

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API NUMBER 15-119-20012-0000

LEASE NAME Merkle

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

WELL NUMBER 1

500 Ft. from S Section Line

3960 Ft. from E Section Line

SEC. 3 TWP. 35 RGE. 27 (E) or (W)

COUNTY Meade

LEASE OPERATOR Dolomite Resources

ADDRESS 105 S. Broadway, #740 Wichita, KS 67202

PHONE (316) 265-8014 OPERATORS LICENSE NO. 04247

Date Well Completed 10-31-67

Character of Well Gas

Plugging Commenced 4-29-96

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

Plugging Completed 4-30-96

The plugging proposal was approved on 4-25-96 (date)

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

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

Producing Formation Dolomite Depth to Top 3066 Bottom 3106 T.O. 6266

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

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED
KANSAS CORPORATION COMMISSION

Formation	Content	From	To	Size	Put In	Pulled out
Dolomite	Gas	3066	3106	8-5/8	1256	-0-
				4-1/2	6266	2059

MAY 09 1996

CONSERVATION DIVISION
WICHITA, KS

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. Pump 25 sacks cement plug and displace w/46 Bbls 9.5# 40 vis mud from 2850-3130', cut 4-1/2" casing free at 2059', pull up to 1256', pump 50 sacks cement and displace w/18 Bbls 9.5#, 40 vis mud from 1100-1256', pull casing to 600', pump 50 sacks cement and displace with 7 Bbls 9.5# 40 vis mud from 600-450', pull casing to 40', circulate 10 sacks cement from 40-surface, cut off and weld steel ID plate 4' below ground level.

Name of Plugging Contractor Jerry Dunkin, Inc. License No. 08733

Address P. O. Box 389 Enid, OK 73702

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Dolomite Resources

STATE OF Kansas COUNTY OF Seward, ss.

Keith Hill, agent for Dolomite Resources (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 and the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Crown Consulting, Inc.

SUBSCRIBED AND SWORN TO before me this 7th day of May, 1996
[Signature]

Notary Public

My Commission Expires:
USE ONLY ONE SIDE OF EACH FORM.

NOTARY PUBLIC, State of Kansas
Seward County
HELEN M. SMITH
My Appt. Exp. 3-3-97

Form CP-4
Revised 05-88

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

FORM CP-1
Rev. 03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PSTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACC-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)