

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
D. S. Market, Room 2078  
Topeka, KS 67202

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

API NUMBER 15-185-21426.0000

LEASE NAME Willcut LKC Unit

WELL NUMBER 5-1

710 Ft. from S Section Line

330 Ft. from <sup>W</sup>E Section Line

SEC. 3 TWP. 21 SRGE. 13W (E) or (W)

COUNTY Stafford

Date Well Completed \_\_\_\_\_

Plugging Commenced 1-12-98

Plugging Completed 1-16-98

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

LEASE OPERATOR Smokey Valley Resources, Inc.

ADDRESS 1325 Hwy 56 Lyons, Kansas 67554

PHONE # 316, 257-5529 OPERATORS LICENSE NO. 32081

Character of Well OIL

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

Is the plugging proposal was approved on \_\_\_\_\_ (date)

by MAIER Mike Meyeres (KCC District Agent's Name).

Is ACO-1 filed? \_\_\_\_\_ If not, is well log attached? \_\_\_\_\_

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 3514'

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 |
|-----------|---------|------|----|--------|--------|------------|
|           |         |      |    | 8-5/8" | 299'   | None       |
|           |         |      |    | 5-1/2" | 3514'  | 1412'      |
|           |         |      |    |        |        |            |
|           |         |      |    |        |        |            |

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 material used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each side. Plugged off bottom with sand to 3200' and 5 sacks cement. Shot pipe @ 2215', 2012', 1621', 1412'. Plugged well with 400# hulls, 10 sks. gel, 50 sks. cement, 10 sks. gel, released plug and 125 sks. cement, 60/40 pos, 6% gel. Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Smokey Valley Resources, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

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

(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 28th day of January, 19 98

[Signature]  
Notary Public

My Commission Expires: \_\_\_\_\_



RECEIVED  
JAN 30 1998  
Form CP  
Revised 05-