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

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

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

API NUMBER 15-039-20585-00-00
LEASE NAME Schwab
WELL NUMBER 1
____ Ft. from S Section Line
____ Ft. from E Section Line
SEC. 9 TWP. 1 RGE. 26 (E) or (W)
COUNTY Decatur
Date Well Completed Spud: 6-4-81
Plugging Commenced 3-15-96
Plugging Completed 3-28-96

LEASE OPERATOR C. Dale Stromquist
ADDRESS P.O. Box 1054 Liberal, Ks. 67905
PHONE #(316) 624-3902 OPERATORS LICENSE NO. 8294
Character of Well Oil
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on ____ (date)
by Carl Goodrow (KCC District Agent's Name).
Is ACO-1 filed? ____ If not, is well log attached? ____
Producing Formation ____ Depth to Top ____ Bottom ____ T.D. 3535

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

RECEIVED
KANSAS CORPORATION COMMISSION
4-8-1996
APR 08 1996
CONSERVATION DIVISION
WICHITA, KS

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8"	248'	none
				4 1/2"	3475'	none

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 set.
Sanded bottom to 3309', dumped 4 sacks cement. Shot well at 1831' and 1302'. Pumped 150 sacks cement with 500# hulls, dropped plug, pumped 40 sacks cement/ (60/40 POZMIX 10% gel) Pressure to 500# Shut in. Plugging complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529
Address P.O. Box 209 Chase, Kansas 67524
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: C. Dale Stromquist -Liberal, Ks.

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 statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [signature]
(Address) P.O. Box 209 Chase, Kansas 67524

SUBSCRIBED AND SWORN TO before me this 2nd day of April ,19 96

[signature]
Notary Public

My Commission Expires:

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, [illegible]

Form CP
Revised 05-