

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

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

API NUMBER 15-009-19010000

LEASE NAME Steckel

WELL NUMBER A-9

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

4290 Ft. from S Section Line

4800 Ft. from E Section Line

LEASE OPERATOR Te-Pe Oil & Gas

SEC. 22 TWP 20S RGE. 12W (E) or (W)

ADDRESS P.O. Box 522 Canton, Kansas 67428

COUNTY Barton

PHONE (316) 628-4428 OPERATORS LICENSE NO. 5920

Date Well Completed 1963

Character of Well Oil

Plugging Commenced 4-6-00

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

Plugging Completed 4-10-00

The plugging proposal was approved on _____ (date)

by Jay Pfeifer (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom T.D. 3450'

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"	255'	None
				5-1/2"	3449'	1610

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 plugging materials were used, state the character of same and depth placed, from _____ feet to _____ feet each section. Plugged off bottom with sand to 3050' and 5 sks. cement. Shot pipe @2300, 2100, 1900, 1800, and 1610'. Pulled up to 1450', pumped 100 sks. cement and 300# hulls, pulled up to 650', pumped 40 sks. cement and 100# hulls, pulled up to 250' and circulated cement to surface. Plugging complete. 60/40 pos, 10% gel.

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: _____

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

RECEIVED
STATE CORPORATION COMMISSION

SUBSCRIBED AND SWORN TO before me this 14th day of April, 2000 xt9

APR 17 2000

[Signature]
Notary Public

CONSERVATION DIVISION Commission Expires: _____
Wichita, Kansas

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

Form 9
Revised 05-1