

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

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

API NUMBER 15-007-20,543-00-0

LEASE NAME Kumberg

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

WELL NUMBER 3

330 Ft. from S Section Line

990 Ft. from E Section Line

LEASE OPERATOR McGinness Oil Co. of Kansas

SEC. 21 TWP. 30 RGE. 32W (E) or (W)

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

COUNTY Barber

PHONE# 316 267-6065 OPERATORS LICENSE NO. 31881

Date Well Completed _____

Character of Well Gas

Plugging Commenced 6-21-99

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

Plugging Completed 6-25-99

The plugging proposal was approved on _____ (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom T.O. 4725'

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"	329'	None
				4-1/2"	4695'	1900'

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 side. Pumped bottom with 200# hulls and 25 sks. cement to 2160'. Shot casing loose @1900'.

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

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 to the same are true and correct, so help me God.

(Signature) [Signature]

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

RECEIVED
STATE CORPORATION COMMISSION

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

JUL 19 1999
7-19-99

CONSERVATION DIVISION

My Commission Expires: _____



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

Form CP
Revised 05-