

STATE OF KANSAS
STATE CORPORATION COMMISSION
10 S. Market, Room 2078
Wichita, KS 67202

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

API NUMBER 15-047-20,457-0050

LEASE NAME Desemo

WELL NUMBER 1

1650 Ft. from S Section Line

990 Ft. from ^W Section Line

SEC. 9 TWP. 26S RGE. 18W (E) or (W)

COUNTY Edwards

Date Well Completed _____

Plugging Commenced 10-26-98

Plugging Completed 10-28-98

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

EASE OPERATOR Rupe Oil Company, Inc.

ADDRESS P.O. Box 78301 Wichita, Kansas 67278

PHONE# (316) 262-3748 OPERATORS LICENSE NO. 5047

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by Steve Pfeifer (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. 4730'

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"	361'	None
				4-1/2"	4746'	2414'

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 side. Plugged off bottom with sand to 4600' and 4 sacks cement. Shot pipe @2822', 2616', 2414', pulled up to 1200', pumped 15 sks. gel followed by 50 sks. cement, pulled to 400', pumped 50 sks. cement, pulled to 40' and circulated 25 sacks cement to surface. 60/40 pos, 6% 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: Mike's Testing & Salvage, Inc.

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 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 3rd day of November, 1998

[Signature]
Notary Public

My Commission Expires: _____

