

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
30 S. Market, Room 2078  
Wichita, KS 67202

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

API NUMBER 15-163-22873-0000

LEASE NAME Jayhawk

WELL NUMBER No 1

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

10 Ft. from S/N Line of Section (circle one)

30 Ft. from E/W Line of Section (circle one)

SPOT LOCATION NW - NE - SE

SEC. 25 TWP. 75 S. RGE 18W (E) or (W)

COUNTY Rooks

Date Well Completed 3/1986

Date Plugging Commenced 10/2/96

Date Plugging Completed 14:00 hrs 10/2/96

EASE OPERATOR Liberty Operations & Completions, Inc.

ADDRESS 308 W Mill

CITY, STATE, ZIP Plainville, Ks. 67663

PHONE# (913) 434-4686 OPERATORS LICENSE NO. 8925

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

The plugging proposal was approved on 9/18/96 (date)

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

Is ACO-1 filed? yes If not, is well log attached? \_\_\_\_\_

Producing Formation(s) Arbuckle Depth to Top 3328' Bottom NR T.D. 3390'

Show depth and thickness of all water, oil and gas formations.

CASING RECORD

OIL, GAS OR WATER RECORDS

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULL OUT
Anhydrite	Lime	1278'	1322'	8 5/8	274'	None
Topeka	L.S.	2804'	3013'	5 1/2	3394'	None
Lsg. K.C.	L.S.	3054'	3277'			
Arb.	Dolomite	3328'	not reached			

Described 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.

Squeeze from surface - 35 sx 60/40 poz followed with 18sx gel. mixed in 40 barrel water followed w/100 sx 60/40 poz. Squeeze to 1500# holding pressure (casing full).

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

Name of Plugging Contractor Allied Cementing Co.

License No. NA

Address Russell, Ks.

10-7-96

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Liberty Operations & Completions, Inc.

STATE OF Kansas COUNTY OF Rooks, ss.

Charley Farr (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) Charley D. Farr

(Address) \_\_\_\_\_



SUBSCRIBED AND SWORN TO before me this 3rd day of October, 19 96

Sandra Chard  
Notary Public

My Commission Expires: 9/15/98