

API NUMBER 150135-23847

15.135.23847.0000

LEASE NAME Reinert

TYPE OR PRINT

WELL NUMBER 1

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

1650 Ft. from S/N Line of Section (circle one)

2310 Ft. from E/W Line of Section (circle one)

LEASE OPERATOR Reynolds-Rexwinkle Oil, Inc.

SPOT LOCATION SW - NW - SE ~~XXXXXX~~

ADDRESS 212 N. Market #402

SEC. 15 TWP. 20 S. RGE 23 (E) or (W)

CITY, STATE, ZIP Wichita, Kansas 67202

COUNTY Ness

PHONE# (316) 269-1233 OPERATORS LICENSE NO. 30870

Date Well Completed 1-7-95

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

Date Plugging Commenced 2-24-95

Date Plugging Completed 2-24-95

The plugging proposal was approved on 2-24-95 (date)

by Richard Lacey (KCC District Agent's Name)

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

Producing Formation(s) na Depth to Top _____ Bottom _____ T.D. _____

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	PULL OUT
surface		0	228	8 5/8	228	none
Production		0	4381	5 1/2	4381	none

Described 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.

Rigged up Halliburton to pump down casing. Mixed and displaced 25
sacks of Halliburton Light cement containing 200# cotton seed hulls
and 24 sacks of gel, and finished with 115 sacks of Halliburton
Light cement. (25sx in bottom to 4015' and 115sx from 1500' to surface)
 (If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor none

License No. _____

Address _____

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Reynolds-Rexwinkle Oil, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

Daniel M. Reynolds (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) [Signature]

(Address) 212 N. Market #402

SUBSCRIBED AND SWORN TO before me this 27 day of April, 19 95

[Signature]
 Notary Public

My Commission Expires: 6/4/96

8-28-95
 STATE CORPORATION COMMISSION
 APR 28 1995
 SHARON K. GARRISON, Notary Public

