STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

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

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

API NUMBER 15-159-21,595.0000
LEASE NAME Brothers
WELL NUMBER # 1
____ Ft. from S Section Line
____ Ft. from E Section Line
SEC. 12 TWP. 21 RGE. 7W (E) or (W)
COUNTY RICE
Date Well Completed 6-10-83
Plugging Commenced 6-29-99
Plugging Completed 6-30-99

LEASE OPERATOR Quality Well Service
ADDRESS 249 E. Beth Dr Sterling K.S. 67579
PHONE (316) 727-3410 OPERATORS LICENSE NO. ____
Character of Well Oil
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on Jack Luthye 6-29-99 (date)
by ____ (KCC District Agent's Name).
Is ACO-1 filed? NO If not, is well log attached? NO
Producing Formation MISS Depth to Top 3472 Bottom 3510 T.D. 3510
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	213	
				5½	3472	2000

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 3390' Bailed, 5 SKS portland Shot 2000' pulled to 1050' pumped 35 SKS pulled to 550' pumped 35 SKS pulled to 210' circulated cement to surface with 130 SKS pulled rest of pipe Hole stayed full

RECEIVED
SEP 1 2 1999
KCC WICHITA

Name of Plugging Contractor QWS License No. 3825
Address 249 E. Beth Dr. Sterling KS. 67579
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Quality Well Service Inc 12333
STATE OF Kansas COUNTY OF Rice, ss.

Joseph E. Mac (Employee of Operator) or (Operator) 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) Joseph E Mac
(Address) Box 41 Chase Ks

SUBSCRIBED AND SWORN TO before me this 13th day of September, 1999

Sharon McIntyre
Notary Public

My Commission Expires:

SHARON McINTYRE
State of Kansas
My Appt. Exp. 8-1-2001

USE ONLY ONE SIDE OF EACH FORM

Form C-
Revised 05-