

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

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

15-195-21599-00-00
 API NUMBER _____

COPY

*Kelso
 Well*

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

LEASE NAME B.K. Deutscher

WELL NUMBER _____

_____ Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 4 TWP. 12 RGE. 21W (8) or (W)

COUNTY Trego

Date Well Completed 10-10-84

Plugging Commenced 4/9/90

Plugging Completed 4/17/90

LEASE OPERATOR Energy Exploration Inc.

ADDRESS 1002 S. Broadway Wichita, KS. 67202

PHONE#(316) 267-7336 OPERATORS LICENSE NO. 5063

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 filled? _____ If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4100'

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
				8 5/8"	326'	
				4 1/2"	4099'	2655'

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 3480' ran 4 sacks cement. Shot pipe @3480', 2655'
Plugged with 5 hulls with 225 sacks ATI. MAX 1100 Shut In 200

(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 20 day of April, 19 90

[Signature]
 Notary Public

My Commission Expires: _____

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

Form CP-4
 Revised 05-88