

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

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

API NUMBER 15-159-21,160-0000

LEASE NAME Sieker

WELL NUMBER 1

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 2 TWP. 20S RGE. 10W (E) or (W)

COUNTY Rice

Date Well Completed 6-18-81

Plugging Commenced 8-18-97

Plugging Completed 8-21-97

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

LEASE OPERATOR Gable Oil Company

ADDRESS P.O. Box 444 Chase, Kansas 67524

PHONE(S) (316) 938-2458 OPERATORS LICENSE NO. 5895

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by Jack Luthi (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____

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"	207'	none
				5-1/2"	3339'	2280'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from _____ feet to _____ feet each s
Plugged off bottom with sand to 2975' and 5 sacks cement. Shot pipe @2600' and 2280'.
Pulled up to 1300', pumped 35 sacks cement w/100# bulls, pulled to 900', pumped 35 sks. cement w/100# bulls, pulled to 260', circulated 110 sks. cement, pulled rest of casing and topped w/20 sks. cement., 60/40 pos. 4% 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: Gable Oil Company

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 fact
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 25th day of August, 1997

[Signature]
Notary Public

My Commission Expires: _____


IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 2001