

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market Room 2078  
Wichita, KS 67202  
KANSAS CORPORATION COMMISSION

WELL PLUGGING RECORD  
K.A.R.-62-3-117

API NUMBER 15-191-22396-0000

LEASE NAME Weishaar

WELL NUMBER 2G

330 Ft. from S Section Line

600 Ft. from E Section Line

SEC. 23 TWP. 32 SRGE. 4 (E) or (W)

COUNTY Sumner

Date Well Completed 5/20/03

Plugging Commenced 5/21/03

Plugging Completed 5/21/03

JUL 30 2003

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

CONSERVATION DIVISION  
WICHITA, KS

LEASE OPERATOR Bartelson Oil

ADDRESS PO Box 45

PHONE# (620) 326-0486 OPERATORS LICENSE NO. 32346

Character of Well D & A

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

The plugging proposal was approved on 5/20/03 (date)

by Mike Wilson (KCC District Agent's Name)

Is ACO-1 filed? yes if not, is well log attached? \_\_\_\_\_

Producing Formation N/A Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ 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
N/A	N/A	N/A	N/A	N/A	N/A	N/A

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 so

- 35 sx at 850 ft.
- 35 sx at 500 ft.
- 35 sx at 320 ft.
- 25 sx at 60 ft. to surface

Name of Plugging Contractor Blue Star Tk #4541 License No. 32591

Address PO Box 103 Eureka, KS 67045

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Bartelson Oil

STATE OF KS COUNTY OF Sumner, ss.

[Signature] Operator (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 to the same are true and correct, so help me God.

(Signature) [Signature]

(Address) PO Box 45 Wellington KS

SUBSCRIBED AND SWORN TO before me this 29<sup>th</sup> day of July, 192003

Daniel B. Crittenden  
Notary Public

My Commission Expires: 2-21-07

DANIEL B. CRITTENDEN  
Notary Public - State of Kansas  
My Appt. Expires 2-21-07

Form CP-  
Revised 05-01