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

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

API NUMBER 15-169-00008-0000

LEASE NAME Bengston A

WELL NUMBER 1

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

_____ Ft. from S Section Line

_____ Ft. from E Section Line

LEASE OPERATOR D & R Oil Properties

SEC. 36 TWP. 15S RGE. 4 (E) (W)

ADDRESS 100 Laurel Ct. McPherson, Ks. 67460

COUNTY Saline

PHONE# (316) 2412816 OPERATORS LICENSE NO. 5563

Date Well Spud Completed 5-3-51

Character of Well Oil

Plugging Commenced 11-1-95

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

Plugging Completed 11-7-95

The plugging proposal was approved on _____ (date)

by Ralph Tittel (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3428'

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"	310'	none
				5 1/2"	3424'	635'

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. Plugged off bottom with sand to 3375' and 5 sacks cement. Shot pipe @2028', 1715', 1510', 1000', 725', and 628'. Pulled 2 joints casing. Pumped 175 sacks cement at 560', pulled to 320' pumped 100 sacks cement. Pulled rest of casing. Filled hole with 170 sacks cement. (60/40 pos 4% gel). Plugging complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 209 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: D & R Oil Properties

STATE OF Kansas COUNTY OF Rice, ss.

RECEIVED
STATE CORPORATION COMMISSION
12-1-95
DEC - 1 1995
CONSERVATION DIVISION
WICHITA, KANSAS

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 statements, and matters herein contained and the log of the above-described well is true and the same are true and correct, so help me God.

(Signature) Mike Kelso

(Address) P.O. Box 209 Chase, Kansas 67524

SUBSCRIBED AND SWORN TO before me this 29th day of November, 1995

Irene Herzberg
Notary Public

My Commission Expires:

USE ONLY ONE SIDE OF EACH FORM

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 1997

Form CP-4
Revised 05-88