

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

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-055-21,270-0000

LEASE NAME ISAAC FARMS

TYPE OR PRINT

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

WELL NUMBER #29-2

330' Ft. from S Section Line

660' Ft. from E Section Line

LEASE OPERATOR NORTH AMERICAN RESOURCES CO.

SEC. 29 TWP. 21S RGE. 31 (E) or (W)

ADDRESS 16 E. GRANITE, BUTTE, MT 59701

COUNTY FINNEY

PHONE (406) 496-5292 OPERATORS LICENSE NO. 04779

Date Well Completed _____

Character of Well D&A

Plugging Commenced 3-11-94

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

Plugging Completed 3-11-94

The plugging proposal was approved on 3-11-94 (date)

by Case Morris (KCC District Agent's Name).

Is ACO-1 filled? No If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4900'

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"	237.41'	None

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.

Fill w/heavy mud; set 1st plug @ 2978'-2578' w/100 sx; 2nd plug @ 2250'-2050' w/50 sx; 3rd plug @ 1600'-1400' w/50 sx; 4th plug @ 850'-650' w/50 sx; 5th plug @ 275'-75' w/50 sx; 6th plug @ 40'-surface w/10 sx; rathole 15 sx; Ttl 325 sx 60-40 posmix 6% gel 1/2# Floseal per sk.

Name of Plugging Contractor Abercrombie RTD, Inc. License No. 30684

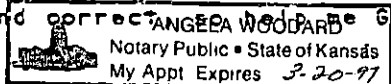
Address 150 N. Main, Suite 801, Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: North American Resources Co.

STATE OF Kansas COUNTY OF Sedgwick, ss.

Mark R. Galyon

(Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well, and that the same are true and correct.



(Signature) Mark R. Galyon

(Address) 150 N. Main, Suite 801, Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 29th day of March

Angela Woodard
Notary Public

My Commission Expires: 3-20-97

USE ONLY ONE SIDE OF EACH FORM.

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. _____ PETD _____ ANHYDRITE DEPTH _____
(G.L./K.E.) (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. sec. 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)