

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

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

API NUMBER 15-135-20,948-00-00

LEASE NAME Jennison

WELL NUMBER 1

2310 Ft. from S Section Line

2310 Ft. from E Section Line

SECTION 31 TWP. 16 RANGE 20 (R or W)

COUNTY Ness

Date Well Completed 9-27-74

Plugging Commenced 11-27-02

Plugging Completed 11-27-02

RECEIVED  
7-10-03  
JUL 10 2003

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

KCC WICHITA

LEASE OPERATOR Castle Resources Inc.

ADDRESS PO Box 87 Schoenchen, KS 67667

PHONE (785) 625-5155 OPERATORS LICENSE NO. 9860

Character of Well \_\_\_\_\_

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

The plugging proposal was approved on November 2002 (date)

by Steve Middleton (KCC District Agent's Name).

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

Producing Formation LKC Depth to Top 4014 Bottom 4198 T.D. 4624

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
			303	8 5/8		
			4362	4 1/2		

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 plug were used, state the character of same and depth placed, from \_\_\_ feet to \_\_\_ feet each set

40sks at 4198 1200 to surface with 80 sks and 50sks on the backside  
240sks total

Name of Plugging Contractor Allied Cementing License No. 99996

Address PO Box 31 Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Castle Resources Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

Jerry Green (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 the the same are true and correct, so help me God.

(Signature) \_\_\_\_\_

(Address) PO Box 87 Schoenchen, KS 67667

SUBSCRIBED AND SWORN TO before me this 8th day of July, 192003

Katherine Bray

Notary Public

My Commission Expires: 7-3-04

Form CP-4  
Revised 05-88

