

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

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

API NUMBER 15-007-22 518-00-02

LEASE NAME Cargill

WELL NUMBER #1

3320 Ft. from S Section Line

1950 Ft. from E Section Line

SEC. 22 TWP. 30S RGE. 12W (E) or (W)

COUNTY Barber

Date Well Completed _____

Plugging Commenced 6-23-98

Plugging Completed 6-30-99

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

LEASE OPERATOR McGinness Oil Co., of Kansas Inc.

ADDRESS 150 N. Main, Ste. 1026 Wichita, KS. 67202

PHONE/(316) 267-6068 OPERATORS LICENSE NO. 31881

Character of Well Gas

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

The plugging proposal was approved on _____ (date)

Steve Peifer (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom T.O. 4750'

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"	313'	None
				5-1/2"	4749'	2500'

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 material was used, state the character of same and depth placed, from _____ feet to _____ feet each string. Pumped bottom with 30 sks. cement W/3% cc to 3060'. Shot pipe loose @ 2500'. plugged surface with 300# hulls, 10 sks. gel, 50 sks. cement, 10 sks. gel, 100# hulls, 8-5/8" wiper plug and 100 sk. cement, 60/40 pos. 6% gel.

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: _____

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 facts and statements, and matters herein contained and the log of the above-described well as filed therewith are the same are true and correct, so help me God.

(Signature) [Signature]

RECEIVED
STATE CORPORATION COMMISSION

(Address) P. O. Box 467 Chase, KS 67524

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

CONSERVATION DIVISION
Wichita, Kansas

My Commission Expires: _____

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 2001

Form CP
Revised 05-