

ATE OF KANSAS
ATE CORPORATION COMMISSION
J-S, Market, Room 2078
chita, KS 67202
STATE CORPORATION COMMISSION

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

API NUMBER 15-009-07351-0000
Comp. 1948

LEASE NAME Smith

WELL NUMBER 1

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 7 TWP. 18 RGE. 13W (E) or (W)

COUNTY Barton

Date Well Completed

Plugging Commenced 1-7-00

Plugging Completed 1-10-00

JAN 21 2000

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

CONSERVATION DIVISION
CASE OPERATOR Kansas Smokey Valley Resources, Inc.

ADDRESS 1325 Hwy. 56 Lyons, Kansas 67554

PHONE# 316 257-5529 OPERATORS LICENSE NO. 32081

Character of Well Oil

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

Is plugging proposal was approved on (date)

Case Morris (KGC District Agent's Name).

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

Producing Formation Depth to Top Bottom T.D. 3316'

How 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"	770'	None
				5-1/2"	3313'	880'

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 plugs are used, state the character of same and depth placed, from feet to feet each section.
Plugged off bottom with sand to 3250' and 5 sks. cement, Pipe parted @880'. Pumped 155 sks. cement w/400# hulls and circulated to surface, pulled casing, hooked onto 8-5/8" and pumped 30 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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Smokey Valley Resources, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and 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 20th day of January 2000

[Signature]
Notary Public

My Commission Expires:



Form 9
Revised 05-

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