

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

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

API NUMBER 15-137-20024-00-00

LEASE NAME Harting

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

WELL NUMBER S W D

330 Ft. from S Section Line

4290
4720 Ft. from E Section Line

LEASE OPERATOR Condor Energy Inc.

SEC. 2 TWP. 4S RGE. 23 (E) or (W)

ADDRESS P.O. Box 108 Great Bend, KS 67530

COUNTY Norton

PHONE#(316) 792-1751 OPERATORS LICENSE NO. 6016

Date Well Completed 6-5-69

Character of Well S W D

Plugging Commenced 9-6-85

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

Plugging Completed 9-6-85

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes

Which KCC/KDHE Joint Office did you notify? Hays

Is ACO-1 filed? Yes If not, is well log attached? No - not available

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 1700 ft.

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
Cedar Hills		G-level	1700	5½	1510	0

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.
Description on back.

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

Name of Plugging Contractor Halliburton Services Co. License No. _____

Address Oberlin, KS

STATE OF Kansas COUNTY OF Decatur, ss.

Lawrence Chain

(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.

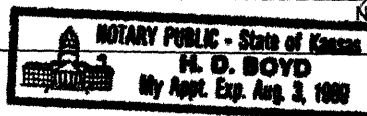
(Signature) Lawrence Chain

(Address) Ellinwood, KS

SUBSCRIBED AND SWORN TO before me this 13 day of September, 19 85

H D Boyd

My Commission Expires: _____



RECEIVED
Notary Public
STATE CORPORATION COMMISSION

09-16-85
SEP 16 1985

Form CP-4

Revised 08-84

