

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

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

15-153-20158-00-02

API NUMBER 15-153-20,158

LEASE NAME Kastens "B"

WELL NUMBER #4

4620 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 22 TWP. 1S RGE. 32 ~~XXXX~~(W)

COUNTY Rawlins

Date Well Completed 6-11-73

Plugging Commenced 2-1-91

Plugging Completed 11:15 A.M.,
2-1-91

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

LEASE OPERATOR John O. Farmer, Inc.

ADDRESS P.O. Box 352, Russell, KS 67665

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

Character of Well Oil

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

The plugging proposal was approved on January 9, 1991 (date)

by District #4 (KCC District Agent's Name).

Is ACO-1 filed? Well If not, is well log attached? Yes
 originally drilled prior to inception of ACO-I

Producing Formation Lansing/KC Depth to Top 3985' Bottom 4083' T.D. 4175'

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
Lansing 90' zone	oil & water	3985'	90'	8-5/8"	255'	-0-
Lansing 190' zone	oil	4083'	87'	4-1/2"	4174'	-0-

2-14-91
FEB 14 1991

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. Cemented with 17 sacks 65/35 Pozmix, 10% gel down the annulus. Cemented down the 5-1/2" casing with 193 sacks 65/35 Pozmix, 10% gel. Pressured to 700 PSIG. See attached ticket.

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

Name of Plugging Contractor John O. Farmer, Inc. License No. 5135

Address P.O. Box 352, Russell, KS 67665

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

STATE OF Kansas COUNTY OF Russell, ss.

John O. Farmer III (~~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.

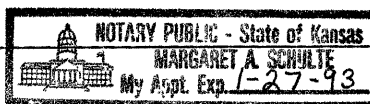
(Signature) John O. Farmer III

(Address) P.O. Box 352, Russell, KS 67665

SUBSCRIBED AND SWORN TO before me this 13th day of February, 19 91

Margaret A. Schulte
 Notary Public

My Commission Expires:



Margaret A. Schulte