

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 15-169-00430-00-01

LEASE NAME Cline

WELL NUMBER 1

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

330 Ft. from S Section Line

2970 Ft. from E Section Line

LEASE OPERATOR TOM BROWN CONSTRUCTION, INC.

SEC. 29 TWP. 14 RGE. 2W (E) or (W)

ADDRESS 1505 Ricky Circle Salina, KS. 67401

COUNTY Saline

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

Date Well Completed 11-14-58

Character of Well SWD

Plugging Commenced 5-17-01

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

Plugging Completed 5-21-01

The plugging proposal was approved on _____ (date)

by Ralph Titrel (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3231'

Show depth and thickness of all water, oil and gas formations.

RECEIVED
KANSAS CORPORATION COMMISSION

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8-5/8"	261'	None
				5-1/2"	3225'	1600'

CONSERVATION DIVISION

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from feet to feet each s Plugged off bottom with sand to 2900' and 5 sacks cement. Shot pipe @1800 and 1600'. Bailed down to 450' and ran 5 yds. 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) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed t 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 5th day of June 2001

[Signature]
Notary Public

My Commission Expires: _____



Form C
Revised 05-

[Handwritten initials]

