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

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

API NUMBER 15-065-03378-00-00

LEASE NAME Trexler

WELL NUMBER 1

_____ Ft. from S Section Line

_____ Ft. from E Section Line

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

LEASE OPERATOR Phillips Petroleum Co.

SEC. 15 TWP. 9S RGE. 21W (E) or (W)

ADDRESS RR #3 Box 20-A Great Bend, Ks. 67530

COUNTY Graham

PHONE# (316) 793-8421 OPERATORS LICENSE NO. 5229

Date Well Completed 4-17-39

Character of Well Oil

Plugging Commenced 11-22-91

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

Plugging Completed 12-5-91

The plugging proposal was approved on _____ (date)

by Carl Goodrow (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3720'

Show depth and thickness of all water, oil and gas formations.

RECEIVED
STATE CORPORATION COMMISSION
12/12/91
DEC 12 1991
CONSERVATION DIVISION
Wichita, Kansas

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				13"	246'	none
				9 5/8"	1487'	none
				7"	3691'	1849'

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.

Bottom already plugged. Shot @2000', 1849'. Mixed 350 sacks w/500# down casing @400# Shut In @200#.

(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: Phillips Petroleum Co.

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 11 day of December, 19 91

[signature] Notary Public

My Commission Expires: _____

STATE NOTARY PUBLIC KANSAS
IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 1993

Form CP-4
Revised 05-88