

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

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

API NUMBER 15-007-22299-00-00

LEASE NAME Lee Trust

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

WELL NUMBER 2

3285 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 6 TWP 30S RGE. 15W (E) or (W)

COUNTY Barber

LEASE OPERATOR Oil Producers, Inc. of Kansas

ADDRESS P.O. Box 8647 Wichita, KS 67208

PHONE (316) 672-6373 OPERATORS LICENSE NO. 8061

Date Well Completed _____

Character of Well Oil

Plugging Commenced 05-28-98

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

Plugging Completed 05-28-98

The plugging proposal was approved on 05-28-98 (date)

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

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

Producing Formation _____ Depth to Top 4690' Bottom 4748' T.D. 4950'

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
	Surface	-0-	266'	8 5/8"	266'	-0-
	Production	-0-	4893'	5 1/2"	4893'	1418.15

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. Allied pumped 300# Hulls, 10 sacks gel, 50 sacks cement 60/40%, 6% gel, 10 sacks gel, 100# Hulls. Released plug, pumped 125 sacks cement. Job started 10:30 a.m. and completed 11:00 a.m.

Name of Plugging Contractor D.S.& W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers, Inc. of Kansas

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (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) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 29th day of May, 1998

Brenda Urban

My Commission Expires: Nov. 14, 2001

Notary Public
BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001 Form CP-4
Revised 05-88