

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 South Market, Room 2078
Wichita, KS 67202

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

API NUMBER 15-065-21,690 - 0000

LEASE NAME KLENK

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

WELL NUMBER #7

(NW NE SE)

2310 Ft. from S Section Line

990 Ft. from E Section Line

LEASE OPERATOR John O. Farmer, Inc.

SEC. 18 TWP. 9S RGE. 23 XXXXXX (W)

ADDRESS P.O. Box 352, Russell, KS 67665

COUNTY Graham

PHONE# (785) 483-3144 OPERATORS LICENSE NO. 5135

Date Well Completed 10-23-82

Plugging Commenced 10-17-00

Plugging Completed 11:30 A.M., 10-17-00

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

The plugging proposal was approved on October 3, 2000 (date)
by (District #4) (KCC District Agent's Name).

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

Producing Formation Lansing "I" & Lansing "K" Depth to Top 3874' Bottom 3918' T.D. 3960'

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
Lansing "I"	oil/water	3874'	3879'	8-5/8"	220'	-0-
Lansing "K"	oil/water	3914'	3918'	5-1/2"	3959'	-0-

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.

Tied on to 8-5/8" casing & pressured to 500#. Tied on to 5-1/2" casing & mixed 5 hulls w/1st part of 280 sks. cement - maximum pressure - 1000# - shut in @ 1000#.

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

Name of Plugging Contractor Allied Cementing Company, Inc. License No.

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

RECEIVED
STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: John O. Farmer, Inc.

STATE OF Kansas COUNTY OF Russell, ss.

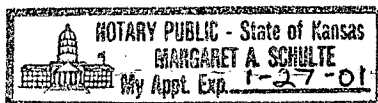
OCT 31 2000
10-31-00

John O. Farmer III XXXXXXXXXXXXXXXXXXXXXXXX (Operator) of above-described well, first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the logs of the above-described well as filed that the same are true and correct, so help me God.

(Signature) John O. Farmer III

(Address) P.O. Box 352, Russell, KS 67665

SUBSCRIBED AND SWORN TO before me this 30th day of October, 20 00



Margaret A. Schulte
Notary Public
Margaret A. Schulte

Form CP-4
Revised 05-88

(Handwritten initials)