

State Corporation Commission
 Conservation Division
 Wichita State Office Bldg.
 30 S. Market, Room 2078
 Wichita, KS 67202

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

API NUMBER 15-163-22, 039

LEASE NAME Schoeller 00-00

WELL NUMBER #8

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

3630 Ft. from S Section Line

990 Ft. from E Section Line

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

COUNTY Rooks

Date Well Completed 5-10-83

Plugging Commenced 11-25-98

Plugging Completed 11-25-98

LEASE OPERATOR Baird Oil Co. Inc

ADDRESS Box 428 Logan, KS 67646

PHONE#(785) 689-7456 OPERATORS LICENSE NO. 5352

Character of Well oil

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

The plugging proposal was approved on 11/18/98 (date)

BY Carl Goodrow (KCC District Agent's Name).

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

Producing Formation Aib Depth to Top 3454 Bottom - T.D. 3469

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
<u>unconsolidated</u> <u>KS</u>	<u>sand + shale</u> <u>ls + sh</u>	<u>surface</u> <u>3202</u>	<u>150</u> <u>3405</u>	<u>8 5/8</u> <u>5 1/2</u>	<u>208</u> <u>3457</u>	<u>none</u> <u>"</u>

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 plug are used, state the character of same and depth placed, from _____ feet to _____ feet each set
perforate well at 910'. Pressured down 858 to 300 psi. Then mixed
500# of hulls with 230 sacks cement to pump down 5 1/2 casing Max pressure
400 psi; shut-in pressure 100 psi

Name of Plugging Contractor Allied License No. 12114-1000

Address P.O. Box 31 Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Baird Oil Co. Inc

STATE OF KS COUNTY OF Phillips, ss.

Jim R Baird (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) Jim R Baird

(Address) Box 428 Logan, KS 67646

SUBSCRIBED AND SWORN TO before me this 10th day of December, 19 98

Robert B. Hartman
 Notary Public

My Commission Expires: 3/29/99

USE ONLY ONE SIDE OF EACH FORM

ROBERT B. HARTMAN
 NOTARY PUBLIC
 STATE OF KANSAS
 MY APPT. EXPIRES 3/29/99 CP-4 05-88