

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 15-047-20173-00-00

LEASE NAME RUSSELL "A"

WELL NUMBER 1

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

660 Ft. from S Section Line

1980 Ft. from ^WE Section Line

SEC. 19 TWP. 25 RGE. 16W (E) or (W)

COUNTY Edwards

LEASE OPERATOR D.R. LAUCK OIL COMPANY, INC.

ADDRESS 221 S. Broadway, #400 Wichita, Ks. 67526

PHONE# (316) 263-8267 OPERATORS LICENSE NO. 5427

Character of Well Oil

Date Well Completed _____

Plugging Commenced 3-28-01

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

Plugging Completed 3-30-01

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.D. 4797

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

4-19-01
RECEIVED
STATE CORPORATION COMMISSION

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8-5/8"	329'	None
				5-1/2"	4783'	2220'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from _____ feet to _____ feet each s
Plugged off bottom with sand to 4300' and 5 sks. cement. Shot pipe @2400' and 2220', pulled up to 1050', pumped 10 sks. gel and 50 sks. cement, pulled up to 350', pumped 50 sks. cement, pulled rest of casing and topped off with 20 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: D.R. Lauck Oil Co., 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 t 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 17th day of April, 2001

[Signature]
Notary Public

My Commission Expires: _____

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

Form CP
Revised 05-

[Handwritten Initials]