

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

API NUMBER 15-007-22-212-00-00

LEASE NAME Bartholow

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

WELL NUMBER 1-2

NE 1/4 Ft. from S Section Line

NE 1/2 Ft. from E Section Line

LEASE OPERATOR Rine Exploration

SEC. 2 TWP. 335 RGE. 12 (E) or (W)

ADDRESS Suite 645 Garvey Bldg. Wichita, Ks. 67202

COUNTY Barber

PHONE# (316) 262-5418 OPERATORS LICENSE NO. 5020

Date Well Completed 1-4-89

Character of Well D and A

Plugging Commenced 3-1-89

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

Plugging Completed 3-7-89

Did you notify the KCC District Office prior to plugging this well? Yes

Which KCC Office did you notify? Dodge City, Ks.

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 4800 C13 3490

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 | 275    | 0 C18      |
|           |         |      |    | 4 1/2 | 4053   | 3300       |
|           |         |      |    |       |        |            |
|           |         |      |    |       |        |            |

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.  
Sand from 3490 to 3420 4 sacks cement dump barrier BJ Pump 35 sacks hole  
10 gel 50 cement 10 gel 1 hole plug 100 sacks 60-40 POZ 2% C.C. 2% gel  
Pirter and Elmo Morgenstern

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address Box 187 Medicine Lodge, Ks. 67104

STATE OF Ks. COUNTY OF Barber, ss.

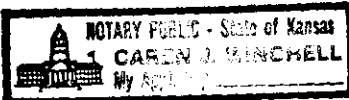
Elmo Morgenstern

(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) Elmo Morgenstern

(Address) Box 187 Medicine Lodge, Ks. 67104



SUBSCRIBED AND SWORN TO before me this 7 day of March, 19 89

Caren J. Minchell  
Notary Public

My Commission Expires: June 21, 1991