

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

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

API NUMBER 15-097-20.413-0000

LEASE NAME Brensing

WELL NUMBER 1

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

4620 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 9 TWP. 28 RGE. 20W (E) or (W)

COUNTY Kiowa

EASE OPERATOR Brange Oil

ADDRESS 143 SW 20th St. Pratt, Kansas 67124

PHONE# (620) 672-6921 OPERATORS LICENSE NO. 30193

Character of Well Oil

Date Well Completed _____

Plugging Commenced 6-21-01

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

Plugging Completed 6-25-01

The plugging proposal was approved on _____ (date)

by Steve Middleton (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4925'

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"	564'	None
				4-1/2"	4918'	1500'

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 side. Plugged off bottom with sand to 4450' and 5 sks. cement. Shot pipe @3000', well was squeezed. Shot loose @1500', pulled up to 1330', pumped 15 sks. gel and 50 sks. cement, pulled to 530', pumped 50 sks. cement, pulled to 40' and circulated 10 sks. cement to surface. 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: Mike's Testing & Salvage, 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 10th day of July 2001

[Signature]
Notary Public

My Commission Expires: _____



Form CP
Revised 05-

RECEIVED

KANSAS CORPORATION COMMISSION

JUL 11 2001 7-11-01

CONSERVATION DIVISION

MR