

B-039-00088-00-01

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

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

API NUMBER February 2, 1968
LEASE NAME FEELEY
WELL NUMBER 5

RECEIVED
STATE CORPORATION COMMISSION

DEC 7 1988
12-7-88

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

_____ Ft. from S Section Line
_____ Ft. from E Section Line

LEASE OPERATOR CONSERVATION DIVISION
Wichita, Kansas
SEARCH EXPLORATION INC. SEC. 27 TWP. 5S RGE. 27W (E) or (W)

ADDRESS 11225 Edinborough Way Parker, Colo. 80134 COUNTY DECATUR

PHONE# (303) 841-9417 OPERATORS LICENSE NO. 7448 Date Well Completed 2-2-1968

Character of Well SWD Plugging Commenced April 15, 1988

(Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed April 15, 1988

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 3606 Bottom 3860 T.D. 3912

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>SWRFACE</u>	<u>250</u>	<u>8 3/4</u>		<u>NONE</u>
<u>HANSING K.C.</u>		<u>SWRFACE</u>	<u>3912</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.
MIX 200 LBS OF HULLS ON FIRST 20 SKS. OF CEMENT TO PLUG OFF PERFORATIONS. FILL CASING TO SWRFACE WITH 140 SKS OF CEMENT. PRESSURE TO 360 LBS. MIX 40 SKS FROM DOWN THE CASING. PRESSURE TO 460 LBS.

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

Name of Plugging Contractor Pro's 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: _____

