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

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

API NUMBER 15-039-00606-00-02

LEASE NAME Jennings Unit

WELL NUMBER 6-1

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

_____ Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 25 TWP. 4S RGE. 27W (E) or (W)

LEASE OPERATOR Viking Resources, Inc.

ADDRESS 105 S. Broadway Suite 1040 Wichita, KS. 67206

COUNTY Decatur

PHONE# (316) 262-2502 OPERATORS LICENSE NO. 5011

Date Well Completed 12-12-52

Character of Well Oil

Plugging Commenced 8-21-90

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

Plugging Completed 9-12-90

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3488'

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
				10 3/4"	275'	none
				7"	3488'	813'

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.

Sanded bottom to 2975' ran 7 sacks cement. Shot pipe @1100', 1000', 930'. Down 10 3/4" casing @500# max pressure mixed 6 sacks hulls with 300 sacks cement and shut in @300#. 300 sacks 65/35 poz 10% gel and 6 sacks hulls.

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Viking Resources, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrell Kelso (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) [signature]

(Address) P.O. Box 347 Chase, KS. 67524

SUBSCRIBED AND SWORN TO before me this 20 day of Sept., 19 90

Irene Herzberg
Notary Public

My Commission Expires: IRENE HERZBERG State of Kansas My Appt. Exp. Aug. 24, 1993

RECEIVED STATE CORPORATION COMMISSION SEP 21 1990 CONSERVATION DIVISION Wichita, Kansas

09-21-90

Form CP-4
Revised 05-88