

API NUMBER N/A

LEASE NAME Olsen

WELL NUMBER A-1

         Ft. from S Section Line

         Ft. from E Section Line

SEC. 6 TWP. 35S RGE. 12 ~~XXXX~~ (W)

COUNTY Barber

Date Well Completed         

Plugging Commenced 6/30/97

Plugging Completed 7/8/97

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

LEASE OPERATOR John O. Farmer, Inc.

ADDRESS Box 352, Russell, KS 67665

PHONE#(913) 483-3144 OPERATORS LICENSE NO. 5135

Character of Well Good

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

The plugging proposal was approved on 6/30/97 (date)

by Kevin Strube (KCC District Agent's Name).

Is ACO-1 filed? yes If not, Is well log attached? no

Producing Formation Miss Depth to Top 4746 Bottom 4768 T.D. 4815

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
				9 5/8	254	None
				5 1/2	4814	3300

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 lay down rods and tubing, sand well back to 4685, dump 5sx portland cement with dump bailer, stretch and cut pipe at 3300, lay down casing, Allied pump 300 hulls, 10sx jell, 50sx cement, 10 jel, 100 hulls, 125sx cement, 60/40 6% jel.

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

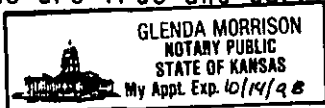
Name of Plugging Contractor Clarke Corporation License No. 55105

Address P.O. Box 187, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: John O. Farmer, Inc.

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (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 the the same are true and correct, so help me God.



(Signature) [Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 8 day of July, 1997

[Signature]  
Notary Public

My Commission Expires: 10/14/98