

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

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

API NUMBER 15-047-21;112-6000

LEASE NAME Elledge

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

WELL NUMBER #1

990 Ft. from S Section Line

4290 Ft. from E Section Line

SEC. 24 TWP. 26 S. RGE. 16 (E) or (W)

COUNTY Edwards

Date Well Completed _____

Plugging Commenced 12-18-97

Plugging Completed 12-22-97

LEASE OPERATOR Oil Producers Inc. of Kansas

ADDRESS P.O. Box 8647 Wichita, KS 67208-8674

PHONE (816) 681-0231 OPERATORS LICENSE NO. 8061

Character of Well Gas

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

The plugging proposal was approved on 12-22-97 (date)

by Richard Lacey (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 4449' Bottom 4458' T.D. 4451'

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
	Surface	0	537'	8 5/8"	537'	-0-
	Production	0	4558'	4 1/2"	4558'	2259'

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 plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set. Allied pumped 10 gel ahead, 1st plug at 1000', 50 sacks cement 60/40 6% gel, 2nd plug at 550', 50 sacks cement at 40' pumped 25 sacks to circulate, cement did not fall.
Job started 11:30 am completed 12:45

Name of Plugging Contractor D S & W Well Servicing, Inc.

RECEIVED
STATE CORPORATION COMMISSION
License No. 6901

Address P.O. Box 231 Claflin, KS 67525

FJAN 8 1998

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers Inc. of Kansas

STATE OF Kansas COUNTY OF Barton, SS.

Arthur P. Strube (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) Arthur P. Strube
(Address) P. O. Box 231, Claflin, Kansas 67525

BONNIE L. SUBSCRIBED AND SWORN TO before me this 5th day of January, 19 98
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 4-8-2001

Bonnie L. Council
Notary Public

My Commission Expires: April 8, 2001