

20276-00-00

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

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

API NUMBER 15-199-20,410 (117-121)

LEASE NAME Elaine Welsh Trust

RECEIVED  
STATE CORPORATION COMMISSION  
07-10-1998  
JUL 10 1998

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

WELL NUMBER 1-15

330 Ft. from S Section Line

2284 Ft. from E Section Line

SEC. 15 TWP. 14 RGE. 42 (E) or (W)

COUNTY Wallace

Date Well Completed 06-07-98

Plugging Commenced 06-06-98

Plugging Completed 06-07-98

CONSERVATION DIVISION  
Wichita, Kansas

LEASE OPERATOR Deka Exploration, Inc.

ADDRESS P O Box 14057, Oklahom Ok. 73113

PHONE# (405) 749-0004 OPERATORS LICENSE NO. 31844

Character of Well D/A

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

The plugging proposal was approved on 06-05-98 (date)

by Dave Warn (KCC District Agent's Name).

Is ACO-1 filed? Enclosed if not, is well log attached? Yes

Producing Formation None Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 5200'

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
		Surface	481'	8 5/8"		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 plug were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set. Fill with heavy mud. 1st plug from 2800'-2700' with 25 sks., 2nd plug from 1870'-1470' with 100 sks., 3rd plug from 520'-360' with 40 sks., 4th plug from 40'-0' with 10 sks, 15 sks rathole, total 190 sks 60/40 pos, 6% gel, with 1/2# floseal per sk.

Name of Plugging Contractor Abercrombie RTD, Inc. License No. 30684

Address 150 N. Main, Suite 801, Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: DEKA Exploration, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

\_\_\_\_\_. (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) James L. Nowak

(Address) P.O. 14057, OKC, OK 73113

SUBSCRIBED AND SWORN TO before me this 8 day of July, 19 98

Ronald W. [Signature]  
Notary Public

My Commission Expires: 5-7-99