STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building	WELL PLUSSING RECORD K.A.R., -82-3-117			API NU	MBER 169-20-294-60-00	
Wichita, Kamsas 67202	2			LEASE NAME Ebling		
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			AETT N	UMBER _1	
				<u> 1980</u>	Ft. from S Section Line	
ISISS ARGUATAR Evanlibur Drog	d Co Tho	٠.		-	Ft. from E Section Line	
LEASE OPERATOR Excalibur Prod. Co. Inc.					TWP. 16 RGE. 3 W(E)or(W)	
ADDRESS 1016 N Main P.O. Box 278				COUNTY	Saline Co	
PHONE J (316) 241 1265 OPERATORS LICENSE NO. 5330				W ets0	ell Completed $7-12-87$	
Character of Well <u>Oil</u>				Pluggi	Plugging Commenced 8-27-2000	
(Oli, Gas, D&A, SWD, Input, Water Supply Well)				Pluggir	Completed 8-24-2000	
The plugging proposal was approved on Location (date)						
by Mr TiTE! (KCC District Agent's Name).						
is ACO-1 filed?if not, is well log affached? Sent in with plugging application						
Producing Formation Maquoketa Depth to Top 3332 Bottom 3334 T.D.3419						
Show depth and thickness of all water, oil and gas formations.						
OIL CAS OR WATER OF COORS				ASING RECO	RO	
Formation Content	From	To	Size	Put In	Pulled out	
		328	8 5/8	Ì	nogre	
			5 1/2		1650	
Describe in detail the manner in	which the ve	11				
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 cament or other plug ware used, state the character of same and depth placed, from feet to feet each set Fill with sand to 3300 ft spot cement with bailor five sack on sand Rip pipe off at 1650 ft pull pipe out						
Run 2 3/8 tubing to 400 ft hole was full of mud circulate cement from 400 to surface .						
2.5	•					
Name of Plugging Contractor Sunf		Ser	vice		STATE CORPORE THOSE COMMISSION	
Address Box 341 Canton, Kar	ısas					
NAME OF PARTY RESPONSIBLE FOR PLU	GGING FEES:	Exc	calibur 1	Prod. Co.	Inc. OCT 3 2000	
STATE OF Kansas	COUNTY OF M	lcPhe	erson,		, ss. CONSERVATION DIVISION	
Dennis D Gordley			(E.	mployee of	Wichita, Kansas Operator) or (Operator) o	
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)						
(Address) PO Box 278 Mullespen KS						
SUBSCRIBED AND SY	IORN TO befor		-	A day o	October 102000	
State of Konsos NOTARY PUBLIC			Quario	<u> </u>	1 (CTO40) , \$ 2000	
My Appt.Exp. 5/27/04	dres:	5/27 l	lou.		ry Public	
USE ONLY ONE SIDE OF EACH	FORW	1-1	 		For	