

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

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

API NUMBER 15-163-22,090 -00-00

LEASE NAME GRAHAM

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

WELL NUMBER 1

990 Ft. from S Section Line

2,970 Ft. from E Section Line

SEC. 10 TWP. 7 RGE. 19 (E) or (W)

COUNTY Rooks

Date Well Completed 8-11-83

Plugging Commenced 9-7-95

Plugging Completed 9-7-95

LEASE OPERATOR Shields Oil Producers, Inc.

ADDRESS PO Box 709, Shields Bldg., Russell, KS.

67665

PHONE#(913) 483-3141 OPERATORS LICENSE NO. 5184

Character of Well Oil

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

The plugging proposal was approved on 9-7-95 (date)

by Herb Deines (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3,476' PB

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"	278'	Cmtd. w/180 sax
				5 1/2"	3,484'	Cmtd. w/125 sax

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. Perforate at 300". Pump 40 sax cement w/300# hulls, 16 sax Jel and 205 sax cement w/100# hulls down casing. Maximum pressure 700#, shut in pressure 500#. Pump 40 sax cement w/100# hulls down backside. Maximum pressure 500#, shut in pressure 100#. Job completed at 3PM.

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

Name of Plugging Contractor Shields Drilling Co. License STATE CORPORATION COMMISSION

Address PO Box 709, Shields Bldg., Russell, KS. 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Shields Oil Producers, Inc.

STATE OF KANSAS COUNTY OF RUSSELL, ss.

Jack P. Beeman (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) Jack P. Beeman, Sec. - Treas.

(Address) PO Box 709 - Shields Bldg. Russell, Kansas 67665

SUBSCRIBED AND SWORN TO before me this 27th day of September, 19 95

My Commission Expires: _____



Ruth Phillips
Notary Public