STATE OF KANSAS STATE CORPORATION COMMISSION 130 S. Market, Room 2078 Wichita, KS 67202

My Commission Expires: 06/19/00

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

API NUMBER_	15-185-21159-000
LEASE NAME	CUMMINS

TYPE OR PRINT

NOTICE: Fill out completely and return

WELL NUMBER 1-15

3300 Ft. from 1878 Line of Section (circle one) to Cons. Div. office within 30 days. 660 Ft. from W Line of Section (circle one) LEASE OPERATOR F. G. Holl Company, L.L.C SPOT LOCATION C - SE - NE 6427 E. Kellogg P.O.Box 780167 SEC. 15 TWP. 245 S. RGE 15 COUNTY Stafford CITY, STATE, ZIP Wichita, Kansas 67278-0167 ووت والم PHONE#(316) 995-31710PERATORS LICENSE NO. 5056 Date Well Completed Charater of Well Oil Well Date Plugging Commenced Sept. 15, 1997 (Oil, Gas, D&A, SWD, Input, Water Supply Well) Date Plugging Completed Sept. 16, 1997 The plugging proposal was approved on September 8, 1997 (date) Mr. Richard Lacey (KCC District Agent's Name) Is ACO-1 filed? Yes If not, is well log attached? Yes Producing Formation(s) Stone Corral Formation _____ Depth to Top _____ Bottom 4224 T.D. 4273 Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS **FORMATION** FROM SIZE PUT IN PULL OUT CONTENT Surface 0 343' KB 8 5/8" 343' n 0 Prod. Casing 4268 KB 4 1/2" 4268' 20051 Described 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. Dumped 4 sxs cement on top of sand, 300 lbs. Hulls, 10sxs Gel @ 8.9 ppg. 50 sxs. cmt @ 12.8 ppg., 10 sxs Gel @ 8.9 ppg, 100 lbs. Hulls, Release wooden plug. 125 sxs. Cmt @ 12.8 ppg. Total Bbls. pumped - 120. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Pratt Well Service Inc. 5893 License No. P. O. Box 847 Pratt, Kansas 67124 NAME OF PARTY RESPONDIBLE FOR PLUGGING FEES: F. G. HOLL CO. L.L.C. STATE OF Kansas _ COUNTY OF <u>Edwards_</u> Stephen E. Hart _ Office Mang. (Employee of Operator or (Operator) of above-described well, being first sworn on cath, 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) C/O'Pratt Well Service Inc. Box 847 Pratt, Ks. 67124 (Address) 30th SUBSCRIBED AND SWORM TO before me this

KENNETH W. FURGASON

Notary Public - State of Kansas My Appt. Expires 06/19/00 Form CP-4 Revised 12-9