

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

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

API NUMBER 15-051-24,256-00-06

LEASE NAME Joseph

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

WELL NUMBER 1

2970 Ft. from S Section Line

2970 Ft. from E Section Line

SEC. 17 TWP. 14 RGE. 16 (X) or (W)

COUNTY Ellis

Date Well Completed 7/15/85

Plugging Commenced 10/5/95

Plugging Completed 10/6/95

LEASE OPERATOR Skyline Petroleum

ADDRESS P.O. Box 70 Hays, KS 67601

PHONE#(913) 625-0020 OPERATORS LICENSE NO. 6066

Character of Well Oil

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

The plugging proposal was approved on 9/28/95 (date)

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

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

Producing Formation Topeka, Toronto, Depth to ^{Perfs} Top 2945 Bottom 3386 T.D. 3450

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"	202'	none
				4 1/2"	3449'	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 set.
10/5/95 Pump down 4 1/2" 8 5/8" annulus - 10sx 60/40 pozmix cement (8% gel) pressure to 300 psi.
Pump down 4 1/2" casing - 190sx 60/40 pozmix cement (8% gel, 400# hulls) shut in pressure 0 psi.
10/6/95 Cement inside 4 1/2" casing 190' from surface, fill to surface with 3/4 cu. yard ready mix cement.
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Co., Inc. License No. NA

Address P.O. Box 31 Russell, KS 67665

RECEIVED

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Skyline Petroleum STATE CORPORATION COMMISSION

STATE OF Kansas COUNTY OF Ellis, ss OCT 10 1995

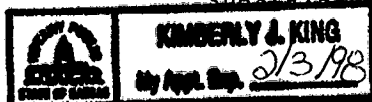
Daniel F. Schippers (Employee of Operator) of XXXXXXXXXX above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Daniel F. Schippers, Manager
234 W. 11th P.O. Box 70 Hays, KS

67601

SUBSCRIBED AND SWORN TO before me this 9th day of October, 19 95



My Commission Expires: 2/3/98

2/3/98

Kimberly J. King
Notary Public
Kimberly J. King