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

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

	15-097-20,630-
LEASE NAME	Davis-Day
WELL NUMBER _	2
Ft.	from S Section Line
Ft.	from E Section Line
SECTWP	28 RGE. 16 W (W)
COUNTY	Kiowa
Date Well Com	pleted
Plugging Comm	enced $11/17/89$
Plugging Comp	leted
	(date)
(KCC Dist	rict Agent's Name).

TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days. LEASE OPERATOR Continental Energy P.O. Box 918 Garden City, KS. 67846 PHONE # 816) 276-8710 OPERATORS LICENSE NO. 5317 Character of Well ____Oil (Oil, Gas. D&A. SWD, Input, Water Supply Well) The plugging proposal was approved on _____ Is ACO-1 filed?______If not, Is well log attached?_ Producing Formation _____ Depth to Top ____ Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From Τo Size Put in Pulled out 8 5/8 390 none 4 1/2 4759' 2832 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. Sanded bottom to 4620', dumped 4 sacks cement. Shot pipe @3520', 3036', 2832'. Plugged with 300# hulls, 10 gel, 50 sacks cement, 10 sacks gel, 100# hulls, 8 5/8" plug, 125 sacks 40/60 poz 6% gel. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050 RECEIVED P.O. Box 347 Chase, Kansas 67524 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Continental Energy ___ COUNTY OF ____City Kansas

Content Ation DIVISION of MCODERATOR, OF (Employee of Operator) or V(Operator) of R. Darryl Kelso above-described well, being first duly sworn on oath, says: That I have knowledge of the 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) Khlasself. la (Address) P.O. Box 347 Chase, KS. 67524 _ day of Dec. SUBSCRIBED AND SWORN TO before me this 1

My Commission Expires:

