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

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

WELL NUMBER

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

LEASE NAME Cooley B ____ Ft. from S Section Line NE SE NW Ft. from E Section Live

API NUMBER_____6-11-50

ADDRESS Box 723 Hays, Kansas 67601			SEC. 17 TWP. 9 RGE. 21 (E) or (W) COUNTY Graham		
Character of Well <u>Oil</u> (Oll, Gas, D&A, SWD, Input, Water Supply Well)			Plugging Commenced 3-16-92 Plugging Completed		
Gib Scheck			(KCC District	t Agent	's Name).
Is ACO-1 filed?	If not, is wel	log attached?	talanika melendakan darentaran melendakan kandaran beruatan papunan tapan kandaran dara melendakan daren dara		Milledolponysianopäähedolponan apparan per
Producing Formation	Dept	th to Top	Bottom	T.D.	3749
Show depth and thicknes	s of all water, oil	and gas formation	ons.		
OIL, GAS OR WATER RECO	ORDS	CA	SING RECORD		

From Formation[®] Content Size Put In Pulled out None BC 159 Surface 3740 None ?>> Casing

Describe in detail the manner in which the well was plugged, indicating where the must fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug Perf. 1730 and 980 2 holes each. Run tubing to 3600°. Mix 150°sk. 60/40°pos, 8% gels 200# hull Pull tubing to 1600' mix 120 sk. 60/40 pos, 8% gel, 200# hulls. Cement circulate to surface. Pull rest tubing. Mix 100 sk. and pump in 8 5/8 and 100# hulls SIP 150# Hook to 5½ and squeeze

in 20 sks. Pressure 600#.
(If additional description is necessary, use BACK of this form.) Name of Plugging Contractor___ Berexco, Inc. ___License No. 5363 Address Box 723 Hays, Kansas 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Berexco, Inc.

STATE OF Kansas ___ COUNTY OF Ellis

Mr Ted Crawford (Employee of Operator) or (Operator) o 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 pabov of described woll as filed the the same are true and correct, so help me God.

(Signature) (Address)

SUBSCRIPEDELMARY SWOTH MY ADDL EXD.

Notary Public

My Commission Expires:

Form CP-9 Revised 05-81