

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. MARKET, ROOM 2078  
WICHITA, KS 67202

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

API NUMBER 15-163-03,825 -00-00

LEASE NAME Rempe

WELL NUMBER #1  
2310  
990 Ft. from S Section Line  
990 2310 Ft. from E Section Line

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

SEC. 21 TWP. 9S RGE. 18 (E) or (W)

LEASE OPERATOR VESS OIL CORPORATION

ADDRESS 8100 E. 22nd St. N., Bldg. 300, Wichita, KS 67226

COUNTY Rooks

PHONE # (316) 682-1537 OPERATOR'S LICENSE NO. 5030

Date Well Completed 2/47

Character of Well OIL

Plugging Commenced 5/12/99

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

Plugging Completed 5/13/99

The plugging proposal was approved on February 23, 1999 (date)  
by David P. Williams (KCC District Agent's Name)

Is ACO-1 filed? no If not, is well log attached? \_\_\_\_\_

Producing Formation LKC/Arb Depth to Top 3412 Bottom 3599 T.D. 3599

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"	169	----
				5-1/2"	3579	----

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.

5/12/99 - 8'5/8" X 5-1/2" annulus had cement at surface. Perforated @ 1520' and 940'. Dumped down 5-1/2" csg as follows: 25 sx cement (60/40 Poz w/10% gel) with 200# hulls; 20 sx gel; 200 sx cement w/200# hulls. Max pressure 500#, SIP - 100#.

5/13/99 - Topped off w/25 sx cement. Approved by Dennis Hamel - KCC.

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

Name of Plugging Contractor Allied Cementing License No. \_\_\_\_\_

Address P.O. Box 31, Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Vess Oil Corporation

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

Pat Canaday (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says that: 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)

*Pat Canaday*

(Address)

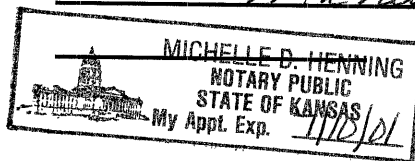
8100 E. 22nd Street North, Bldg. 300, Wichita, KS 67226

SUBSCRIBED AND SWORN TO before me this

27th day of May, 19 99

My Commission Expires:

*Michelle D. Henning*  
STATE Notary Public



5-28-99  
CONS. DIVISION  
WICHITA, KANSAS

Form CP-4  
Revised 05-88