STATE OF KANSAS STATE CORPORATION COMMISSION 130 S. MARKET, ROOM 2078 WICHITA, KS 67202		WELL PLUGGING RECORD K.A.R82-3-117		API NUMBER	15-163-30,2	15-163-30,216 -00-00		
•				LEASE NAME	Rempe			
		TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days		WELL NUMBER  1650				
LEASE OPERATOR	VESS OIL CORPORATION			SEC. 21 TWP	. 9 <b>S</b> RG	SE. 18 (E)	or/(W)	
ADDRES 8100 E. 22	nd St. N., Bldg. 300, Wichita, K	(S 67226		COUNTY Rool	ks			
PHONE # (316) 682-1537	-	5030	Date Well Complete	d <u>9/6</u>	6			
Character of Well OIL	- Commence of the Assessment			Plugging Commence	ed <u>5/1</u>	2/99		
(Oil, Gas, D&A, SWD,	II)		Plugging Completed	5/1	5/13/99			
The plugging proposal was app	roved on February 23, 1999	· )		33 3 1			ate)	
by David P. Williams					(KCC District	t Agent's Name		
Is ACO-1 filed? no	If not, is well log attached?							
Producing Formation	LKC/Arb	Depth to Top	3327	Bottor	m 3626	T.D.	3626	
Show depth and thickness	of all water, oil and gas form	nations.						
OIL, GAS OR WATER RECORI	OS		Casing Record					
Formation	Content	From To	Size	Put in	Pulled out			
			8-5/8" 5-1/2"	221 3578				
Describe in detail the m	nanner in which the well	was plugged	l, indicating whe	re the mud fluid v	⊸∟——— vas			
placed and the method	or methods used in intro	oducing it into	o the hole. If ce	ment or other plu	ıgs			
were used, state the che Pumped down 8-5/8" x 5-1/2" ar	naracter of same and dep nulus w/5 sx cement (60/40 Poz	oth placed, fr w/10% gel)	om feet to _	feet each se	-			
Max pressure 250#, SIP - 250#.	Pumped down 5-1/2" casing with	n 225 sx cement v	v/500# hulls-vac.					
5/13/99 - Topped oπ 5-1/2" W/60	sx cement. Approved by Dennis	Hamel - KCC.	***************************************					
(If additional	description is necessary, use BAG	CK of this form.)			W.	**************************************		
Name of Plugging Contractor	Allied Cementing				License No.			
Address P.O. Box 31	I, Russell, KS 67665		•					
NAME OF PARTY RESPONSIE	LE FOR PLUGGING FEES:		Vess D	1 Corpore	ation			
STATE OF KANSAS		COUNTY OF	SEDGWICK		, ss.			
Pat Canaday		(Fm	plovee of Opera	ator) or (Operator	·			
above-described well, b	peing first duly sowrn on	oath. savs th	nat: That I have	knowledge of the	facts			
statements and matters	herein contained and th	nelog of the a	bove-described	well as filed that	o lacto,			
the same are true and o	correct, so help me God.							
	•	(Signature)		aved	-			
SUBSCRIBE	D AND SWORN TO before me th	(Address) iis	8100 E. 22nd Street 27th	North, Bldg. 300, Wichin	May // ) 19	99		
My Commiss	ion Expires:	N- Da	ICHELLE D. HENNIN MUTARY PUBLIC STATE OF KANSAS Appt. Exp.	5 · 008 3 · 6 · 8	-28-99 Vica cavision	SSION Form Revised	i CP-4 05-88	
	-			William	ta. Kansas			