

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

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

API NUMBER 15-179-20,944-00-00

LEASE NAME POPP

WELL NUMBER #1

4840 Ft. from S Section Line

3960 Ft. from E Section Line

SEC. 16 TWP. 9 RGE. 27 ~~XX~~ or (W)

COUNTY Sheridan

Date Well Completed 6-18-89

Plugging Commenced 6-18-89

Plugging Completed 6-18-89

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

LEASE OPERATOR Viking Resources

ADDRESS 120 S. Market, Suite 518, Wichita, KS 67202-3819

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

Character of Well D & A

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

The plugging proposal was approved on 6-17-89 (date)

by \_\_\_\_\_ (KCC District Agent's Name).

Is ACO-1 filled? Yes If not, is well log attached? \_\_\_\_\_

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom T.D. 4096'

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
Surface		218'	0'	8-5/8"	218'	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 plug were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set. Plugged hole with 205 sacks 60/40 Pozmix, 6% gel, 3% cc, as follows:

25 sx @ 2370', 100 sx @ 1490' and 1 sack Floseal, 40 sx @ 260', 10 sx @ 40', 15 sx R.H., 15 sx M.H. P.D. @ 5:00 a.m. 6-18-89.

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

Name of Plugging Contractor Mallard JV, Inc. License No. 4958

Address P.O. Box 1009, McPherson, KS 67460 **RECEIVED**  
STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Viking Resources III 18 1989

STATE OF KANSAS COUNTY OF SEDGWICK, ss. 07-18-1989  
CONSERVATION DIVISION  
Wichita, Kansas

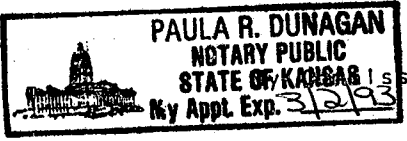
JAMES B. DEVLIN (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) James B. Devlin

(Address) \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 5th day of July, 1989

Paula R. Dunagan  
Notary Public



Commission Expires: 24 March 1993