

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

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

15-163-01532-00-00

API NUMBER \_\_\_\_\_

LEASE NAME Thompson, E.A.

WELL NUMBER 5

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

2970 Ft. from S Section Line

2310 Ft. from E Section Line

LEASE OPERATOR Quinoco Petroleum, Inc.

SEC. 6 TWP. 9S RGE. 18 (E) or (W)

ADDRESS P.O. Box 378111, Denver, CO 80237

COUNTY Rooks

PHONE# (303) 850-7373 OPERATORS LICENSE NO. 03613

Date Well Completed 8-18-48

Character of Well oil

Plugging Commenced 5/24/89

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

Plugging Completed 5/24/89

The plugging proposal was approved on 5/23/89 (date)

by \_\_\_\_\_ (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to Top 3488 Bottom 3496 T.D. 3496

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
Arbuckle	oil	Surf	204	10 <sup>3</sup> / <sub>4</sub> "	204'	
		Surf	3488	6"	3488'	

STATE CORPORATION COMMISSION  
RECEIVED  
JUN 16 1989  
CONSERVATION DIVISION  
Wichita, Kansas

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.

Hooked up to 6" csg, mixed and pumped 550# hulls 335 sx 65/35 poz, 10% gel.

Hooked into 10<sup>3</sup>/<sub>4</sub>" csg. Mixed and pumped 75 sx 65/35 poz, 10% gel.

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

Name of Plugging Contractor Halliburton Services License No. 5287

Address P.O. Box 579, Great Bend, KS 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Quinoco Petroleum, Inc.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_, ss.

Suzanne E. Meadows (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) Suzanne E. Meadows

(Address) \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 13th day of June, 19 89

Judy E. Atkins  
Notary Public

My Commission Expires: 4/19/93