

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-185-21468-0000

LEASE NAME Harms

WELL NUMBER 8

4950 S Ft. from S Section Line

4620 E Ft. from E Section Line

SEC. 18 TWP. 22S RGE. 12W (E) or (W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 08-08-2000

Plugging Completed 08-08-2000

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

LEASE OPERATOR Globe Operating, Inc.

ADDRESS P.O. Box 12 Great Bend, KS 67530

PHONE (316) 792-7607 OPERATORS LICENSE NO. 6170

Character of Well Oil

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

The plugging proposal was approved on 08-08-2000 (date)

by Richard Lacey (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 3460' Bottom 3652' T.D. 3680'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content Surface	From	To	Size	Put In	Pulled out
		-0-	713	8 5/8"	713	None
	Production	5 1/2"	3680	5 1/2"	3680	1782.90'

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. Bottom plug, sand & cement 3410'. Allied hooked up to 8 5/8", pumped 300# hulls, 10 sacks gel then 50 sacks cement 60/40:10% gel, followed with 10 sacks gel, 100# hulls and 100 sacks cement. Pumping pressure 500#, shut in @ 400# psi. took 1500# to breakdown. Job started 3:00 p.m. and completed 4:15 p.m.

Name of Plugging Contractor D.S.& W. Well Servicing, Inc.

License No. 6901

Address P.O. Box 231 Claflin, KS 67525

RECEIVED
STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Globe Operating, Inc.

AUG 28 2000

STATE OF Kansas COUNTY OF Barton, ss.

8-28-00
CONSERVATION DIVISION
Wichita, Kansas

Joseph F. Strube

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

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 23rd day of August, 192000

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001

BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001

Form CP-4
Revised 05-88