

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

WELL PLUGGING RECORD #4
 K.A.R.-82-3-117

API NUMBER 15-163-21,215-00-05

LEASE NAME Mayhew

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

WELL NUMBER #2

_____ Ft. from S Section Line

_____ Ft. from E Section Line

LEASE OPERATOR CLA-MAR OIL, INC.

SEC. 24 TWP. 9 RGE. 19W(E) or (W)

ADDRESS P.O. Box 1197
Hays, KS 67601

COUNTY Rooks

PHONE#(913) 625-3863 OPERATORS LICENSE NO. 4169

Date Well Completed _____

Character of Well _____

Plugging Commenced 9/12/88

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

Plugging Completed 9/20/88

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. _____

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	From	To	Size	Put in	Pulled out
			8 5/8	177	none
			4 1/2	3648	2436

RECEIVED
 STATE CORPORATION COMMISSION
 10/17/88
 CONSERVATION DIVISION
 WICHITA, KANSAS

Describe in detail the formation in which the well was plugged, indicating where the mud fluid was placed and the 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.

Plugged bottom with sand to 3560', ran 4 sacks cement, shot @2840', 2436'.
 Plugged surface, pumped 50 sacks, 60/40 pos, 8 sacks gel 1600', pulled pipe to 900', pumped 100 sacks 60/40 pos, 3 sacks gel, 300# hulls, pulled to 200', pumped 40 sacks cement 60/40 pos 6% gel, topped off well.

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, KS 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: KELSO CASING PULLING, INC.

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrell Kelso (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) R. Darrell Kelso

(Address) P.O. Box 347 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 4th day of October, 1988

Irene Hoover
 Notary Public

My Commission Expires: _____

