

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

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

API NUMBER 15-113-21,048-0000

LEASE NAME L. Neufeldt

WELL NUMBER 1

1650 Ft. from N Section Line

560 Ft. from W Section Line

SEC. 34 TWP. 21S RGE. 3 (E) or (W)

COUNTY Mc Pherson

Date Well Completed 2/22/1983

Plugging Commenced 10/20/1993

Plugging Completed 11/2/1993

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

LEASE OPERATOR Brunson Production, Inc.

ADDRESS 200 Corporate Pl., 125 N. Emporia, Wichita, KS

PHONE# (316) 264-3781 OPERATORS LICENSE NO. 5350

Character of Well Oil

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

The plugging proposal was approved on October 8, 1993 (date)

by David P. Williams (Mike Wilson witnessed plugging) (KCC District Agent's Name).

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

Producing Formation Mississippian Depth to Top 3132 Bottom 3158 T.O. 3500

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
Mississippian	oil & s. water	3128	3355	8 5/8	220	0
Hunton	salt water	3461	3500	5 1/2	3499	2243

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. sand: 3300'-3070', 5 sx. cement 3070'-3030', 35 sx. cement 600'-500', 185 sx. cement 325'-base of cellar, topped off with 3 yards of ready-mixed slurry mix to base of cellar.

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

Name of Plugging Contractor Peters Drilling Company License No. 03400

Address P.O. Box 742, Great Bend, Kansas 67530-0742

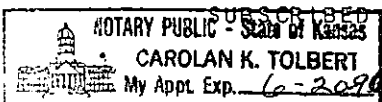
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Brunson Production, Inc.

STATE OF Kansas COUNTY OF Reno, ss.

Dale P. Jewett

(Employee of Operator) or (XXXXXX) 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) Dale P. Jewett
(Address) 606 N. Mayfield Road, Hutchinson, Kansas 67501



SUBSCRIBED AND SWORN TO before me this 12 day of Nov STATE OF KANSAS
Carolan K. Tolbert
Notary Public

My Commission Expires: 6-20-96

RECEIVED
NOV 16 1993
CONSERVATION DIVISION CP-4
Wichita Kansas 67202

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

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER _____ (of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR _____ OPERATOR'S LICENSE NO. _____

ADDRESS _____ PHONE # () _____

LEASE (FARM) _____ WELL NO. _____ WELL LOCATION _____ COUNTY _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W) TOTAL DEPTH _____ PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

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

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

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.

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

_____ PHONE # () _____

ADDRESS _____

PLUGGING CONTRACTOR _____ LICENSE NO. _____

ADDRESS _____ PHONE # () _____

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

SIGNED: _____
(Operator or Agent)

DATE: _____