

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2070
Wichita, KS 67202

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

API NUMBER 15-009-23,353-00.00

LEASE NAME Brinson

WELL NUMBER 1

990S Ft. from S Section Line

2310E Ft. from E Section Line

SEC. 32 TWP. 16S RGE. 11W (E) or (W)

COUNTY Barton

Date Well Completed _____

Plugging Commenced 11-28-2000

Plugging Completed 11-28-2000

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

LEASE OPERATOR Petroleum Technologies, Inc.

ADDRESS 801 W. 47th Steet Suite 412 Kansas City MO 64112

PHONE# (816)531-6904 OPERATORS LICENSE NO. 8653

Character of Well Oil

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

The plugging proposal was approved on 11-28-2000 (date)

by Case Morris (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 3323' Bottom 3329' T.D. 3370'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS			CASING RECORD			
Formation	Content Surface	From	To	Size	Put in	Pulled
		-0-	362'	8 5/8"	362'	None
	Production	-0-	3369'	5 1/2"	3369'	1588, 90'

RECEIVED
STATE CORPORATION COMMISSION
DEC 11 2000
CONSERVATION DIVISION
Wichita, Kansas

Describe in detail the manner in which the well was plugged, indicating where the plug 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. Bottom plug, sand & cement 3273'. Allied loaded hole, mixed 110 sacks cement 60/40 10% gel @ 1550', 40 sacks cement @ 850'. Pulled casing to 300' & circulated cement to surface with 60 sacks. Pulled casing & topped with 20 sacks cement. Job started 11:45 a.m. and completed 1:45 p.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: Petroleum Technologies, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed in 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 30th day of December, 192000

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2000

BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001

Handwritten initials and stamp.