

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

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

15-039-20142-00-00

API NUMBER NA

LEASE NAME Beers Estates

WELL NUMBER #1

NA Ft. from S/N Line of Section (circle one)

NA Ft. from E/W Line of Section (circle one)

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

LEASE OPERATOR Oil Producers Of Kansas

SPOT LOCATION NE - SE - SE - 1/4

ADDRESS P.O. Box 8647

SEC. 23 TWP. 4S S. RGE 27W (E) or (W) (W)

CITY, STATE, ZIP Wichita Kansas 67208

COUNTY Decatur

PHONE#(316) 681-0231 OPERATORS LICENSE NO. 8061

Date Well Completed 2-1970

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

Date Plugging Commenced 3-21-1996

Date Plugging Completed 3-21-1996

The plugging proposal was approved on 3-21-1996 (date)  
by Carl Goodrow (KCC District Agent's Name)

Is ACO-1 filed? NA If not, is well log attached? NA

Producing Formation(s) Kansas City Depth to Top 3179 Bottom 3244 T.D. 3246

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	PULL OUT
K.C.	Oil	3179	3246	4 1/2	3246 1970	none

Described 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.

Pumped 200 sx. Of Cement Down 4 1/2 Prod. Casing With 400 LB. HULLS At 600 LB. PSI Shut in At 100 LB. PSI.

Pumped 50 SX. Of Cement Down Surface Casing 8 5/8 With 100 LB. HULLS At 100 LB. PSI And Shut In At 100 LB. PSI.

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

Name of Plugging Contractor Northwest well sev. (Allied Cement Co.)

License No. 31664

Address 517 W. Elm St. Hill City Kansas 67642

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers Of Kansas

STATE OF Kansas COUNTY OF       , ss.

Northwset Well Sev. (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) [Signature]

(Address) 517 W. ELM ST WICHITA

SUBSCRIBED AND SWORN TO before me this 25<sup>th</sup> day of May, 19 96

[Signature]  
Notary Public

My Commission Expires: 5-19-98

RECEIVED  
KANSAS CORP COM  
MAY 31 11:14  
5-31-96