STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202

Character of Well D&A

WELL PLUGGING RECORD

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

API NUMBER 15-135-23,506 CXX1

LEASE	NAME <u>Kisslinger</u>	#1 <u>2</u>
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TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.

WELL NUMBER #2 660 ___ Ft. from S Section Line

1980 Ft. from E Section Line SEC. 1 TWP. 17 RGE.23 XXX or (W)

COUNTY Ness

Date Well Completed 10/4/90

Plugging Commenced 10/4/90

Plugging Completed 10/4/90

The plugging proposal was approved on _____ _____(date)

by _____Steve Middleton _____ (KCC District Agent's Name).

is ACO-1 filed? Yes if not, is well log attached? Producing Formation Depth to Top Bottom T.D. 4415'

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

LEASE OPERATOR Galloway Drilling Co., Inc.

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

PHONE # (316) 263-1793 OPERATORS LICENSE NO. 5783

ADDRESS 105 S. Broadway, Suite 340

OIL, GAS OR WA		CASING RECORD				
Formation	Content	From	To	SIZO	Put In	Pulled out
Surface			-	8 5/8	269	None
		1-90		-		

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.

1st Plug 1720' with 50 sacks 5th Plug 40' with 10 sacks

2nd Plug 944' with 80 sacks 15 sacks in rathole, 60740 poz, 6% gel 3rd Plug 470' with 50 sacks 1/4 sack flo-seal throughout 289' with 50 sacks

(if additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Co., Inc. ___License No.____ Address P.O. Box 31, Russell, Kansas 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES:

Galloway Drilling Co., Inc.

_____COUNTY OF _____Sedgwick _____,ss. STATE OF Kansas

JoAnne M. Campbell (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 that the same are true and correct, so help me God.

(Signature)___ (Address) 108 S. Broadway, Suite 340

SUBSCRIBED AND SWORN TO before me this 22nd day of October 1990

JoAnne M. Campbell NOTARY PUBLIC STATE OF KANSAS MyCountmExas Lon_Exal res:

When Mansbeil October 18, 1992

Notary PublicoAnne M. Campbell