

LEASE NAME Kemper

WELL NUMBER 5

4290 Ft. from S Section Line

1320 Ft. from E Section Line

SEC. 26 TWP. 5 RGE. 21 (X) or (W)

COUNTY Norton

Date Well Completed 2/3/76

Plugging Commenced 9:15 A.M. 12/17/91

Plugging Completed 10:30 A.M. 12/17/91

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

LEASE OPERATOR The Dane G. Hansen Trust

ADDRESS P. O. Box 187, Logan, Kansas 67646

PHONE#(913) 689-4816 OPERATORS LICENSE NO. 5285

Character of Well Oil

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

The plugging proposal was approved on Carl Goodrow (date)

by December 17, 1991 (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to Top 3635 Bottom 3642 T.D. 3642 DDTD

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

OIL, GAS OR WATER RECORDS | CASING RECORD | **RECEIVED** KANSAS CORPORATION COMMISSION

Formation	Content	From	To	Size	Put in	Pulled out
				8 5/8"	208'	None
				4 1/2"	3636'	None

JAN 13 1992

CONSERVATION DIVISION
 WICHITA, KS

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.
Down 4 1/2" casing at 400# Max. Pressure, mixed 4 sx. hulls with 225 sx cement,
and shut in at 200#. Down annulus (8 5/8" casing) at 300# Max. Pressure,
mixed 1 sx hulls with 100 sx cement, and shut in at 150#.

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

Name of Plugging Contractor Allied Cementing Co., Inc. License No. _____

Address P. O. Box 31, Russell, Kansas 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: The Dane G. Hansen Trust

STATE OF KANSAS COUNTY OF PHILLIPS, ss.

Dane G. Bales, Manager (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) Dane G. Bales

(Address) P. O. Box 187, Logan, Kansas 67646

SUBSCRIBED AND SWORN TO before me this 9th day of January, 19 92



Betty Jane Bittel Notary Public

My Commission Expires: July 17, 1992

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

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

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

WELL OWNER/OPERATOR _____ OPERATOR'S LICENSE NO. _____

ADDRESS _____ PHONE # () _____

LEASE (FARM) _____ WELL NO. _____ WELL LOCATION _____ COUNTY _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W) TOTAL DEPTH _____ PLUG BACK TD _____

Check One:

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

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

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

PROPOSED METHOD OF PLUGGING _____

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

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

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 # () _____

ADDRESS _____

PLUGGING CONTRACTOR _____ LICENSE NO. _____

ADDRESS _____ PHONE # () _____

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

SIGNED: _____
(Operator or Agent)

DATE: _____