

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

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

API NUMBER April 17, 1967

LEASE NAME Feeley

WELL NUMBER 2

3300 Ft. from S Section Line

1980 Ft. from E Section Line

SEC. 27 TWP. 55 RGE. 27W (E) or (W)

COUNTY DECATUR

Date Well Completed April 17-1967

Plugging Commenced April 12-1988

Plugging Completed April 12-1988

RECEIVED
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
Wichita, Kansas
DEC 7 1988
12-7-88

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

LEASE OPERATOR WITCH EXPLORATION INC

ADDRESS 11225 Edinborough Way Parker, Col. 80134

PHONE# 303 841, 9417 OPERATORS LICENSE NO. 7448

Character of Well OIL

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

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

Which KCC/KDHE Joint Office did you notify? HAYS KANSAS

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

Producing Formation HANSING K.C. Depth to Top 3602 Bottom 3920 T.D. 3837

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>SHALE</u> | | <u>SW FACE</u> | <u>205</u> | <u>7"</u> | | <u>NONE</u> |
| <u>HANSING K.C.</u> | | <u>SW FACE</u> | <u>3857</u> | <u>4 1/2"</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.
CALL STATE PLUGGER CARL GOODROW. MIX 300 LBS OF HWLS ON FIRST 20 SKS OF TENENT TO PLUG PERFORATION. FILL 4" CASING TO SW FACE WITH 140 OF CEMENT. PRESSURE TO 300 LBS. MIX 40 SKS. PUMP DOWN 7" CASING. PRESSURE TO 350 LBS.

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

Name of Plugging Contractor POES Well Service License No. 6779

Address P.O. Box 115

STATE OF KANSAS COUNTY OF DECATUR, ss.

(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) J. David Burch

(Address) _____

SUBSCRIBED AND SWORN TO before me this 1st day of December 19 88

Marcia J. Leiker
Notary Public

My Commission Expires: _____

