

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

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

API NUMBER 185-23081 0000

LEASE NAME Seirert

WELL NUMBER 2-32

1980 Ft. from S Section Line

1980 Ft. from E Section Line

SEC. 32 TWP 24S RGE 15W (E) or (W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 4-7-99

Plugging Completed 4-12-99

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

LEASE OPERATOR Castelli Exploration, Inc.

ADDRESS 9500 Westgate Drive, Suite 101 Ok. City, Ok.

PHONE (405) 722-5511 OPERATORS LICENSE NO. 31021 ⁷³¹⁶²

Character of Well Oil

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

This plugging proposal was approved on _____ (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. 4540

How 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"	335 5/8"	None
				4-1/2"	423'	2700'

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 plugging material is used, state the character of same and depth placed, from _____ feet to _____ feet each section. Plugged off bottom with sand to 3720' and 4 sks. cement. Shot pipe @ 3010' and 2700'. Pulled a total of 63 fts. of 4-1/2" casing. Pumped 300# hulls, 10 sks. gel, 50 sks. cement, 10 sks. gel, 100# hulls and 100 sks. cement. 60/40 pos, 6% gel. Plugging Complete.

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

Address P.O. Box 467 Chase, Kansas 67524

Name of Party Responsible for Plugging Fees: Castelli Exploration, Inc.

State of Kansas County of Rice, ss.

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 herein stated, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

4-19-99

STATE OF _____ SUBSCRIBED AND SWORN TO before me this 16th day of April, 1999

APR 19, 1999

[Signature]
Notary Public

My Commission Expires: _____

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 2001

Form CP
Revised 05-