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

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

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

API NUMBER 15-167-05136-0000

LEASE NAME Eulert

WELL NUMBER B-2

_____ Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 35 TWP. 11 RGE. 15W (E) or (W)

COUNTY Russell

Date Well Completed 2-17-50

Plugging Commenced 3-5-91

Plugging Completed 3-8-91

LEASE OPERATOR Resource Operations

ADDRESS Box 466 Chase, KS. 67524

PHONE # (316) 938-2982 OPERATOR'S LICENSE NO. 30364

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.D. 3289'

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

OIL, GAS OR WATER RECORDS | CASING RECORD

RECEIVED
STATE CORPORATION COMMISSION
03-13-91
MAR 13 1991
CONSERVATION DIVISION
Wichita, Kansas

Formation	Content	From	To	Size	Put in	Pulled out
				8 5/8"	894'	none
				5 1/2"	3285'	1970'

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 3230' dumped 5 sacks cement. Shot pipe @1970'.
Mixed 300 sacks w/500# hulls down 8 5/8", 300 sacks 60/40 8% gel.

(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: Resource Operations

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 12 day of March, 19 91

[signature] Notary Public

My Commission Expires: _____

STATE NOTARY PUBLIC KANSAS
IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 1993

Form CP-4
Revised 05-88