

STATE OF KANSAS
STATE CORPORATION COMMISSION
D. S. Market, Room 2078
Topeka, KS 67202

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

15-065-01652-00-00

API NUMBER _____

LEASE NAME McClellen

WELL NUMBER 1

_____ Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 2 TWP. 10S RGE. 21W (E) or (W)

COUNTY Graham

Date Well Completed _____

Plugging Commenced 1-22-98

Plugging Completed 1-26-98

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

LEASE OPERATOR Equinox Oil Company

ADDRESS 701 10th Street Great Bend, Kansas 67530

PHONE#(316) 793-8421 OPERATORS LICENSE NO. 9312

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by Dennis Hamel (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3826'

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"	142'	None
				5-1/2"	3820'	None

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 side. Pumped 260 sks. cement w/500# hulls down 2-7/8" tubing from 1850' to surface. Pulled tubing and hooked on to 5-1/2" casing and squeezed to 500 PSI with 30 sks. cement. Hooked onto backside and pressured to 300 PSI. Shut in casing @500 PSI. Plugging Complete. 60/40 pos, 10% gel.

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: Equinox Oil Company

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed to 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 4th day of February, 1998

2-5-1998

CONSERVATION COMMISSION
Notary Public

My Commission Expires: August 24, 2001



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

Form CP
Revised 05-