

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

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

15-163-00798-00-01
API NUMBER _____

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

LEASE NAME Simons

WELL NUMBER "B" #1

990 Ft. from S Section Line

4290 Ft. from E Section Line

SEC 11 TWP. 7 RGE. 17 (E) or (W)

COUNTY Rooks

Date Well Completed 7-22-60

Plugging Commenced 7-29-91

Plugging Completed 8-2-91

LEASE OPERATOR Joe Amos

ADDRESS 6445 S. Broadway, Wichita, Ks. 67216

PHONE# (316) 522-7585 OPERATORS LICENSE NO. 30704

Character of Well Injection

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

The plugging proposal was approved on August 2, 1991 (date)

by Dennis Hamel (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3319'

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"	643'	None
				5-1/2"	3131'	815.88'

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.

Dumped sand to 2850' and 5 sacks cement. Shot casing at 2416', 2031', 1509', 1139' & 832'. Pulled 27 joints of 5-1/2" casing. Allied plugged well with 100 sacks common cement, 500# hulls and 100 sacks 65/35 pozmix cement with 10% gel and 1/4# Floseal per sack at 832' and 200# hulls in 100 sacks pozmix cement down the 8-5/8" casing. Maximum pressure was 700 psi and shutin 300 psi.

Name of Plugging Contractor Rockhold Engineering, Inc. License No. 5111

Address Box 698, Great Bend, Kansas 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Joe Amos

STATE OF Kansas COUNTY OF Barton, ss.

James W. Rockhold (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) James W. Rockhold

(Address) Box 698, Great Bend, Ks. 67530

RECEIVED
STATE CORPORATION COMMISSION

SUBSCRIBED AND SWORN TO before me this 5th day of August, 1991

AUG 08 1991
04-06-91
CONSERVATION DIVISION
Wichita, Kansas

My Commission Expires _____

STATE NOTARY PUBLIC
IONA M. LEATHERMAN
Barton County, Kansas
My Appt. Exp. 9-26-91

Iona M. Leatherman
Notary Public