

LEASE NAME EVERS

WELL NUMBER #1-TWIN

4950 Ft. from S Section Line

1750 Ft. from E Section Line

SEC. 01 TWP. 22s RGE. 16 (S) or (W)

COUNTY PAWNEE

Date Well Completed 8/27/92

Plugging Commenced 8/28/92

Plugging Completed 8/28/92

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

LEASE OPERATOR WOODMAN-IANNITTI OIL COMPANY

ADDRESS PO BOX 308; GREAT BEND KS 67530

PHONE#(316) 792-2921 OPERATORS LICENSE NO. 6588

Character of Well D & A

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

The plugging proposal was approved on 8/27/92 (date)

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

Is ACO-1 filed? Attached If not, is well log attached? No logs run

Producing Formation None Depth to Top _____ Bottom T.D. 3942'

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
		SURF	945'	8-5/8"	945'	None

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 plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set

Well was plugged by BJ Services with a total of 125 sax 60=40 Pozmix +6% Gel as follows:
 50 sax @ 980'; 40 sax @ 400'; 10 sax @ 40'; 15 sax in rat hole; 10 sax in Water Well.
 Job completed @ 8:30 AM 8/28/92.

BJ SERVICES

112-5862

Name of Plugging Contractor Woodman-Iannitti Drilling Company

License No. 5122

Address PO Box 308; Great Bend KS 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Woodman-Iannitti Drilling Company

STATE OF KANSAS COUNTY OF BARTON, ss.

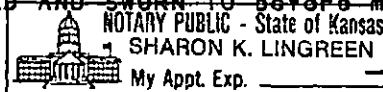
D. J. Iannitti, Partner

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 the same are true and correct, so help me God.

(Signature) D. J. Iannitti

(Address) PO Box 308
 Great Bend KS 67530

SUBSCRIBED AND SWORN TO before me this 25th day of September, 19 92



Sharon K. Lingreen

Notary Public
 Sharon K. Lingreen

My Commission Expires:
 USE ONLY ONE SIDE OF EACH FORM

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

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____-_____-_____-_____- SPOT LOCATION/0000 COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL ___ GAS WELL ___ D&A ___ SWD/ENHR WELL ___ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)