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

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

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

API NUMBER 15-009-21,481-0000

LEASE NAME A. Oeser

WELL NUMBER 2

____ Ft. from S Section Line

____ Ft. from E Section Line

SEC. 16 TWP. 16 RGE. 11 (E) (W)

COUNTY Barton

Date Well Completed ____

Plugging Commenced 12-21-95

Plugging Completed 12-26-95

LEASE OPERATOR Kahan & Associates, Inc.

ADDRESS P.O. Box 700780 Tulsa, Ok. 74170

PHONE (918) 492-9797 OPERATORS LICENSE NO. 4252

Character of Well Oil

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

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. 3334'

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"	486'	none
				5 1/2"	3333'	1995'

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.

Plugged off bottom with sand to 3280' and 5 sacks cement. Shot pipe at 2400' at 2200' and at 1995'. Pulled up to 1400' pumped 100 sacks cement 300# hulls. Pulled to 750' pumped 35 sacks cement, 100# hulls. Pulled up to 400' pumped 65 sacks cement 100# hulls. Pulled out of hole and topped off with 30 sacks cement. (60/40 POZ 10% gel) Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 209 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Mike's Testing & Salvage, Inc. Chase, Ks.

STATE OF Kansas COUNTY OF Rice, ss.

RECEIVED
STATE CORPORATION COMMISSION
1-8-96
JAN 08 1996
CONSERVATION DIVISION
WICHITA, KANSAS

Mike 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 and the same are true and correct, so help me God.

(Signature) Mike Kelso

(Address) P.O. Box 209 Chase, Kansas 67524

SUBSCRIBED AND SWORN TO before me this 5th day of January, 19 96

Irene Herzberg
Notary Public

My Commission Expires:

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 1997

USE ONLY ONE SIDE OF EACH FORM

Form CP-4
Revised 05-88