

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

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

API NUMBER 15-097-21,315-

LEASE NAME Einsel 0000

WELL NUMBER #2

1650 Ft. from S Section Line

4950 Ft. from E Section Line

SEC. 12 TWP. 28 RGE. 18 (E) or (W)

COUNTY kiowa

Date Well Completed 9-20-91

Plugging Commenced 12-17-91

Plugging Completed 12-18-91

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

LEASE OPERATOR A.L. Abercrombe Inc

ADDRESS RT #1, Box 56, Great Bend Kan. 67530

PHONE # (316) 793-8186 OPERATORS LICENSE NO. 5393

Character of Well Gas

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

The plugging proposal was approved on 12-5-91 - K.C.C. - Wichita Approval - (date)

by 12-17-91 - 8:05 AM - Dan Goodrow (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 4686 Bottom 4802 T.D. 4869

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
				8 5/8	426	
				4 1/2	4860	3161

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from feet to feet each s
Pushed Plug to 4786' - Sanded back to 4720' & Dump Bail 4 Sx Cement - Layed Down Casing and Plug w/ 300 Pounds Hulls, 10 Sx Cell, 50 Sx 60/40 Poz, 6070 Cell, 100 Pounds Hulls, 10 Sx Cell, 8 5/8 wiper Plug, 150 Sx 60/40 Poz 6070 Cell - Plug Down @ 1:00 PM on 12/18/91 KCC, District #1 agent Steve Middleton Was Present.

(If additional description is necessary, use BACK of this form.)

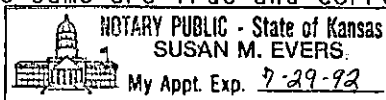
Name of Plugging Contractor Pipe Recovery Inc. License No. 30752

Address PO: Box 7, Great Bend, Kansas, 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: A.L. Abercrombe Inc

STATE OF Kansas COUNTY OF Barton, ss.

E.L. Abercrombe (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact-statements, and matters herein contained and the log of the above-described well as filed t the same are true and correct, so help me God.



(Signature) E.L. Abercrombe

(Address) RT #1 Box 56, Great Bend Kan 67530

SUBSCRIBED AND SWORN TO before me this 23rd day of December, 19 91

Susan M. Evers
 Notary Public

My Commission Expires: 7-29-92

RECEIVED
 STATE CORPORATION COMMISSION
12-26-91
 DEC 26 1991