

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

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

15-135-20065-60-00
API NUMBER Comp. 10-22-67

LEASE NAME Westermeyer "A"

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

WELL NUMBER 1
660 Ft. from S Section Line

660 Ft. from E Section Line

EASE OPERATOR ALB, Inc.

SEC. 6 TWP. 20SRGE. 24W (E) or (W)

ADDRESS P.O. Box 173 Great Bend, Kansas 67530

COUNTY Ness

PHONE# (620) 793-3443 OPERATORS LICENSE NO. 32000

Date Well Completed _____

Character of Well Oil

Plugging Commenced 6-26-01

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

Plugging Completed 6-27-01

The plugging proposal was approved on _____ (date)

by Mike Maier (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom T.D. 4393'

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"	245'	None
				5-1/2"	4380'	240

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 are used, state the character of same and depth placed, from _____ feet to _____ feet each section. Plugged off bottom with sand to 4330' and 5 sks. cement. Shot pipe @790', pumped 10 sks. gel and 80 sks. cement, shot pipe @295 & 240', pipe came loose, pumped 50 sks. cement and circulated to surface. Layed down 5-1/2" casing, topped off with 20 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: ALB, 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 statements, and matters herein contained and the log of the above-described well as filed to 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 9th day of July 2001

JUL 11 2001

[Signature]
Notary Public

My Commission Expires: _____
CONSERVATION DIVISION



Form CT
Revised 05-

OR