ATE OF KANSAS
ATE CORPORATION COMMISSION
) S. Market, Room 2078
chita, KS 67202

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 08 1999
CONSERVATION DIVISION
WICHITA, KS

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

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

API NUMBER 15-185-21,663-0000

LEASE NAME Rundell

WELL NUMBER 1-32

_____ Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 32 TWP. 25 RGE. 11W (E)or(W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 11-19-99

Plugging Completed 11-30-99

:ASE OPERATOR Gilbert C.Rundell

)DRESS R.R. #1 Box 120 Stafford, Kansas 67578

)ONE#(316) 497-6631 OPERATORS LICENSE NO. 3498

aracter of Well Gas

)il, Gas, D&A, SWD, Input, Water Supply Well)

ie plugging proposal was approved on _____ (date)

_____ Scott Alberg (KCC District Agent's Name).

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

roducing Formation _____ Depth to Top _____ Bottom _____ T.D. 4313'

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

)IL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				8-5/8"	277'	None
				4-1/2"	4258'	1820

escribe in detail the manner in which the well was plugged, indicating where the mud fluid w laced and the method or methods used in introducing it into the hole. If cement or other pl ere used, state the character of same and depth placed, from __ feet to __ feet each se

Plugged off bottom with sand to 3550'and 4 sks. cement. Shot pipe @2500', 2000' and 1820'. Plugged well with 300# hulls, 10 sks. gel, 50 sks. cement, 10 sks. gel, 100# hulls, 8-5/8" plug and 125 sks. cement, 60/40 pos.6% gel.

Plugging Complete.

lame of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

ddress P.O. Box 467 Chase, Kansas 67524

IAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Gilbert C. Rundell

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 7th day of December, 1999

[signature]
Notary Public

My Commission Expires: _____

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

Form C
Revised 05-