

15-047-20713-0000
 20315

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

LEASE NAME Salsar
 WELL NUMBER 1
 _____ Ft. from S Section Line
 _____ Ft. from E Section Line

LEASE OPERATOR Benson Mineral Group, Inc.
 ADDRESS 1536 Cole Blvd. #220 Golden, CO. 80401
 PHONE (303) 232-0100 OPERATORS LICENSE NO. 5817

SEC. 11 TWP. 26 SRGE. 16 W (E) or (W)
 COUNTY Edwards

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

Date Well Completed _____
 Plugging Commenced 10/19/89
 Plugging Completed 11/2/89

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. 4515

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	331	none
				5 1/2	4500	2119

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 4320' dumped 5 sacks cement. Shot pipe @2414', 22'18';
 2119' Mixed 400# hulls, 10-sacks gel, 50 sacks cement, 10-gel,
 100# hulls, released plug, 125 sacks cement 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. Darrell 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, SWORN TO before me this 10 day of November, 1989

(Signature) *R. Darrell Kelso*

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

11-13-89 NOV 13 1989

SUBSCRIBED AND SWORN TO before me this 10 day of November, 1989

Irene Herzberg
 Notary Public

My Commission Expires _____

