

API NUMBER 15-185-22,335.0000

LEASE NAME Fischer

WELL NUMBER 8

990S Ft. from S Section Line

4950E Ft. from E Section Line

SEC. 11 TWP. 21 RGE. 13W (E) or (W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 06-05-2000

Plugging Completed 06-05-2000

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

LEASE OPERATOR L.D. Drilling, Inc.

ADDRESS Rt 1 Box 183 B Great Bend, KS 67530

PHONE# (316) 793-30511 OPERATORS LICENSE NO. 6039

Character of Well Oil

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

The plugging proposal was approved on 06-05-2000 (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 3530 Bottom 3536 T.D. 3530

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

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED
 STATE CORPORATION COMMISSION

Formation	Content Surface	From -0-	To 727'	Size 8 5/8"	Put in 727'	Pulled out None
	Production	5 1/2"	3630'	5 1/2"	3630'	1884.30'

JUN 21 2000

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 plug were used, state the character of same and depth placed, from ___ feet to ___ feet each set. Bottom plug, sand & cement 3480'. Allied, 1st plug @ 755' mixed 10 sacks gel slurry, mixed 50 sacks cement 60/40 poz 6% gel, displaced to balance, 2nd plug @ 300', mixed 40 sacks cement, displaced to balance, top plug @ 40' to surface mixed 25 sacks cement, circulated, cellar stayed full. Job started 12:05 p.m. & completed 1:00 p.m.

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

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: L.D. Drilling, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

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 the 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 19th day of June, 19 2000

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-1
 Revised 05-88