

STATE CORPORATION COMMISSION  
Wichita State Office Building  
130 S. Market, Room 207B  
Wichita, KS 67202

K.A.R.-82-3-117

API NUMBER 15-169-19003-0000

LEASE NAME Mina Johnson

WELL NUMBER 1

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

1650 Ft. from S Section Line

1650 Ft. from E Section Line

SEC. 32 TWP. 15S RGE. 3 (E) or (W)

COUNTY Saline

Date Well Completed 04-53

Plugging Commenced 9-5-00

Plugging Completed 9-6-00

LEASE OPERATOR Edwards Oil Properties

ADDRESS P O Box 961 McPherson, KS 67460

PHONE (316) 241-5813 OPERATORS LICENSE NO. 32495

Character of Well Oil

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

The plugging proposal was approved on 9-5-00 (date)

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

Is ACO-1 filed? \_\_\_\_\_ If not, is well log attached? NO

Producing Formation Maquoketa Depth to Top 3370 Bottom 3381 T.D. \_\_\_\_\_

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

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 plug were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set.  
Moved in Sept 5 at 3:00 p.m. filled 5 1/2 inch casing with sand to 3200 feet.  
Capped with 5 sacks cement Recovered 400 feet 5 1/2 inch casing Solid Bridge  
at 400 feet with 6 yard concrete. Completed Sept 6 at 1:00 p.m.

Name of Plugging Contractor Sunflower Well Service License No. 30280

Address 408 N 4th Canton, KS 67428

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Jack Edwards

STATE OF Kansas COUNTY OF McPherson, ss.

Jack Edwards (Employee of Operator) or (Operator) of 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 the the same are true and correct, so help me God.

(Signature) [Signature]

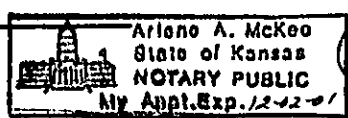
(Address) P O Box 961, McPherson, KS 67460

SUBSCRIBED AND SWORN TO before me this 12<sup>th</sup> day of September, 19 2000

[Signature]  
Notary Public

My Commission Expires: 12-02-01

USE ONLY ONE SIDE OF EACH FORM



Form CP-4 Revised 05-88