

STATE OF KANSAS
 STATE CORPORATION COMMISSION
 130 S. Market, Room 2078
 Wichita, KS 67202

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

API NUMBER 15-053-00997-00-00

LEASE NAME Frevvert

WELL NUMBER #2

2310' Ft. from S Section Line

990' Ft. from W Section Line

SEC. 11 TWP. 17 RGE. 10 (E) or (W)

COUNTY Ellsworth

Date Well Completed _____

Plugging Commenced 4/3/02

Plugging Completed 4/4/02

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

LEASE OPERATOR D.R. Lauck Oil Co., Inc.

ADDRESS 221 S. Broadway, Suite 400, Wichita, KS 67202

PHONE (620) 263-8267 OPERATORS LICENSE NO. 5427

Character of Well Oil

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

The plugging proposal was approved on 4/4/02 (date)

by Virgil Clothier (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 3243' Bottom 3294' T.D. 3294'

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
	Surface	0	189	10-3/4"	189'	0'
	Production	0	3243	5-1/2"	3243'	0'

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. Dump sand to 3244'. Put 5 sx on bottom. Rig up perforators. Perforate well at 1190', 938', and 260'. Run tubing in to 1214'. Spot 35 sx and 100 # hulls. Pulled up to 966'. Spot 35 sx and 100 # hulls. Pulled up to 265', circulate to top. Spot 300 # hulls. Pulled tubing out. Tied on to surface pipe. Put 30 sx cement. Top off with cement. Tore down and moved off.

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: D.R. Lauck Oil Co., 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 that the same are true and correct, so help me God.

(Signature) Joseph F. Strube

(Address) P.O. Box 231, Claflin, KS 67525

KAREN J. MITCHELL
 Notary Public - State of Kansas

SUBSCRIBED AND SWORN TO before me this 5th day of April, 2002

Karen J. Mitchell
 Notary Public

My Commission Expires: April 13, 2002

RECEIVED
 APR. 08 2002
 KCC WICHITA

OR