

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 South Market, Room 2078
Wichita, Kansas 67202

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

15-165-19001-0000

API NUMBER 3/7/62

LEASE NAME Erni

WELL NUMBER 1

3630 Ft. from South Section Line

3960 Ft. from East Section Line

SEC 13 TWP 17S RGE 17 West

COUNTY Rush

Date Well Completed 3/7/1962

Plugging Commenced 12/30/1999

Plugging Completed 12/30/1999

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

LEASE OPERATOR Larson Operating Company
A Division of Larson Engineering, Inc.

ADDRESS 562 West Highway 4 Olmitz, KS 67564-8561

PHONE # (316) 653-7368 OPERATORS LICENSE NO. 3842

Character of Well gas

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

The plugging proposal was approved on 12/23/1999 (date)

by Mike Maier (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation Topeka Depth to Top 3047 Bottom 3053 T.D. 3365

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
Topeka	gas	3047	3053	8-5/8	348'	0
				2-7/8"	3170'	0

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.

Tied onto 8-5/8" annulus & pumped 2-1/2 bbl
cmt to circ out 8-5/8" dual head. Took in
rate down 2-7/8" prod string 2 bpm @ 600#.
Pumped 25 sx cmt & 85 sx cmt w/ 300#

hulls. Pumped 100 sx cmt w/ 500# hulls.
SI @ 450#. Plugged w/ 210 sx 60-40 poz
w/ 6% gel & 800# hulls.

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

Name of Plugging Contractor Swift Services, Inc. License No. _____

Address P.O. Box 466, Ness City, KS 67560-0466

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Larson Operating Company, A Div. of Larson Engineering, Inc.

STATE OF KANSAS COUNTY OF BARTON, ss.

Thomas Larson (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) Thomas Larson

(Address) 562 West Highway 4 Olmitz, KS 67564-8561

SUBSCRIBED AND SWORN TO before me this 3rd day of January, 20 00

Carol S. Larson

Carol S. Larson Notary Public

RECEIVED
STATE CORPORATION COMMISSION

My Commission Expires: June 25, 2001

JAN 05 2000

Form CP-4
Revised 05/88

CONSERVATION DIVISION
Wichita, Kansas

