

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

WELL NUMBER 1-5  
\_\_\_\_\_ Ft. from S Section Line  
\_\_\_\_\_ Ft. from E Section Line

LEASE OPERATOR Benson Mineral Group, Inc.

SEC. 9 TWP. 26S RGE. 16W T&E or (W)

ADDRESS 1536 Cole Blvd. #220 Golden, CO. 80401

COUNTY Edwards

PHONE#(803) 232-0100 OPERATORS LICENSE NO. 5817

Date Well Completed \_\_\_\_\_

Character of Well Oil

Plugging Commenced 10/23/89

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

Plugging Completed 10/30/89

The plugging proposal was approved on \_\_\_\_\_ (date)

by \_\_\_\_\_ (KCC District Agent's Name).

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 4555

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	430	none
				5 1/2	4523	2246

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 plugs were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set.

Sanded bottom to 4370', dumped 5 sacks cement, shot pipe @2403',

2246'. Plugged surface with 400# hulls, 10-gel, 50 sks.

cement, 10-gel, 100# hulls, 125 sacks 60/40 6% gel.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Benson Mineral Group, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrelll kelso

(Employee of Operator) or (Operator) of

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [Signature]

RECEIVED (Address) P.O. Box 347 Chase, KS 67524

STATE CORPORATION COMMISSION

SUBSCRIBED AND SWORN TO before me this 2 day of November, 19 89

NOV - 3 1989

11-3-1989

CONSERVATION DIVISION

[Signature]  
Notary Public

My Commission Expires Wichita, Kansas

IRENE HERZBERG  
State of Kansas  
My Appt. Exp. Aug. 24, 1993