

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 15-193-20478 100-00

LEASE NAME Bertrand # 1

WELL NUMBER !

RECEIVED
 JAMES COOK
 12-18-1997

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

990' Ft. from S/4 Line of Section (circle one)

330' Ft. from E/4 Line of Section (circle one)

LEASE OPERATOR Anderson Energy, Inc.

ADDRESS 200 E. First St. Suite 414

CITY, STATE, ZIP Wichita, Ks. 67202

PHONE# 616 265-7929 OPERATORS LICENSE NO. 6484

Charater of Well Oil (Csg leak)
 (Oil, Gas, D&A, SWD, Input, Water Supply Well)

SPOT LOCATION SE/4 - NE - SE - SE

SEC. 22 TWP. 9 S. RGE 32 (E) or (W)

COUNTY Thomas

Date Well Completed 5-22-89

Date Plugging Commenced 12-10-97

Date Plugging Completed 12-10-97

The plugging proposal was approved on 12-10-97 Special Request _____ (date)

by Marvin Miller and Herb Deines (KCC District Agent's Name)

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

Producing Formation(s) Myrick Station, Pawnee Depth to Top 4463' Bottom 4512' T.D. PB4652'

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

OIL, GAS OR WATER RECORDS 5 1/2" perf 1535'-220Sx 60/40 3%cc

CASING RECORD

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULL OUT
Shale & sand	Wtr (165 ⁶⁰ 402.3)	Surf	279'	8 5/8"	Cmt Circ	None
Myrick Statio	Oil					
Pawnee	Oil					
5 1/2"	Cmt-200sx ⁶⁰ 40 salt 10%	Surf	4700'	5 1/2"	4700'	none

Described 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. Used 560 sx 60/40 poz 10% gel and 900# hulls

~~tbg @ 4030' mix 100 sx & 300Hulls. Tbg @ 2945' mix 100 sx. Tbg @ 1860' mix 120 sx w/550 Hulls, cmt circ. lay out Tbg. swage csg. mix 50# Huls in first 5 sx, took 240 sx to get 900 psi, closed well in with 500 psi. finish pta @ 1830 Hrs. Checked Braden Head, was full of cmt.~~

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

Name of Plugging Contractor Allied Cmtg

License No. _____

Address P. O. Box 31 Russell, ks. 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: William L. Anderson

STATE OF _____ COUNTY OF _____, ss.

Robert A. Wahlmeier (Consultant) (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) Robert A. Wahlmeier

(Address) 2213 virginia, dr. Hays, Ks 67601

SUBSCRIBED AND SWORN TO before me this 17th day of DECEMBER, 1997

[Signature]
 Notary Public

My Commission Expires: 3-1-2001

RICHARD RUDER
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appt. Exp. _____

12-18-97