

15-147-20103-00-00

API NUMBER NA

LEASE NAME Flanigan 3

WELL NUMBER #3

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

1650 Ft. from S Section Line

3630 Ft. from E Section Line

SEC. 10 TWP. 4 RGE. 19 (E) or (W)

COUNTY Phillips

Date Well Completed 8-31-70

Plugging Commenced 12-14-95

Plugging Completed 12-14-95

LEASE OPERATOR Baird Oil Co. Inc

ADDRESS P.O. Box 428 Logan, KS

PHONE# (913) 689-7456 OPERATORS LICENSE NO. 5352

Character of Well oil

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

The plugging proposal was approved on 12-11-95 (date)

by Dennis Hamel (KCC District Agent's Name).

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

Producing Formation KC Depth to Top 3138 Bottom 3326 T.D. 3418

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 |
|--------------------|------------------|------|----|--------------|-------------|-------------|
| <u>SND + shale</u> | <u>wtr</u> | | | <u>8 5/8</u> | <u>204</u> | <u>None</u> |
| <u>KC</u> | <u>oil + wtr</u> | | | <u>4 1/2</u> | <u>3405</u> | <u>None</u> |
| | | | | | | |
| | | | | | | |

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.

Pressured up on annulus to 500# and it held. Pump down 4 1/2 casing with 25 sacks cement and 300# of hulls followed by 10 SCS of gel and then followed by 175 SCS cement with 300# of hulls. 500# Max with 300# shut-in

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing License No. 12-18-95

Address P.O. Box 31 Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Baird Oil Co. Inc

STATE OF KS COUNTY OF Phillips, ss.

Jim R. Baird

(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 that the same are true and correct, so help me God.

(Signature) Jim R. Baird

(Address) P.O. Box 428 Logan, KS 67646



SUBSCRIBED AND SWORN TO before me this 15th day of December, 19 95

Marilyn J. Whitsitt
 Notary Public

My Commission Expires: 2-9-98