

API NUMBER 15-155-70471-0000

LEASE NAME Lavielle

WELL NUMBER 1

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 8 TWP. 23S RGE. 9W (E) or (W)

COUNTY Reno

Date Well Completed

Plugging Commenced 8/2/89

Plugging Completed 8/4/89=

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

LEASE OPERATOR JFW Inc.

ADDRESS RR #1 Box 26 Plevna, KS. 67568

PHONE#(316) 286-5318 OPERATORS LICENSE NO. 9324

Character of Well Oil

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

The plugging proposal was approved on (date)

by (KCC District Agent's Name).

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

Producing Formation Depth to Top Bottom T.D. 3640

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	258	none
				5 1/2	3639	2520

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 bottom with 2 hulls, 35 sacks 60/40, displaced to 3400', shot pipe @2930', 2705', 2520', Pulled pipe to 1300' pumped 35 sacks cement pulled pipe to 900' displaced 35 sacks; pulled pipe to 310' pumped 110 sacks to circulate.

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, KS 67524

RECEIVED
 STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: J W W Inc.

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrell Kelso (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) R. Darrell Kelso

(Address) P.O. Box 347 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 7 day of August, 19 89

[Signature]
 Notary Public

My Commission Expires:

