

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

WELL PLUGGING RECORD
 K.A.R.-02-3-117

API NUMBER 15-095-21,380-0000

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

LEASE NAME Funke-Bergh "A"

WELL NUMBER 1

3300 Ft. from S Section Line

1980 Ft. from E Section Line

SEC. 6 TWP. 29 RGE. BW (E) or (W)

COUNTY Kingman

EASE OPERATOR D.R. Lauck Oil Company, Inc.

ADDRESS 3221 S. Broadway, Suite 400 Wichita, Ks. 67202

PHONE (316) 263-8267 OPERATORS LICENSE NO. 5427

Date Well Completed _____

Character of Well Oil

Plugging Commenced 7-21-99

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

Plugging Completed 7-23-99

Is plugging proposal was approved on _____ (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 2420'

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"	249'	None
				4-1/2"	2419'	2030'

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. Plugged off bottom with sand to 2290' and 4 sks. cement. Shot pipe loose @ 2030', pulled up to 1350', pumped 35 sks. cement and 100# hulls, pulled to 850', pumped 35 sks. cement and 100# hulls, pulled up to 300' and circulated cement to surface, 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: D.R. Lauck Oil Company, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)
 of 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

STATE CORPORATION COMMISSION
 RECEIVED AND SWORN TO before me this 27th day of July, 1999

JUL 28 1999

My Commission Expires: _____

[Signature]
 Notary Public

CONSERVATION DIVISION
 Wichita, Kansas

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

Form G
 Revised 05-