

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

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

API NUMBER 15-009-23,435 . 00 . 00

LEASE NAME Brinson

WELL NUMBER 2

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

1450S Ft. from S Section Line

1850E Ft. from E Section Line

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

COUNTY Barton

LEASE OPERATOR Petroleum Technologies, Inc.

ADDRESS 801 West 47th St. 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)

Date Well Completed

Plugging Commenced 11-24-2000

Plugging Completed 11-24-2000

The plugging proposal was approved on 11-24-2000 (date)

by Herb Deines (KCC District Agent's Name)

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

Producing Formation Depth to Top 3322' Bottom 3326' T.D. 3372'

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

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED

STATE CORPORATION COMMISSION

Formation	Content Surface	From -0-	To 362'	Size 8 5/8"	Put in 362'	Pulled out None
	Production	-0-	3371'	5 1/2"	3371'	1513.50'

CONSERVATION DIVISION
Wichita, Kansas

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. Bottom plug, sand & cement 3272'. Allied loaded hole, mixed 110 sacks cement 60/40 10% gel @ 1550' then 40 sacks cement @ 850'. Pulled casing to 300' & circulated cement to surface with 90 sacks. Pulled casing & stayed full. Job started 12:00p.m. and completed 2:00 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) 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 the 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, 19 2000

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001



Form CP-4
Revised 05-88