

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

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

API NUMBER 15-097-21019-00-00

LEASE NAME Chenoweth

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

WELL NUMBER 1

4740 Ft. from S Section Line

1620 Ft. from E Section Line

SEC. 17 TWP. 28S RGE. 16W (E) or (W)

COUNTY Kiowa

Date Well Completed 06-23-97

Plugging Commenced 06-23-97

Plugging Completed 06-23-97

LEASE OPERATOR Nash Oil & Gas, Inc.

ADDRESS 30060 North Hwy 281, Pratt, Kansas 67124-7930

PHONE (316) 672-7500 OPERATORS LICENSE NO. 31629

Character of Well oil

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

The plugging proposal was approved on 06-23-97 (date)

by Scott Alberg District 1 office (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, Is well log attached? No

Producing Formation _____ Depth to Top 4749 Bottom 4752 T.O. 4854

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
	Surface	0	456	8 5/8"	456	0
	Production	0	4836	5 1/2"	4836	2379'

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 and cement to 4697'. Allied pumped 300# hulls, 10 sacks gel and 50 sacks of cement- 10 sacks of gel and 100# hulls-released plug and pumped 150 sacks of cement, shut in. Max pressure 500, minimum 100# Job started @ 1:00 pm and completed 1:45 pm.

Name of Plugging Contractor D. S. & W. Well Servicing, Inc. License No. 6901

Address P. O. Box 231, Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Nash Oil & Gas, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

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

(Signature) Arthur Strube

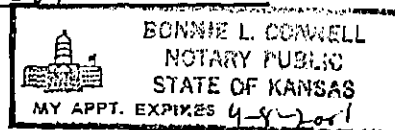
(Address) P. O. Box 231, Claflin, Kansas 67525

SUBSCRIBED AND SWORN TO before me this 2nd day of July, 1997

Bonnie L. Cowell
Notary Public

My Commission Expires: April 2, 2001

USE ONLY ONE SIDE OF EACH FORM



Form CP-4
Revised 05-88