

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

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

API NUMBER 15-079-20406-0000

LEASE NAME Lundstrom

WELL NUMBER 1

330 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 30 TWP. 22 RGE. 3 (E) or (W)

COUNTY Harvey

Date Well Completed _____

Plugging Commenced 8-1-00

Plugging Completed 8-2-00

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

LEASE OPERATOR Lachenmayr Oil Co.

ADDRESS 904 Emmaline Newton, KS 67114

PHONE(S) (316) 283-2660 OPERATORS LICENSE NO. 6804

Character of Well gas

(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.O. 3332

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

10-2-00

HFC(FVF)

Formation	Content	From	To	Size	Put In	Pulled Out	DATE CORPORATION COMMISSION
				10 3/4	284	0	OCT 2 2000
				4 1/2	3332	550	

CONSERVATION DIVISION
Wichita, Kansas

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 plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set

Build bridge at 3200' Dumped 4 sacks. Pulled to 350. Circulate Cement to surface.

Name of Plugging Contractor K. E. Snyder Co. LLC License No. 32147

Address Hamilton KS

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Lachenmayr Oil Co.

STATE OF Kansas COUNTY OF Harvey, 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 the the same are true and correct, so help me God.

(Signature) Howard Lachenmayr

(Address) _____

BERNICE CAPPS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

My Commission Expires: August 4, 2002

SUBSCRIBED AND SWORN TO before me this 27th day of September, 2000
Bernice Capps
Notary Public