

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

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

API NUMBER 15-163-21, 689-00-00

LEASE NAME Kennedy/Hrabe

WELL NUMBER 1

330 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 30 TWP. 8S RGE. 17 (X) or (W)

COUNTY Rooks

Date Well Completed 5/29/82

Plugging Commenced 9/20/95

Plugging Completed 9/20/95

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

LEASE OPERATOR Black Diamond Oil, Inc.

ADDRESS P.O. Box 641

PHONE#( 913 625-5891 ) OPERATORS LICENSE NO. 7076

Character of Well Oil

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

The plugging proposal was approved on 9/19/95 (date)

by Hubert Deines (Emergency Permit) (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well loc. attached? \_\_\_\_\_

Producing Formation Arbuckle Depth to Top 3331 Bottom 3344 T.D. 3344

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
		0	3337	5-1/2	3337	0
		0	254	8-5/8	254	0

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 5 1/2" casing at 1119, 750 & 280. Circulate cement from 1119 to surface. Pull tubing and squeeze with 200 sks 60/40 cement 10% gel and 500 # hulls. Max pressure 500#, shut-in pressure 200#.

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

Name of Plugging Contractor Allied Cementing Co., Inc. License No. 10-6-95

Address P.O. Box 31, Russell, KS 67665

RECEIVED  
STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Black Diamond Oil, Inc. **OCT 6 1995**

STATE OF Kansas COUNTY OF Ellis, ss. **CONSERVATION DIVISION  
Wichita, Kansas**

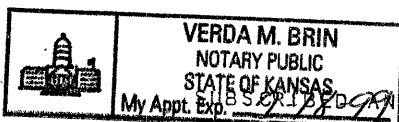
Kenneth Vehige

(Employee of Operator) or (Operator) or

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) [Signature]

(Address) P.O. Box 641



SWORN TO before me this 4th day of October, 1995

Verda M. Brin  
Notary Public Verda M. Brin

My Commission Expires: 7-18-99