

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

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

API NUMBER 15-023-20,033 -00-00

LEASE NAME Fisher

WELL NUMBER #1

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

1980 Ft. from N Section Line

660' Ft. from W Section Line
C SW NW

SEC. 35 TWP. 5 RGE. 37W (E) or (W)

COUNTY Cheyenne

Date Well Completed _____

Plugging Commenced 6-24-93

Plugging Completed 6-28-93

LEASE OPERATOR A.L. Abercrombie, Inc.

ADDRESS Rt. 1 Box 56 Great Bend, Ks. 67530

PHONE# (316) 793-8186 OPERATORS LICENSE NO. 5393

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by Carl Goodrow (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4950'

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
				8-5/8"	380'	none
				4-1/2"	4705'	1600'

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.

Plugged off bottom with sand to 4510' and 4 sacks cement. Shot pipe @3115', 2100', pumped 30 sacks cement @2100', shot @1600', pulled to 1400', pumped 70 sacks cement, pulled to 300' and circulated 70 sacks cement to surface, pulled rest of pipe and capped with 20 sacks cement, 65/35 pos, 10% gel. Plugging Complete.

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: A.L. Abercrombie, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrell Kelso

(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) R. Darrell Kelso

(Address) P.O. Box 347 Chase, KS. 67524

SUBSCRIBED AND SWORN TO before me this 8th day of July STATE OF KANSAS COMMISSION

Irene Herzberg
Notary Public

My Commission Expires: _____



RECEIVED
JUL - 9 1993
7-9-93
CONSERVATION DIVISION
Wichita, Kansas
Revised 05/88