STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

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

API NUMBER 15-109-206170000

LEASE NAME Beckman

WELL NUMBER 2

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

2970 Ft. from S Section Line

4950 Ft. from E Section Line

LEASE OPERATOR Adrian O. Miller

SEC. 13 TWP. 13S RGE. 34W (E)or(W)

ADDRESS P.O. Box 217, Wilson, Kansas 67490

COUNTY Logan

PHONE#(913) 658-2105 OPERATORS LICENSE NO. 31603

Date Well Completed 3-30-96

Character of Well _____

Plugging Commenced 3-30-96

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

Plugging Completed 3-30-96

The plugging proposal was approved on _____ 3-30-96 _____ (date)

by _____ Hays, Kansas _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top_____ Bottom_____ T.D._____

Show depth and thickness of all water, oil and gas formations.   04-29-96

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out

Describe in detail the manner in which the well was plugged, indicating where the mud fluid w
placed and the method or methods used in introducing it into the hole. If cement or other pl
were used, state the character of same and depth placed, from feet to feet each se
Plugged with 200 sacks 60/40 Poz., 6% Gel., and 1/4# flow seal per sack - 1st. plug @ 2390' -
25 sacks - 2nd. plug @ 1350' - 100 sacks - 3rd. plug @ 300' - 40 sacks - wiper plug @ 40' -
10 sacks to surface - 10 sacks mouse hole - 15 sacks rathole.

Name of Plugging Contractor Allied Cementing   License No._____

Address Russell, Kansas 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Adrian Miller Box 217, Wilson, KS 67490

STATE OF KS   COUNTY OF Ellsworth   ,ss.

_____   (Employee of Operator) or (Operator)
above-described well, being first duly sworn on oath, says: That I have knowledge of the fact
statements, and matters herein contained and the log of the above-described well as filed t
the same are true and correct, so help me God.

(Signature) Adrian O. Miller

(Address) Box 217, Wilson, KS 67490

SWORN TO before me this 26 day of Apr ,19 96

_____
Eleanor G. Hunter
Notary Public

My Commission Expires: 4/22 - 2000

USE ONLY ONE SIDE OF EACH FORM

Form CP-4
Revised 05-1