

LEASE NAME Bloom

WELL NUMBER 1-87

3630 Ft. from S Section Line

4240 Ft. from E Section Line

SEC. 23 TWP. 32 RGE. 12 ~~WEST~~(W)

COUNTY Barber

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

Plugging Commenced 12-15-95

Plugging Completed 12-21-95

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

LEASE OPERATOR Attica Gas Ventures

ADDRESS 123 N. Main, Attica, KS 67009

PHONE# (316) 254-2777 OPERATORS LICENSE NO. 5039

Character of Well good

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

The plugging proposal was approved on 12-15-95 (date)

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

Is ACO-1 filed? yes If not, Is well log attached? \_\_\_\_\_

Producing Formation Miss Depth to Top 4141 Bottom 4144 T.D. 4242

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	267	None
				4 1/2	4242	Approx 3100

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other plugging materials were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each section.  
Lay down rods and tubing, sand bottom off to 4075, pump 4sx cement with dump bailer stretch and cut pipe at 3100, lay down casing. Allied and pump 300 hulls, 10 iel, 50 cement, 10 iel, 100 hulls and 125sx cement.

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

Name of Plugging Contractor Clarke Corporation License No. 5105

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

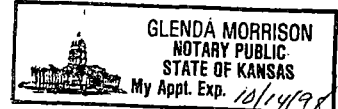
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Attica Gas Ventures

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and matters herein contained and the log of the above-described well as filed and the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 29 day of December, 1995

Glenda Morrison  
 Notary Public

My Commission Expires: 10/14/98