Duane Rankin (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, Is well log attached? With application

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3910'

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"	252'	None
				5-1/2"	3909'	2,965.18

RECEIVED
 STATE CORPORATION COMMISSION
 7-11-91
 III 11 1991
 CONSERVATION DIVISION
 Wichita, Kansas

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. Dumed sand to 3480' and 5 sacks cement. Shot casing at 3137' and 2951'. Pulled 71 joints of 5-1/2" casing. Allied plugged well with 300# hulls, 10 sacks gel, 50 sack cement, 10 sacks gel, 100# hulls plug and 100 sacks 60/40 pozmix with 6% gel. Maximum pressure was 700 and shutin 400 psi.

Name of Plugging Contractor Rockhold Engineering, Inc. License No. 5111

Address Box 698, Great Bend, Kansas 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Cincris Energy Co, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

James W. Rockhold (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) James W. Rockhold

(Address) Box 698, Gt. Bend, Ks. 67530

SUBSCRIBED AND SWORN TO before me this 10th day of July, 1991

STATE NOTARY PUBLIC
 IONA M. LEATHERMAN
 Barton County, Kansas
 My Appt. Exp. 7-26-91

Iona M. Leatherman
 Notary Public

My Commission Expires _____