STATE,OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202	K.A.R82-3-117			API NUM	API NUMBER 15-163-22,369 CO CO LEASE NAME Sammons A		
				LEASE N			
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NU	IMBER 1		
					2970 Ft. from S Section Line		
				4950	Ft. from E	Section Line	
LEASE OPERATOR <u>Black Diamond Oil, Inc.</u>						• <u>20 %\$</u> %or(\)	
ADDRESS P.O. Box 641				COUNTY	COUNTYRooks		
PHONE#(913) 625-5891 OPERATORS LICENS NO. 7076					Date Well Completed <u>4-10-84</u>		
Character of Well <u>Oil</u>				Pluggin	Plugging Commenced 12-20-94		
(Oll, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	g Completed	12-20-94	
The plugging proposal was approved on $12 extstyle{-}13 extstyle{-}94$						(date)	
by Bruce Bayse				(KC	C District A	gent's Name).	
is ACO-: filed? Yes I	f not, is well	1c. a	attached?_		The ST - 177 (1980 Territory Co.) The 188 (ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESS		
Producing Formation Lansing							
Show depth and thickness of a	ll water, oii a	nd ga	as formati	ons.			
OIL, GAS OR WATER RECORDS			C.	ASING RECO	RD		
Formation Content	From	<u> </u>	Size	Put in	Pulled out	***************************************	
		·	8-5/8	259'	 -0-		
			4-1/2	3756 '			
Describe in detail the manner	is which the w		126 plugge	indiant			
vere used, state the charac Tied on to 8-5/8 press	nods used in in	trodu	icing it i	nto the ho	le. If cemen	t or other plua	
5 sks hulls, Maximum p	ressure 1100 PS	I, sł	nut in at	800 PSI us	ed 220 sacks	of	
cement 60/40 Poz., 10%					S:		
(If additional desc				CK of this	form.)	TATE CORPORATION SQUARM	
Name of Plugging Contractor		ng Co	o., Inc.	Charles the state of the state	License No	JAN - CONTROLLAND	
Address P.O. Box 31. Russel	-				—— <i>(</i> .)	Or 31995	
NAME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:	B	lack Diamo	nd Oil, In	ıc.	1995 - 19	
STATE OF Kansas	COUNTY OF	E115	is		_,ss.	The state of the s	
Black Diamond Oil, Inc	. Kenneth Vehi	ge(Pr	resident)(Employee o	f Operator)	or (Operator) o	
statements, and matters here the same are true and correct,	in contained a	nd th	ie log of	he above-	described we	filed tha	
ne same are frue and correct,	, so help me 300		Signature	- Dage	THE		
VERDA M. BRIN NOTARY PUBLIC			Address)	P.O. Box	641		
CTATE OF VANCAC	ID SWORN TO befo	ore m	ie this 1	Oth_ day	of January	,19 <u>95</u>	

AND SWORN TO before me this 10th day of

My Commission Expires: 7-18-95

Form CP-4 Revised 05-88

Dun) Fublic Verda M. Brin