

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

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

API NUMBER 15-071-20235-00-00

LEASE NAME Kleweno

WELL NUMBER #1

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

4950 Ft. from S Section Line

4950 Ft. from E Section Line

SEC. 23 TWP. 17 RGE. 40 (E) or (W)

COUNTY GREELEY

LEASE OPERATOR FLEX SYSTEMS

ADDRESS P.O. Box 730 FORNEY, TEXAS 75126

PHONE# (972) 552-9004 OPERATORS LICENSE NO. 32199

Date Well Completed _____

Character of Well _____

Plugging Commenced 6/2/99

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

Plugging Completed 6/2/99

The plugging proposal was approved on 6/2/99 (date)

by KEVIN STRUBE (KCC District Agent's Name).

Is ACC-1 filled? NA If not, is well-log attached? NA

Producing Formation Chase Depth to Top 2951 Bottom 2959 T.D. 2995

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	278'	0
				4 1/2	2995	0

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.
Plug btm w/ 255x + 300# HULLS perf @ 1500' pump ~~505x~~ 905x w/ 100# HULLS pressure to 300# Hook up to backside pump 505x press to 100#

JUN 21 1999

Name of Plugging Contractor Allied Cementing License No. _____

CONSERVATION DIVISION
WICHITA, KS

Address BOX 31 Russell, Ks. 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ~~_____~~ Jim Arnold

STATE OF KANSAS COUNTY OF GREELEY, ss.

DAVE OLSON

(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 the the same are true and correct, so help me God.

(Signature) Dave Olson

(Address) Box 175 TRIBUNE, Ks. 67879

SUBSCRIBED AND SWORN TO before me this 9th day of JUNE, 19 99

Cynthia Olson
Notary Public

My Commission Expires: Aug. 4, 2001

Notary Public State of Kansas Form CP-1
Cynthia Olson Revised 05-88
My Appt Exp Aug 4, 2001