

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 15-009-15570-0000

LEASE NAME Steckel "A"

WELL NUMBER 4

4290 Ft. from S Section Line

4290 Ft. from E Section Line

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

COUNTY Barton

Date Well Completed 1-2-57

Plugging Commenced 3-29-00

Plugging Completed 3-31-00

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

LEASE OPERATOR Te-Pe Oil & Gas

ADDRESS P.O. Box 522 Canton, Kansas 67428

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

Character of Well Oil

(Oil, Gas, O&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. 3448'

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"	253'	None
				5-1/2"	3448'	2305'

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 plugging materials were used, state the character of same and depth placed, from _____ feet to _____ feet each section.
Plugged off bottom with sand to 3090' and 5 sks. cement. Shot pipe loose @2305', pulled up to 1450', pumped 100 sks. cement and 300# hulls, pulled to 650', pumped 40 sks. cement and 100# hulls, pulled to 250' and circulated 55 sks. cement and 100# hulls to surface. 60/40 pos. 10% gel. Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Te-Pe Oil & Gas

STATE OF Kansas COUNTY OF Rice

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 6th day of April 2000

[Signature] Notary Public

My Commission Expires:



Form 9
Revised 05-