

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

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

API NUMBER 15-009-04912-000
~~15-009-19020-000~~

LEASE NAME Wells
 WELL NUMBER 2
 _____ Ft. from S Section Line
 _____ Ft. from E Section Line
 SEC. 20 TWP. 20S RGE. 22W (E) or (W)
 COUNTY Barton
 Date Well Completed 11-17-61
 Plugging Commenced 2-26-01
 Plugging Completed 2-28-01

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

LEASE OPERATOR PARRISH CORPORATION
 ADDRESS Box 221 Great Bend, Kansas 67530
 PHONE# (316) 792-2621 OPERATORS LICENSE NO. 5228

Character of Well Oil
 (Oil, Gas, D&A, SWD, Input, Water Supply Well)
 The plugging proposal was approved on _____ (date)
 by Jay Pfeifer (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, Is well log attached? _____
 Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3535'

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
				8-7/8"	276	None
				5-1/2"	3534'	2853'

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 str.
Plugged off bottom with sand to 3070' and 5 sks. cement. Pipe was parted @2853', pulled up to 1500', pumped 100 sks. cement and 200# hulls, pulled up to 800', pumped 50 sks. cement and 200# hulls, pulled up to 300', pumped 60 sks. cement and circulated to surface. Pulled rest of casing, topped off with 15 sks. cement, 60/40 pos, 10% gel. Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529
 Address P.O. Box 467 Chase, Kansas 67524

RECEIVED
 STATE CORPORATION COMMISSION
3-5-2001
 MAR 5 2001

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Parrish Corporation
 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 in 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 2nd day of March .2001

[Signature]
 Notary Public

My Commission Expires: _____

