

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

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

API NUMBER 15-097-20,429-0000

LEASE NAME Huck

WELL NUMBER 1-17

660 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 17 TWP. 30S RGE. 20 (X) or (W)

COUNTY Kiowa

Date Well Completed _____

Plugging Commenced 9-10-99

Plugging Completed 10-5-99

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

LEASE OPERATOR Indian Oil Co., Inc.

ADDRESS P.O. Box 209, Medicine Lodge, KS 67104

PHONE#(316) 886-3763 OPERATORS LICENSE NO. 31938

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by Steve Middleton (KCC District Agent's Name).

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

Producing Formation Cherokee Depth to Top 5171 Bottom 5173 T.D. 5243

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"	482'	
				4-1/2"	5240'	3277'

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 are used, state the character of same and depth placed, from feet to feet each set.
Pumped into 8-5/8 a total of 300 lbs Hulls, 10 sx gel, 50 sx cement, 10 sx gel,
100 lbs Hulls, 8-5/8 wiper plug, 150 sx cement - 60/40 6% gel. Had max pressure
of 400 lbs

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467, Chase, KS 67524-0001 11-9-99

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Indian Oil Co., Inc.

STATE OF Kansas COUNTY OF Barber, ss.

Michael Farrar

(Employee of Operator) or (Operator) of

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated, 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) P.O. Box 209, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 4th day of November, 1999

Teresa L. Myers
 Notary Public

My Commission Expires: 7-3-2000

