

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

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

15-169-00113-00-00
API NUMBER _____ Comp. 1959

LEASE NAME Gillberg

WELL NUMBER 1

1650 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 28 TWP. 14 RGE. 2W (E) or (W)

COUNTY Saline

Date Well Completed _____

Plugging Commenced 1-28-02

Plugging Completed 2-5-02

RECEIVED

FEB 14 2002

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

EASE OPERATOR KCC WICHITA Tom Brown Construction, Inc.

ADDRESS 1505 Ricky Circle Salina, Kansas 67401

PHONE (785) 823-8223 OPERATORS LICENSE NO. 6306

Character of Well Oil

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

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. 3446'

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"	256'	None
				5-1/2"	3445'	1523'

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 side.
Plugged off bottom with sand to 3170' and 5 sacks cement. Shot casing @1523', layed casing down, set rock-bridge @300', ran 5 yards of slurry mix. Plugging Complete.

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

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Tom Brown Construction, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

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

(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 13th day of February, 2002

[Signature]
Notary Public

My Commission Expires: _____

NOTARY PUBLIC - State of Kansas
IRENE HERZBERG
My Appt. Exp. 2-24-05

Form CP
Revised 05-

OK