

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

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

API NUMBER 15-185-20,874-0002

LEASE NAME ERIKSEN

WELL NUMBER 1-3

1155 Ft. from N/W Section Line

1040 Ft. from W Section Line

SEC. 3 TWP. 22S RGE. 11 (E) or (W)

COUNTY STAFFORD

Date Well Completed 11/78

Plugging Commenced 1/22/96

Plugging Completed 1/22/96

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

LARSON OPERATING COMPANY

LEASE OPERATOR A DIVISION OF LARSON ENGINEERING, INC.

ADDRESS 562 WEST HIGHWAY 4 OLMITZ, KS 67564-8561

PHONE# (316) 653-7368 OPERATORS LICENSE NO. 3842

Character of Well GAS

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

The plugging proposal was approved on 1/19/96 (date)

by RICHARD LACEY (KCC District Agent's Name).

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

Producing Formation LANSING-KANSAS CITY Depth to Top 3250' Bottom 3256' T.D. 3460

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
L-KC	GAS	3250'	3256'	8-5/8"	469'	0'
				4-1/2"	3459'	0'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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 CIBP @ 3200' & CAPPED W/ 4 SX CMT. LOADED HOLE W/ HEAVY MUD. PERF @ 519' W/ 3 HOLES. PLUG DOWN
CSG W/ 180 SX CLASS A & CIRC CMT TO SURFACE. TOPPED OFF CSG W/ CMT. WELDED 1/4" PLATE ON CSG PER BLM.

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

RECEIVED

KANSAS CORPORATION COMMISSION

Name of Plugging Contractor ALLIED CEMENTING CO., INC. License No. _____

Address P.O. BOX 31 RUSSELL, KS 67665

FEB 22 1996

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: LARSON OPERATING COMPANY

2-22-96

STATE OF KANSAS COUNTY OF BARTON, ss.

CONSERVATION DIVISION
WICHITA, KS

THOMAS LARSON (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) Thomas Larson
562 WEST HIGHWAY 4
(Address) OLMITZ, KS 67564-8561

SUBSCRIBED AND SWORN TO before me this 19TH day of FEBRUARY, 19 96

Carol S. Larson
Notary Public

My Commission Expires: JUNE 8, 1997