STATE OF KANSAS STATE CORPORATION COMMISSION

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

API NUMBER 15-163	-23,251 -00-00
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200 Colorado Derby Building	K + N + F	Keneke_02-2-11/			API NUMBER 15-163-23, 251 -00			
Wichita, Kansas 67202					LEASE NAME Carsten			
	TYPE	TYPE OR PRINT OTICE: Fill out completely and return to Cons. Div. office within 30 days.		WELL N	WELL NUMBER 1			
	and retur			2640	2640 Ft. from S Section Line			
LEASE ODERATOR Plack Dismond Oil T				330	Ft. from E Section Line			
LEASE OPERATOR Black Diamond Oil, Inc.				SEC. 32	SEC. 32 TWP. 75 RGE. 17 /F//or(W)			
ADDRESS P. O. Box 641, Hays,				COUNTY	Rooks			
PHONE# (913) -625-5891 OPERATORS LICENSE NO. 7076					Date Well Completed <u>11/23/94</u>			
Character of Well D&A					Plugging Commenced <u>11/23/94</u>			
(Oil, Gas, D&A, SWD, Input, Water Supply Well)					Plugging Completed $11/23/94$			
The plugging proposal was app	proved on		11-23-94	1		(date)		
Is ACO-1 filed? No	f not, is well	iog a	ittached?_	Yes				
Producing Formation	Depti	h to T	ор	Bott	om T.	D. 3407!		
Show depth and thickness of a	ll water, oil a	and ga	s formati	ons.		3401		
OIL, GAS OR WATER RECORDS				CASING RECO	Rn			
Formation Content	From	То	Size	Put in	Pulled out			
		-}						
		-	8-5/8"	227'	-0-			
Describe in detail the manner	in which the							
Describe in detail the manner placed and the method or met were used, state the characteristics.	hods used in in	trodu	as plugge cing it i	d, indicati nto the hol	ing where the	e mud fluid wa t or other plud		
were used, state the charac	1	Mud la	iden fluid	340742330	_teet to	feet each set		
		20 sks	cement @	1 1280'	IU SKS	cement @ 40'		
(If additional des				800'	4	in rathole		
Name of Plugging Contractor					icense ONDORAT	"Allan		
Address P. O. Box 506, Russel				,	TCellse ONDOPAT	TON COMPAGE		
NAME OF PARTY RESPONSIBLE FOR			k Diamond	Oil Ton	DEC 0 7	10-		
STATE OFKANSAS	COUNTY OF			OII, Inc.	CONSED	1994		
	Vv10 D D			٠, ,	CONSERVATION DI WICHITA KS	NSION Or (Operator) o		
statements, and matters here	rst duly sworn	on oa	th, says:	mployee of That I ha he above-d	oberaiot) 6	or (Uperator) o		
the same are true and correct,	so help me Goo	4 •	Ignature)		3 <u></u>	as filled tha		
		( A	ddress) (	Kyle B. Br Box 506, R	anum, Russell, KS	67665-0506		
SUBSCRIBED AN	D SWORN TO befo	ore me	this 28t	th day o	f_ November	,19 94		
GLENDA R. TIFFIN NOTARY PUBLIC		4	lenda enda R. Ti		eddin)			
STATE OF MANSAB mission MY APPT. EXPIRES 2-6-96	Expires: 2-6	-96 -96	enda R. Ti	Lifin, Notar	Y/P/ablic			