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

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

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

API NUMBER 15.185.19525.0000

LEASE NAME Sparks

WELL NUMBER 1

____ Ft. from S Section Line

____ Ft. from E Section Line

LEASE OPERATOR F.G.Holl Company

SEC. 6 TWP. 21S RGE. 11W (E) or (W)

ADDRESS P.O. Box 158 Belpre,Ks. 67519

COUNTY Stafford

PHONE # (316) 995-3171 OPERATORS LICENSE NO. 5056

Date Well Completed 4-9-61

Character of Well Oil

Plugging Commenced 11-27-91

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

Plugging Completed 12-5-91

The plugging proposal was approved on _____ (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3490'

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

RECEIVED 12-10-91
STATE CORPORATION COMMISSION

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8"	279'	none
				4 1/2"	N/A	2614'

DEC 10 1991
CONSERVATION DIVISION
Wichita, Kansas

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.

Sanded bottom to 3375' ran 4 sacks cement.Shot pipe @2614'.
Plugged with 500# hulls, 20 gel, 125 sacks 60/40 4% gel.

(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, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: F. G. Holl Company

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) [signature]

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

SUBSCRIBED AND SWORN TO before me this 9 day of December, 19 91

[signature] Notary Public

My Commission Expires: IRENE HERZBERG State of Kansas My Appt. Exp. Aug. 24, 1993

Form CP-4
Revised 05-88