STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API NUMBER 15-185-11100-0000

LEASE NAME Wiles

WELL NUMBER 3

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

_____ Ft. from S Section Line

_____ Ft. from E Section Line

LEASE OPERATOR Graham-Michaelis Corporation

SEC. 15 TWP. 25 RGE. 15W (E) or (W)

ADDRESS P.O. Box 232 Russell, Ks. 67665

COUNTY Stafford

PHONE # (913) 483-3136 OPERATORS LICENSE NO. 5134

Date Well Completed 10-2-61

Character of Well Oil

Plugging Commenced 5-31-91

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

Plugging Completed 6-5-91

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. 4210'

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

6-12-91

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				8 5/8"	275'	none
				5 1/2"	4208'	1940'

JUN 12 1991

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 3775' ran 5 sacks cement. Shot pipe @2000', 1940'. Plugged with 300# hulls, 10 gel, 50 cement, 10 gel, 100# hull, 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: Graham-Michaelis Corporation

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, so help me God.

(Signature) [signature]

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

SUBSCRIBED AND SWORN TO before me this 10 day of June, 19 91

Irene Herzberg
Notary Public

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

Form CP-4
Revised 05-88