

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

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

API NUMBER 15-039-20294-00-00

LEASE NAME Chambers B

WELL NUMBER 1

RECEIVED
KANSAS CORP COM
12-28-1999
1999 DEC 28 A 11:40

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

 Ft. from S/W Line of Section (circle one) \int

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

LEASE OPERATOR Adeco Chambers

SPOT LOCATION SW SW NW

ADDRESS Box 873

SEC. 13 TWP. L S. RGE 26 of (W)

CITY, STATE, ZIP Hays Kansas 67601

COUNTY Decatur

PHONE#(785) 625-6010 OPERATORS LICENSE NO. 8981

Date Well Completed 11-22-74

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

Date Plugging Commenced 9/2/99

Date Plugging Completed 9/2/99

The plugging proposal was approved on _____ (date)

by Goodrow (KCC District Agent's Name)

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

Producing Formation(s) Kansas City Depth to Top 3199 Bottom 3423 T.D. 3534

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
		0	209	8 5/8	209	none
		0	3408	4 1/2	3408	none

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.

Mix a pump 50 sacks down back side. Max pressure 100# mix pump
160 sacks with 500 lbs of pills down back side. Max pressure 500 lbs. Shut
in pressure 300 lbs

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

Name of Plugging Contractor Fire Servicing, Inc.

License No. 3152

Address Box 115 Oberlin, KS 67249

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Adeco-Chambers

STATE OF Kansas COUNTY OF Decatur

Rick Chambers POA for Lester Chambers (Em)

of above-described well, being first and the log of the above-described

I, Rick Chambers duly sworn on oath, says: That I have knowledge of the facts, statement as filed that the same are true and correct, so help me God.

(Signature) Rick Chambers POA

(Address) P.O. Box 873 Hays, KS 67601

(R)

SUBSCRIBED AND SWORN TO before me this 17th day of December, 19 99

Neil Manning
Notary Public

My Commission Expires: 2-26-03

DEB DENNING
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 2-26-03

Form CP-4
Revised 12-