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 15-075-206600000

LEASE NAME Barrett

WELL NUMBER #1A-14

3747 Ft. from S Section Line

1346 Ft. from E Section Line

SEC. 14 TWP 21 RGE. 43 (E) or (W)

COUNTY Hamilton

Date Well Completed 10-09-97

Plugging Commenced 10-09-97

Plugging Completed 10-09-97

LEASE OPERATOR William H. Davis

ADDRESS 2800 Mid-Continent Tower, Tulsa, OK 74103

PHONE (918) 587-7782 OPERATORS LICENSE NO. 04511

Character of Well D&A

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

The plugging proposal was approved on 10-09-97 (date)

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

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

Producing Formation None Depth to Top Bottom T.D.

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

OIL, GAS OR WATER RECORDS | CASING RECORD 11-13-97

Formation	Content	From	To	Size	Put In	Pulled out

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

Allied Cementing plugged as follows: 100 sack plug 60/40 poz, 6% gel at 800', 255 sack plug 60/40 poz, 6% gel at 200' to surface, 20 sack plug 60/40 poz, 6% gel at surface, 15 sacks in rat hole

Name of Plugging Contractor Allied Cementing License No. 30606

Address P. O. Box 628, Great Bend, KS 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: William H. Davis

STATE OF Kansas COUNTY OF Seward, ss.

Keith Hill, agent for William H. Davis (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)

(Address) Crown Consulting, Inc.
P. O. Box 1816, Liberal, KS 67905

SUBSCRIBED AND SWORN TO before me this 12th day of November, 19 97

Notary Public

My Commission Expires:

NOTARY PUBLIC, State of Kansas
Seward County
HELEN M. SMITH
My Appt. Exp. 3-5-2001

USE ONLY ONE SIDE OF EACH FORM

Form CP-4
Revised 05-88

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

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM

(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # ( ) _____

LEASE _____ WELL#_____ SEC._____ T._____ R._____(East/West)

___-___-____-___ SPOT LOCATION/QQQQ COUNTY_____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL ___ GAS WELL ___ D&A ___ SWD/ENHR WELL ___ DOCKET#_____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE_____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

_____

_____
(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE# ( ) _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # ( ) _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE:_____ AUTHORIZED OPERATOR/AGENT:_____
(signature)