TATE OF KANSAS
TATE CORPORATION COMMISSION
30 S. Market, Room 2078
/ichita, KS 67202

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

API NUMBER 15-169-00185-0000

LEASE NAME Dieter-~~McDonald~~

WELL NUMBER 1

3300 Ft. from S Section Line

1650 Ft. from E Section Line

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

COUNTY Saline

Date Well Completed 11-11-60

Plugging Commenced 8-17-00

Plugging Completed 8-18-00

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

LEASE OPERATOR Oil Partners

ADDRESS P.O. Box 1851 Salina, Kansas 67402-1851

PHONE#(785) 826-8216 OPERATORS LICENSE NO. 32685

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. ~~3224'~~ 3442

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"	340'	None
				5-1/2"	3219'	None

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 set.
Plugged off bottom with sand to 3100' and 5 sks. cement. Shot pipe @450', pumped cement down 5-1/2" casing and up around 8-5/8" surface.
Plugging Complete.

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

Address P.O. Box 467 Chase, Kansas 67524

RECEIVED
STATE CORPORATION COMMISSION
AUG 24 2000
CONSERVATION DIVISION
Wichita, Kansas

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, statements, and matters herein contained and the log of the above-described well as filed that 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 22nd. day of August, 19 2000

[signature]
Notary Public

My Commission Expires: _____

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 2001

Form CP
Revised 05-