

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

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

API NUMBER 15-083-20,849-0000

LEASE NAME Antrim

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

WELL NUMBER #1

4950 Ft. from S Section Line

2970 Ft. from E Section Line

SEC. 17 TWP. 21S RGE. 22W ~~XX~~ or (W)

COUNTY Hodgeman

LEASE OPERATOR Bergman Oil Co., L.C.

ADDRESS 520 Union Center Bldg., Wichita, KS 67202

PHONE (316) 267-5291 OPERATORS LICENSE NO. 05339

Character of Well Oil

Date Well Completed 5/30/81

Plugging Commenced 3/28/95

Plugging Completed 3/28/95

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

The plugging proposal was approved on March 27, 1995 (date)

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

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

Producing Formation Miss. Depth to Top 4366 Bottom 4370 T.O. 4370

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
Miss.	Oil - Water	4366	70	5-1/2	4366	Zero

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 Allied Cementing Co., Inc. out of Russell, Kansas under supervision of K.C.C. District Agent Mr. Richard Lacey. Used Total 320 Sacks Cement

Name of Plugging Contractor Bergman Oil Co., L.C. License No. 05339

Address 520 Union Center Bldg., Wichita, KS 67202 4-11-95

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Bergman Oil Co., L.C.

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

Harold Bergman

(Employee of Operator) or (Operator) or

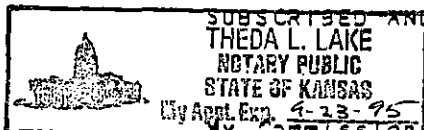
above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well, and that the same are true and correct, so help me God.

(Signature) Harold Bergman
Harold Bergman
(Address) 520 Union Center Bldg., Wichita, KS 67202

RECEIVED
STATE CORPORATION COMMISSION

APR 11 1995

SUBSCRIBED AND SWORN TO before me this 10th day of April, 19 95



Theda L. Lake
Notary Public Theda L. Lake

USE ONLY ONE SIDE OF EACH FORM

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

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PSTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____
RECEIVED INFORMATION COMMISSION

PROPOSED METHOD OF PLUGGING _____

APR 11 1995

CONSERVATION DIVISION
WICHITA, KANSAS

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)