

STATE OF KANSAS
ATE CORPORATION COMMISSION
J. S. Market, Room 2078
chita, KS 67202

WELL PLUGGING RECORD
K.A.R.-02-3-117

API NUMBER 15-007-22,583-00-00

LEASE NAME Gant-Larson

WELL NUMBER #1

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

330 Ft. from S Section Line

830 Ft. from E. Section Line

SEC. 8 TWP. 32 SRGE. 13W (E) or (W)

COUNTY Barber

EASE OPERATOR McGinness Oil Co. of Kansas, Inc.

DRESS 150 N. Main, STE 1026 Wichita, Ks. 67202

PHONE# 316 267-6068 OPERATORS LICENSE NO. 31881

Character of Well Oil

Date Well Completed _____

Plugging Commenced 6-29-99

Plugging Completed 7-8-99

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

The plugging proposal was approved on _____ (date)

Steve Pfeifer (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4450'

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
				8-5/8"	332'	None
				4-1/2"	4449'	3000'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other plugging material used, state the character of same and depth placed, from _____ feet to _____ feet each side.

Plugged off bottom with sand to 4170' and 4 sks. cement, Shot pipe @ 3330' and 3000'. Plugged surface with 300# hulls, 10 sks. gel, 50 sks. cement, 10 sks. gel, 100# hulls, 8-5/8" wiper plug and 100 sks. cement, 60/40 pos, 6% gel.

Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

Name of Party Responsible for Plugging Fees: McGinness Oil Co. of Kansas, Inc.

State of Kansas County of Rice, ss.

Mike Kelso (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the fact that the 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) P. O. Box 467 Chase, KS 67524

RECEIVED
SUBSCRIBED AND SWORN TO before me this 15th day of July, 1999

JUL 19 1999

[Signature]
Notary Public

My Commission Expires: _____
CONSERVATION DIVISION
Wichita, Kansas



Form CP
Revised 05-