

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

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

RECEIVED
 FEB - 8 2002 2-8-2002
 KCC WICHITA
 TYPE OR PRINT
 NOTICE: Fill out completely
 and return to Cons. Div.
 office within 30 days.

API NUMBER 15-009-23,230-00-00

LEASE NAME Iannitti

WELL NUMBER 1

4950 Ft. from S Section Line

3630 Ft. from E Section Line

SEC. 19 TWP. 20s RGE. 15 (E) or (W)

COUNTY Barton

Date Well Completed 8-18-83

Plugging Commenced 1-24-02

Plugging Completed 1-24-02

LEASE OPERATOR Gore Oil Company

ADDRESS P.O. Box 2757, Wichita, KS 67201-2757

PHONE# (316) 263-3535 OPERATORS LICENSE NO. 5552

Character of Well Oil

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

The plugging proposal was approved on 1-9-02 (date)

by Mr. Pfeifer (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to Top 3792' Bottom 3900' T.D. 3900'

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
		0	335'	8 5/8"	335'	0'
		0	389'	5 1/2"	389'	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 plugs were used, state the character of same and depth placed, from feet to feet each set.
 1st plug at 3658' w/18 sx gel, 300# hulls and 50 sx 60/40 Pozmix, 10% Gel. 2nd plug at 1767'. Pull tubing to 1767' and circulate w/130 sx 60/40 Pozmix, 10% Gel. 3rd plug, put on 5 1/2" swedge and mixed 10 sx 60/40 Pozmix, 10% Gel to surface. Pressured to 300# and shut in.

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

Name of Plugging Contractor Express Well Service License No. 6426

Address P.O. Box 19, Victoria, KS 67671-0019

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Gore Oil Company

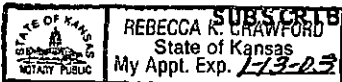
STATE OF Kansas COUNTY OF Sedgwick, ss.

Larry M. Jack (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) Larry M. Jack

(Address) P.O. Box 2757, Wichita, KS 67201-2757



SUBSCRIBED AND SWORN TO before me this 6th day of February, 19 2002

Rebecca K. Crawford
 Notary Public

My Commission Expires: 1-13-03

OR