

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

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

15-051-05937-00-00
API NUMBER Drilled 1940

LEASE NAME Baumer "B"

WELL NUMBER 30

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

1980 Ft. from S Section Line
2310 Ft. from E Section Line
A&B KC

SEC. 27 TWP. 11S RGE. 17W (E) or (W)

COUNTY Ellis

EASE OPERATOR Equinox Oil Company

ADDRESS 701 10th Street Great Bend, Kansas 67530

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

Character of Well Oil

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

Date Well Completed 1940

Plugging Commenced 1-20-98

Plugging Completed 1-22-98

The plugging proposal was approved on _____ (date)

by _____ Case Morris _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3559'

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"	1302'	none
				5-1/2"	3544'	1200'

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 plugging material was used, state the character of same and depth placed, from _____ feet to _____ feet each sack. Plugged bottom with sand to 3497' and 5 sacks cement. Pipe parted @1200'. Pumped 85 sks @1200', pulled to 750' and pumped 50 sks. cement, pulled to 150' and circulated 45 sacks cement to surface, pulled rest of pipe and topped off with 15 sks. cement 60/40 pos. 10% gel. Plugging Complete

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 the above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and circumstances of the above 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 28th day of January 2000

[Signature]
Notary Public

My Commission Expires: _____

