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

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

API NUMBER 15-065-01400-00-00

LEASE NAME Morel

WELL NUMBER A-2

_____ Ft. from S Section Line

_____ Ft. from E Section Line

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

COUNTY Graham

Date Well Completed 7-22-42

Plugging Commenced 12-4-91

Plugging Completed 12-6-91

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

LEASE OPERATOR Phillips Petroleum Co.

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

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

Character of Well Oil

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

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. 3719'

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
				8 5/8"	240'	none
				6"	3691'	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.

Bottom already plugged. Shot pipe @1800', 1400', 900', 520'. Dump 6" casing mixed 150 sacks cement w/300# hulls, pumped cement to 1800' down 10 3/4" & 6" casing pumped 200# hulls with 200 sacks cement. Max Pressure 500#, Shut In 300#.

(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 10 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