ATE OF KANSAS
ATE CORPORATION COMMISSION
S. Market, Room 2078
hita, KS 67202

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

15-053-01785-00-00
API NUMBER _Drilled 1941_

LEASE NAME ___Grounds___

WELL NUMBER _____1_____

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

_660_ Ft. from S Section Line

_330_ Ft. from E Section Line

SEC. _12_ TWP. _17_ RGE. _10W_ (E) or (W)

ASE OPERATOR ___Mike Kelso Oil, Inc.___

DRESS _P.O. Box 467   Chase, Kansas 67524_

ONE# (620) _938-2943_ OPERATORS LICENSE NO. _31528_

aracter of Well ___Oil___

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

e plugging proposal was approved on _____ (date)

COUNTY _Ellsworth_

Date Well Completed _____

Plugging Commenced _3-27-02_

Plugging Completed _3-28-02_

___Virgil Clothier___ (KCC District Agent's Name).

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

oducing Formation _____ Depth to Top_____ Bottom_____ T.D. _3280'_

ow depth and thickness of all water, oil and gas formations.

IL, GAS OR WATER RECORDS   CASING RECORD

ormation	Content	From	To	Size	Put in	Pulled out
				8-5/8"	465'	None
				5-1/2"	3273'	520'

scribe in detail the manner in which the well was plugged, indicating where the mud fluid
laced and the method or methods used in introducing it into the hole. If cement or other pl
re used, state the character of same and depth placed, from___feet to___feet each s
Plugged off bottom with sand to 3220' and 5 sacks cement. Pipe parted @520'. layed down
casing, ran 2" tubing to 850', pumped 50 sacks cement, pulled up to 515', pumped 35 sacks
cement, pulled up to 250' and circulated 115 sacks cement to surface.60/40 pos.4% gel.
                                                                    Plugging Complete.

ame of Plugging Contractor ___Mike's Testing & Salvage, Inc.___ License No. _31529_

ddress _P.O. Box 467   Chase, Kansas 67524_

AME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ___Mike Kelso Oil, Inc.___

TATE OF ___Kansas___ COUNTY OF ___Rice___ , ss.

___Mike Kelso___ (Employee of Operator) or (Operator)

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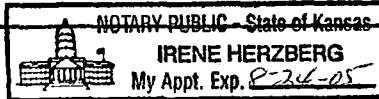he same are true and correct, so help me God.

(Signature) ___[signature]___

(Address) _P.O. Box 467   Chase, KS   67524_

SUBSCRIBED AND SWORN TO before me this _8th_ day of _April_ xx 2002

___[signature]___
Notary Public

My Commission Expires:

Form CT
Revised 05-

OR