STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-065-22,619-
(of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR Viking Resources, Inc. OPERATOR'S LICENSE NO. 5011

ADDRESS 105 S. Broadway, Suite 1040, Wichita, KS 67202 PHONE # (316) 262-2502

LEASE (FARM) Seege WELL NO. 1 WELL LOCATION NE NE NE COUNTY Graham
SEC. 9 TWP. 7S RGE. 23 (E)or(W) TOTAL DEPTH 3800' PLUG BACK TD ________

Check One:

OIL WELL ___ GAS WELL ___ D & A ___ SWD or INJ WELL ___ DOCKET NO. ________

SURFACE CASING SIZE 8 5/8" SET AT 207' CEMENTED WITH 60-40 pozmix SACKS 160
CASING SIZE ________ SET AT __________ CEMENTED WITH __________ SACKS

PERFORATED AT ________

CONDITION OF WELL: GOOD ___ POOR ___ CASING LEAK ___ JUNK IN HOLE ___

PROPOSED METHOD OF PLUGGING Fill w/heavy mud; set 1st plug @ 2100' w/25 sx; 2nd plug @
1300' w/100 sx; 3rd plug @ 250' w/40 sx; 4th plug @ 40' w/10 sx; Rathole 15 sx; 190 sx
60-40 pozmix 6% gel 3% cc, 1 sx Flocel @ 1300'.

(IF additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? ___ IS ACO-1 FILED? No
(If not explain.) Sent to Operator to complete

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 10:00 a.m. 1-17-91

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE
RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS

__________________________ PHONE # (913) 674-5768
Harold Maley

ADDRESS 216 E. McFarland, Hill City, KS 67642

PLUGGING CONTRACTOR Abercrombie Drilling, Inc. LICENSE NO. 5422

ADDRESS 150 N. Main, Suite 801, Wichita, KS 67202 PHONE # (316) 262-1841

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

SIGNED: ____________________________
(Operator or Agent)

DATE: 1-22-91