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STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building	WELL PLUGGING RECORD K.A.R82-3-117			API NUM	BER 15-163	3-20,260	
Wichita, Kansas 67202			•	LEASE N	AME WESTHU	JSIN 20-00	
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NU	WELL NUMBER 1 A-   KCC		
				330	330 Ft. from S Section Line		
				330	330 Ft. from E Section Line		
LEASE OPERATOR Leben Oil Corporation				sec.35	SEC.35 TWP.9S RGE.17 MEX or (W)		
ADDRESS P. O. Box 21468, Tulsa, OK 74121-1468				COUNTY	COUNTY Rooks		
PHONE#(918) 494-0000 OPERATORS LICENSE NO. 6566				Date We	II Completed	11/8/69	
Character of Well Oil				Pluggin	Plugging Commenced 8/8/86		
(Oil, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	Plugging Completed 8/8/86		
Did you notify the KCC/KDHE J	oint District Of	fice	prior to	plugging	this well?	es	
Which KCC/KDHE Joint Office d	id you notify?	Dist	rict #6	, Hays, K	S		
is ACO-1 filed? on old form	f not, is well i	og a	ttached?				
Producing FormationMarm., La	nsing, Depth	to T	op <u>3178</u>	Bott	om 3448 T.	D. 3575	
	ll water, oil an	d gas	s formati	ons.			
OIL, GAS OR WATER RECORDS CAS				ASING RECO	SING RECORD		
Formation Content	From	То	Size	Put in	Pulled out		
Toronto Oil	3178	82	8-5/8	210	-0-		
Lansing Oil		$\frac{32}{3410}$	5-1/2	3573	1915		
Marmaton Oil	3444	48					
Describe in detail the manner	in which the we	11 w	as plugge	d, indicat	ing where th	e mud fluid wa	
placed and the method or method were used, state the character	of same and de	oth i	placed, f	rom. feet	to feet ea	ch set.	
<u>Set bottom hole plug w/s</u>	sand + 5 SXS o	ceme	nt to 3	l25 <b>".</b> Cu	t off 5-1/	2" @ 1915'.	
Pumped 200 SXS thrifty-n				100'-SURF			
(If additional desc	JOB (	COMP	LETE	CK of this	form \		
Name of Plugging Contractor F			•			6568	
				1.y	License No	7	
Address P. O. Box 21468,	Tulsa, OK /4	121-	1468				
STATE OF Oklahoma	COUNTY OF _	Tu	lsa		_,ss.		
Charlotte Van Valkenburc above-described well, being fistatements, and matters hereing the same are true and correct,	irst duly sworn	the	th. savs	: That I ha	ave knowleda	(Operator) of e of the facts as filed that	
•			Signature(		n Walkenbu	Clowy	
gunden dagen in		( )	Address)	P.O.Box	21468,Tuls	a, OK 741217	
SUBSCRIBED AN	ND SWORN TO befo	re me	this 18	th day	August	10 86	

08-21-1986

My Commission Expires: 2/11/89

Form CP-4 Revised 08-84