

15-167-21562-00-01

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

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

API NUMBER _____

LEASE NAME Newman Trust

WELL NUMBER 1

_____ Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 13 TWP. 12S RGE. 15W (E) or (W)

COUNTY Russell

Date Well Completed _____

Plugging Commenced 1-30-91

Plugging Completed 2-6-91

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

LEASE OPERATOR Leavell Resources Corp.

ADDRESS Box 308 Hays, KS. 67601

PHONE#(913) 628-3324 OPERATORS LICENSE NO. 3386

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. 3124'

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

RECEIVED
STATE CORPORATION COMMISSION

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8"	695'	none
				4 1/2"	3118'	1868'

APR 01 1991
4-1-1991
CONSERVATION DIVISION
Wichita, Kansas

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.
Sanded bottom to 2795' ran 4 sacks cement. Shot pipe @1868'
Mixed 200 sacks w/500# hulls, Max Pressure 1000#, Shut In 600#.

(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: Kelso Casing Pulling, Inc.

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 28 day of March, 19 91

[Signature]
Notary Public

My Commission Expires: _____

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 1993