

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 15-145-2052-0000

15.145.21152.0000

LEASE NAME Schmitt

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

WELL NUMBER 1

330 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 36 TWP. 20 RGE. 10W (E) or (W)

COUNTY Pawnee

LEASE OPERATOR Jon M. Carroll

ADDRESS P.O. Box 1987 Great Bend, KS 67530

PHONE# (316) 793-7156 OPERATORS LICENSE NO. 5921

Character of Well Oil

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

Date Well Completed _____

Plugging Commenced 12-30-98

Plugging Completed 12-30-98

The plugging proposal was approved on 12-30-98 (date)

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

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

Producing Formation _____ Depth to Top Open hole Bottom _____ T.D. 3840'

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

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content Surface	From	To	Size	Put in	Pulled out
		-0-	1050'	8 5/8"	1050'	None
	Production	-0-	3840'	5 1/2"	3840'	2119.30'

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 were used, state the character of same and depth placed, from feet to feet each set. Bottom plug sand & cement 3790'. Allied mixed 10 sacks gel spacer followed by 50 sacks cement 60/40 6% gel at 1070' mixed 25 sacks cement at 600'. Pulled casing & topped with 20 sacks cement. Job started 12:20 p.m. and completed 1:30 p.m.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Jon M. Carroll

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (Employee of Operator) or (Operator) of 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 the the same are true and correct, so help me God.

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 31 day of December, 19 98

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001

BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001

Form CP-4
Revised 05-88