

STATE OF KANSAS
STATE CORPORATION COMMISSION
600 Colorado Derby Building
Topeka, Kansas 67202

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

API NUMBER 15-163-20,920 -00-0
LEASE NAME Harrison (Le Rock)
WELL NUMBER # 4

COPY

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

_____ Ft. from S Section Line
_____ Ft. from E Section Line

SEC. 23 TWP. 8S RGE. 17 XX or (W)

COUNTY Rooks

Date Well Completed *

Plugging Commenced 5-1-90

Plugging Completed 5-1-90

LEASE OPERATOR Lawbanco Drilling, Inc.

ADDRESS P. O. Box 289 Natoma, Kansas 67651

PHONE # 913 885-4676 OPERATORS LICENSE NO. 5900

Character of Well oil

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

The plugging proposal was approved on 4-30-90 (date)

by Marvin Miller (KCC District Agent's Name).

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

Producing Formation Kansas City Depth to Top * Bottom * T.D. 3413

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
	*					

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. Perforated 4 1/2" csg at 1320' w/3 shots Anhydrite 1280' to 1310'. Csg leak at 780' base Dakota. Ran tbg to 2616' pump 70 sxs 65/35 poz 5% gel with 150# hulls. Pull tubing to 1307'. Pump 130 sxs 65/35 poz 8% gel with 250 # hulls. Cement Circ. Pump down backside 100 sxs 65/34 poz 8% gel with 100# hulls. Max 500 PSI-Shut in PSI 200. Pump down 4 1/2" 100 sxs 65/35 8% gel with 200#
(If additional description is necessary, use BACK of this form.) over

Name of Plugging Contractor Express Well Service License No. 06426

Address Box 426 Victoria, Kansas 67671

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Lawbanco Drilling, Inc.

STATE OF Kansas COUNTY OF Osborne, ss.

E. L. Miller

(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): E. L. Miller

(Address) Box 194 Victoria, Kansas 67671

*Information not available

SUBSCRIBED AND SWORN TO before me this 14 day of May, 19 90

Reva F. Musgrove
Notary Public

REVA F. MUSGROVE
State of Kansas
My Appt. Exp. 3-28-92

Commission Expires: 3-28-92

400 Max & 200 PSI Shut well in. Completion time 6:45 P. M.