STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202

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

API NUMBER 15-077-21,137-

LEASE	NAME_	Ridings	
LEASE	NAME_	Ridings	

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

WELL NUMBER \_\_\_\_\_\_1

		and retur office wi					Section Line  Section Line		
LEASE OPERATOR	SE OPERATOR Resource Ventures Corp.					SEC. 24 TWP. 31 RGE. 6W (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
ADDRESS	1501 Superior St., Lincoln, NE					COUNTY <u>Harper</u>			
PHONE#402 ) 474-1949 OPERATORS LICENSE NO. 5195					Date Well Completed 9-02-86				
Character of Well <u>D&amp;A</u>					Plugging Commenced 9-02-86				
(Oil, Gas, D&A, SWD, Input, Water Supply Well)					Pluggi	Plugging Completed 9-02-86			
Did you notify th	e KCC/KDHE Join	t District	Office	prior to	plugging	this well?	Yes		
Which KCC/KDHE Jo	int Office did	you notify?		Wi	chita				
is ACO-1 filed?	lf n	ot, is well	log a	ittached?					
Producing Formati	on	Dept	h to 1	Гор	Bot	tomT.	D. 4746'		
Show depth and th	ickness of all	water, oil	and ga	s formatio	ons.		•		
OIL, GAS OR WATE	R RECORDS	<u> </u>		C	ASING REC	ORD			
Formation	Content	From	То	Size	Put in	Pulled out			
			_	8-5/8"	265 <b>'</b>				
			-	-		_			
Describe in detai,	l the manner in	which the	well w	as plugged	l, indica	ting where th	e mud fluid was		
placed and the me were used, state	the character o	used in in fsame and	Troduc denth	ing it int	to the ho	le. If cement	or other plugs		
Plugging or	ders from Dan S	anders. Sta	ite Pli	ugger, as	follows:	10	ch ser.		
35 sacks @	700 <b>¹</b> 10	sacks in ra	t hol	e					
35 sacks @	700' 10 315' 10	sacks in mo	use h	ole					
Z ) SACKS (0.	DU.								
(it add	ditional descri	PTION IS NO	cessar	y, use <u>BAC</u>	<u>K</u> of this	s form.)			

Name of Plugging Contractor <u>Eagle Drilling, Inc.</u> License No. <u>5380</u>

Address P.O. Box 12383, Wichita, KS 67277-2383

STATE OF Kansas COUNTY OF Sedgwick ,ss.

Robert L. Eisel, Employee of Operator (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) James Jens

(Address) P.O. Box 12383, Wichita, KS 67277

SUBSCRIBED AND SWORN TO before me this 11th day of September ,19 86

My Commission Expires: 8-11-89 Tiffany S. Alittle, Notary Public

TIFFANY S. LITTLE

16-Z-86 (OCT) 2 Form CP-4 Revised 08-84