

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

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

API NUMBER 15151-21755-00-00

LEASE NAME Howell

WELL NUMBER #1

SPOT LOCATION C SW NW SE

SEC. 31 TWP. 29 RGE. 14 ~~XXX~~ (W)

COUNTY Pratt

Date Well Completed 12-20-85

Plugging Commenced 12-20-85 2:30 p.m.

Plugging Completed 12-20-85 4:30 p.m.

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

LEASE OPERATOR R. S. Howell, Inc.

ADDRESS 619 S. Iowa
Pratt, KS 67124

PHONE # () OPERATORS LICENSE NO. _____

Character of Well dry hole
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

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

Which KCC/KDHE Joint Office did you notify? Paul Luthi, Dodge City

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

Producing formation dry hole Depth to top _____ bottom _____ T.D. _____

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 its	0	351	8 5/8"	23 wt. new	

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.

Plugged as follows: 50 sks at 880', 50 sks at 360', 10 sks at 40', 15 sks Rathole, 10 sks Mousehole.
135 sks total: 60/40 POZ, 6% gel

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

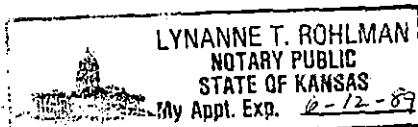
Name of Plugging Contractor B. J. Titan License No. _____
Address Medicine Lodge, KS

STATE OF Kansas COUNTY OF Sedgwick, ss.

R. S. Howell, Inc. (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) Michael W. Kaplan

(Address) P.O. BOX 18611, Wichita, KS 67211



SUBSCRIBED AND SWORN TO before me this 26th day of December, 1985

Lynanne T. Rohlman
Notary Public
Lynanne T. Rohlman

My Commission expires: June 12, 1989

Rec'd 12-31-85 DEC 31 1985 Form CP-4 Revised 06-83