STATE OF KANSAS STATE CORPORATION COMMISSION 130 S. Market, Room 2078 Wichita, KS 67202	WELL PLUGGING RECORD K.A.R82-3-117				15-169-00763-00-00 API NUMBER 2-16-62  LEASE NAME Sheldon		
* ************************************	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NO	WELL NUMBER # 2		
				Y		Section Line	
				660	660 Ft. from E Section Line		
LEASE OPERATOR Sheldon Bros Councey				SEC	SEC. 7 TWP. 14 RGE. 2 (E) or (1)		
ADDRESS Box 188				COUNTY	COUNTY Salina		
PHONES (785) 824-0371 OPERATORS LICENSE NO. 8748					oll Completed		
Character of Well 500				Pluggin	g Commenced	5-27-98	
(Oli, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	g Completed	6-1-98	
The plugging proposal was approved on(date)							
by Ralph Tiffle (KCC District Agent's Name).							
Is ACO-1 filed? Ao If not, is well tog attached? No							
Producing Formation Maguekoto Depth to Top 3185 Bottom 3189 T.D. 3189							
Show depth and thickness of all water, oil and gas formations.							
OIL, GAS OR WATER RECORD 1 CASING RECORD 06-02-98							
Formation Content	From	То	Size	Put in	Pulled out		
maghilloria Dolimit	3189	Top	542	3185	2000	3 75	
		-			<u> </u>	- <u> </u>	
Describe in detail the manner	in which the w			d ladiant		2 2 1 1 4	
Describe in detail the manner in which the well was plugged, indicating where the mudstilld wa 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 Sand botton to 3120. Dunped 5 sacks cemed on sond. Pulled 2000'							
Sto cosing Bailed Bloid and to 350, Built solid bridge + Fulled to xurtacu with cement							
<b>N</b>	- 15 11 1	, _				4	
Name of Plugging Contractor	<u> </u>	<u> </u>	CHICT	1.	License No	6819	
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Scott 5 Well Service							
STATE OF KS COUNTY OF M'Pherson, ss.							
(Employee of Operator) or (Operator) o							
above-described well, being first duly sworn on oath, says: That I have knowledge of the facts							
the same are true and correct, so help me God. (Signature)							
		( A	ddress)	P.O. Bo	x 136- Roxb	ury Ks 67476	
SUBSCRIBED AND SWORN TO before me this 1st day of June 1998							
				Carol &	Decker		
My Commission	Expires: 8	-15-		Not	ary Public		
, ==			<del> •</del>			E 60 ·	

CAROL DECKER
State of Kansas
My Appt. Exp. 8-15-99

Revised 05-88