

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

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

API NUMBER 15-141-20,253 ²⁰¹³² -00-00

LEASE NAME Greene

WELL NUMBER 2-27

1350 Ft. from S Section Line

1490 Ft. from W Section Line

SEC. 27 TWP. 10S RGE. 15W (E) or (W)

COUNTY Osborne

Date Well Completed _____

Plugging Commenced 8-27-98

Plugging Completed 8-28-98

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

LEASE OPERATOR Graham-Michaelis Corporation

ADDRESS P.O. Box 247 Wichita, Ks. 67201

PHONE# (316) 264-8394 OPERATORS LICENSE NO. 5134

Character of Well SWD

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

The plugging proposal was approved on _____ (date)

By Dennis Hamel (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3700'

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"	263'	None
				5-1/2"	3528.75'	None

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 material was used, state the character of same and depth placed, from _____ feet to _____ feet each section. Well was squeezed, no pipe recovery. Pumped 335 sks. cement with 700# hulls down 5-1/2" casing @1000# Max PSI, shut in @1000#. Backside full of cement. Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Graham-Michaelis Corporation

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)
above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.
(Signature) _____

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 11th day of September, 1998

Irene Herzberg
Notary Public

My Commission Expires: _____

