

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

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

~~15-039-00564-00-00~~
API NUMBER _____

15-039-19039-00-02

LEASE NAME Jennings Unit

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

WELL NUMBER 4-6-

_____ Ft. from S Section Line

_____ Ft. from E Section Line

LEASE OPERATOR Viking Resources, Inc.

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

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

COUNTY Decatur

PHONE#(316) 262-2502 OPERATORS LICENSE NO. 5011
67202-4224

Date Well Completed 3-7-54

Character of Well Oil

Plugging Commenced 7-26-90

(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. 3524'

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"	693'	none
				7"	3521'	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.
Sanded bottom to 2990' ran 7 sacks cement. Shot pipe @1400', 1200', 1000', 800'. Well was squeezed. Capped 7" casing with 50 sacks cement. Down annulus (10 3/4") @400# MAX pressure. Mixed 1 sack hulls with 150 sacks and shut in @200#. 200 sacks 65/35 10% gel & 1 (if additional description is necessary, use BACK of this form.) sack hulls.

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

[Signature]
Notary Public

My Commission Expires: _____

