

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

FORM

WELL PLUGGING RECORD

Give All Information Completely
Make Required Affidavit

COUNTY Morton SEC. 21 TWP. 33S RGE. 43W E/W
Location as in quarters or footage from lines:
1470 FSL 1470 FWL

Lease Owner Ricks Exploration
Lease Name Cimarron Well No. 21-A
Office Address Box 2077 Oklahoma City, Oklahoma 73101
Character of Well (Completed as Oil, Gas or Dry Hole): Dry Hole
Date Well Completed _____
Application for plugging filed _____
Plugging commenced 4-25-83
Plugging completed 4-27-83
Reason for abandonment of well or producing formation _____

Locate Well
correctly on above
Section Platt.

Was permission obtained from the Conservation Division or it's
Agent's before plugging was commenced? Yes

Name of Conservation Agent who supervised plugging of this well Paul Luthi
Producing formation _____ Depth to top _____ bottom T.D. 3916

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	1355	none
				4 1/2	3916	2486

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 hold. If cement
or other plugs were used, state the character of same and depth placed, from _____ feet
to _____ feet for each plug set.

- Pump 20 sks. of cement @ 2800 to 2600
- Pump 35 sks. of cement @ 2480 to 2380
- Pump 40 sks. of cement @ 1380 to 1280
- Pump 15 sks. of cement @ 840 to 800
- Put 10 sks. of cement @ 40 to 0
- Cut off & cap 8 5/8 3' below ground level

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

Name of Plugging Contractor Sargents Casing Pulling Service Box 506 Liberal, Kansas 67901

STATE OF OKLAHOMA COUNTY OF OKLAHOMA, ss.

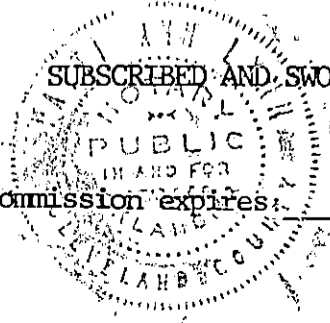
J. E. ADKINS (employee of owner) or (owner or operator) of the
above-described well, being first duly sworn on oath, says: That I have knowledge of the
facts, statements, and matters herein contained and the log of the above-described well as
filed and that the same are true and correct. So help me God.

(Signature) J. E. Adkins
P. O. Box 2077, OKC, OK 73101
(Address)

SUBSCRIBED AND SWORN TO before me this 20th day of May, 19 83

[Signature]
Notary Public.

My Commission expires 3-3-84



RECEIVED
STATE CORPORATION COMMISSION

MAY 25 1983

CONSERVATION DIVISION
Wichita, Kansas

15-129-20652-0000

OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
OF THE STATE OF COLORADO

REV. 7-64

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DENOMINATION AND SERIAL NO.
2. NAME OF OPERATOR <u>Ricks Exploration</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>Box 2077 Oklahoma City, Oklahoma 73101</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>At proposed prod. zone</u>		8. FARM OR LEASE NAME <u>Cimarron</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. <u>21-A</u>
		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 21-33S-43W</u> <u>1470 FSL 1470 FWL</u>
		12. COUNTY <u>Norton</u>
		13. STATE <u>Kansas</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Date of work 4-25-83 4-27-83

Pump 20 sks. of cement @ 2800 to 2600
 Pump 35 sks. of cement @ 2480 to 2380
 Pump 40 sks. of cement @ 1380 to 1280
 Pump 15 sks. of cement @ 840 to 800
 Put 10 sks. of cement @ 40 to 0
 Recovered 2486 ft. of 4½ in. casing
 Cut off & cap 8 5/8 3' below ground level.

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MAY 25 1983

CONSERVATION DIVISION
Wichita, Kansas

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Production Manager DATE 5/20/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: