

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

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

15-169-00448-00-01
API NUMBER _____ Comp. 3-25-61

RECEIVED

OCT 09 2002

KCC WICHITA

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

LEASE NAME Clements

WELL NUMBER 2

_____ Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 7 TWP. 15 RGE. 2W (E) or (W)

COUNTY Saline

Date Well Completed _____

Plugging Commenced 9-20-02

Plugging Completed 9-23-02

LEASE OPERATOR Oil Partners

ADDRESS P.O. Box 856 Salina, Kansas 67401

PHONE# (785) 825-2221 OPERATORS LICENSE NO. 32685

Character of Well SWD

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

This plugging proposal was approved on _____ (date)

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. 3228'

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"	275'	None
				5-1/2"	3224'	1510'

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 3000' and 5 sacks cement. Shot pipe @2000', 1700' and 1510'. Layed down 5-1/2" casing, bailed fluid down to 350' and ran 6 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: Oil Partners

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

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 therewith, and 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 7th day of October 2002

[Signature]
Notary Public

My Commission Expires: _____

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

CR