

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

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

API NUMBER 15-047-00363-00-00

LEASE NAME E.C. Smith

WELL NUMBER 1

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 12 TWP. 25 RGE. 16W (E) or (W)

COUNTY Edwards

Date Well Completed

Plugging Commenced 7-28-00

Plugging Completed 8-1-00

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

LEASE OPERATOR Castelli Exploration, Inc.

ADDRESS 9500 Westgate Drive, Suite 101 Okla. City, OK. 73162

PHONE# (405) 722-5511 OPERATORS LICENSE NO. 13021

Character of Well Oil

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

The plugging proposal was approved on (date)

by Scott Alberg (KCC District Agent's Name).

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

Producing Formation Depth to Top Bottom T.D. 4350'

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"	1035'	None
				5-1/2"	4349'	2223'

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.
Plugged off bottom with sand to 3800' and 5 sks. cement. Shot pipe @2530', 2223', pulled up to 1050', pumped 10 sks. gel, 50 sks. cement and 2 sks. gel, pulled to 400', pumped 40 sks. cement, pulled to 40', topped off with 10 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: Castelli Exploration, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

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

(Signature) [Signature]

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

SUBSCRIBED AND SWORN TO before me this 18th day of August, 2000

[Signature]
Notary Public

My Commission Expires:

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

RECEIVED
STATE CORPORATION COMMISSION
Form 9
Revised 05-
AUG 21 2000