

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 15-015-21,222-00-00

LEASE NAME Jacobs

WELL NUMBER 1

200 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 1 TWP. 26 RGE. 3E (E) or (W)

COUNTY Butler

Date Well Completed _____

Plugging Commenced 4-16-01

Plugging Completed 4-20-01

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

LEASE OPERATOR Mike Kelso Oil, Inc.

ADDRESS P.O. Box 467 Chase, Kansas 67524

PHONE#(620) 938-2943 OPERATORS LICENSE NO. 31528

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by Donald Hoberecht (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 2755'

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

RECEIVED
KANSAS CORPORATION COMMISSION

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				8-5/8"	180'	None
				4-1/2"	2700'	2200'

MAY 11 2001
5-11-01

CONSERVATION DIVISION

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from _____ feet to _____ feet each s
Plugged off bottom with sand to 2600' and 4 sks. cement. Shot pipe @2200', pulled up to 260',
circulated 115 sks. 60/40 pos to surface. Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Mike Kelso Oil, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

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

(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 9th day of May ~~XX~~ 2001

[Signature]
Notary Public

My Commission Expires: _____

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 2001

Form CP
Revised 05-

OR