STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

K.A.R.-82-3-117

15.053.00996.0000

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

API NUMBER Completion 8-16-43

LEASE NAME Frevert

WELL NUMBER 1

_____ Ft. from S Section Line

_____ Ft. from E Section Line

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

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

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

COUNTY Ellsworth

PHONE# (316) 263-8267 OPERATORS LICENSE NO. 5427

Date Well Completed 8-16-43

Character of Well Oil

Plugging Commenced 8-10-93

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

Plugging Completed 10-7-93

The plugging proposal was approved on _____ (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3269'

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
				10"	160'	none
				5 1/2"	3218'	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. Sanded bottom to 3170' & 5 sks cement. Perfed 2 holes @ 830' & 340'. Ran tubing to 800' & ran 70 sks cement @ 800'. Pulled tubing. Hooked on to 5½ casing, pumped 75 sks 60/40 pos 4% gel. Wouldn't circulate to surface. Went back in w/tubing to 660', pumped 35 sks. Pulled tubing. Hooked on to 5½ casing, pumped 140 sks 60/40 pos 4% gel. Circulated to surface on backside from 350'. Plugging complete.

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P. O. BOX 347 CHASE, KS 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: D. R. Lauck Oil Co., Inc.

STATE OF KANSAS COUNTY OF RICE, ss.

R. DARRELL KELSO (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) R. Darrell Kelso

(Address) P. O. BOX 347 CHASE, KS 67524

SUBSCRIBED AND SWORN TO before me this 12th day of October, 1993

Irene Herzberg
Notary Public

My Commission Expires:

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 1997

RECEIVED
STATE CORPORATION COMMISSION
OCT 19 1993
CONSERVATION DIVISION
Wichita, Kansas

Form CP-4
Revised 05-88