

STATE OF KANSAS
STATE CORPORATION COMMISSION
Wichita State Office Building
130 South Market, Room 2078
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-177

API NUMBER 15-137-20,101-00-00

LEASE NAME Kemper

WELL NUMBER 4

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

4950 Ft. from S Section Line

660 Ft. from E Section Line

LEASE OPERATOR R.P. Nixon Operations, Inc.

SEC. 26 TWP. 5S RGE. 21W (E) or (W)

ADDRESS 207 West 12th Street Hays, KS 67601

COUNTY Norton

PHONE #(785) 628-3834 OPERATORS LICENSE NO. 5252

Date Well Completed 7-3-75

Character of Well oil

Plugging Commenced 3-13-02

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

Plugging Completed 3-13-02

The plugging proposal was approved on 9-18-01 (date)

by Herb Deines (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to Top 3589' Bottom 3602' T.D. 3590

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
				8"	200'	None
				4 1/2"	3590'	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.
Ran tubing to 1295' and circulated 110 sx of 60/40 Pozmix cement, 10% gel and 4 sacks of hulls. Maximum pressure was 1000# psi. Shut-in pressure was 400# psi. Came out with tubing and tied on to 4 1/2" casing annulus. Pumped 50 sx same cement with 1 sack hulls. Maximum pressure was 200# psi.

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

Name of Plugging Contractor Express Well Service License No. 6426
Address Box 19 Victoria, KS 67671

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: R.P. Nixon Operations, Inc.

RECEIVED

STATE OF Kansas COUNTY OF Ellis, ss.

APR 02 2002

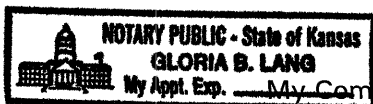
Dan A. Nixon (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) 207 West 12th St. Hays, KS 67601

SUBSCRIBED AND SWORN TO before me this 29th day of March, 2002

[Signature]
Notary Public



My Appt. Exp. _____ My Commission Expires: 3/12/2005

OK

ALLIED CEMENTING CO., INC.

10265

Federal Tax I.D.# ~~45-471655~~

ATTN: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: R

DATE <u>3/13/02</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>10:00 A.M.</u>	JOB START	JOB FINISH <u>12:00 P.M.</u>
LEASE <u>Kemper</u>	WELL # <u>4</u>	LOCATION <u>S. Logan to Oak Camp</u>			COUNTY <u>Norton</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)				<u>3 W 3/4 W W INTO</u>			

CONTRACTOR Express OWNER Same

TYPE OF JOB OND

HOLE SIZE	T.D.
CASING SIZE <u>4 1/2</u>	DEPTH
TUBING SIZE <u>2 1/2</u>	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT
AMOUNT ORDERED 240 60/100 100% Gel
5 HULLS

COMMON	<u>144</u>	@	<u>6.65</u>	<u>957.60</u>
POZMIX	<u>96</u>	@	<u>3.55</u>	<u>340.80</u>
GEL	<u>17</u>	@	<u>10.00</u>	<u>170.00</u>
CHLORIDE		@		
<u>Hulls</u>	<u>5</u>	@	<u>18.00</u>	<u>90.00</u>
		@		
		@		
		@		
		@		
HANDLING	<u>262</u>	@	<u>1.40</u>	<u>289.20</u>
MILEAGE	<u>44/54</u>			<u>733.60</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Paul</u>
# <u>177</u>	HELPER <u>Jason</u>
BULK TRUCK	
# <u>1100</u>	DRIVER <u>Glen</u>
BULK TRUCK	
#	DRIVER

TOTAL 2580.20

REMARKS:

Annulus 50 sk / Hull. Press to 200psi.
760 @ 1295' Circ. Cement w/ 80sk.
4 1/2 csg. Mixed 110 sk w/ 4 Hulls. Press to
1,000 psi. Shut in @ 400psi.

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>475.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>70</u>	@	<u>3.00</u>	<u>210.00</u>
PLUG		@		
		@		
		@		

RECEIVED

APR 02 2002

TOTAL 685.00

CHARGE TO: R.D. Nixon Oper.

STREET _____

CITY _____ STATE _____ ZIP _____

KCC WICHITA
FLOAT EQUIPMENT

	@			
	@			
	@			
	@			
	@			

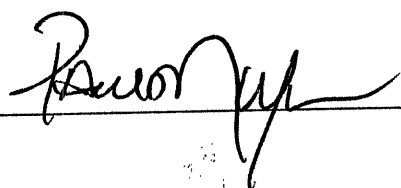
TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE 

PRINTED NAME _____

