

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

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

API NUMBER 12-11-79

LEASE NAME ULSH

WELL NUMBER 1

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

4,950 Ft. from S Section Line

4,950 Ft. from E Section Line

SEC. 20 TWP. 24 RGE. 14 (E) or (W)

LEASE OPERATOR Bear Pet.

COUNTY Stafford

ADDRESS Box 438 Haysville, Kans. 67060

Date Well Completed 12-11-79

PHONE# (316) 773-1225 OPERATORS LICENSE NO. _____

Plugging Commenced 6-4-90

Character of Well Oil

Plugging Completed 6-7-90

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

The plugging proposal was approved on 6-3-90 (date)

by District #1 (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to Top 4296 Bottom 4302 T.D. 4328

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
Arbuckle	Water			8-5/8	362	None
				4 1/2	4359	1725

RECEIVED
STATE CORPORATION COMMISSION
JUL 10 1990
CONSERVATION DIVISION
Wichita, Kansas

Describe in detail the manner in which the well was plugged, indicating where the mud plug 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.

Set cast iron bridge plug 4010 foot dumped 2 sacks cement on plug w/ baller pulled casing to 875' pumped 50 sacks cement pulled to 390 pumped 50 sacks pulled to 40' circulated to surface pulled casing on out topped of w/cement to 5' foot below surface.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Lyons Well Service License No. 30375

Address 1103 S. St. John Lyons, Kans 67554

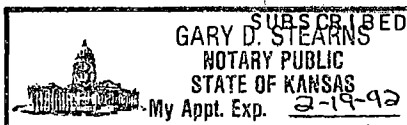
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Dewey Gressel DBA Lyons Well Service

STATE OF Kansas COUNTY OF Rice, ss.

(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) Dewey Gressel

(Address) _____



AND SWORN TO before me this 7 day of July, 1990

Gary D. Stearns
Notary Public

My Commission Expires: 2-19-92