

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

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

API NUMBER 15-065-22,688 ²²⁶⁸⁹⁻⁰⁰⁻⁰⁰

LEASE NAME DeYoung

WELL NUMBER #4

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

4,490 Ft. from S Line of Section (circle one)

990 Ft. from E Line of Section (circle one)

LEASE OPERATOR Starr F. Schlobohm

SPOT LOCATION 200' N C - SW - NE - NE

ADDRESS 47 Michawanic Road, #3D

SEC. 35 TWP. 9 S. RGE 21 W or U

CITY, STATE, ZIP Ossipee, NH 03864-3787

COUNTY Graham

PHONE#(603)522-9760 OPERATORS LICENSE NO. 4952

Date Well Completed 10/27/92

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

Date Plugging Commenced June 4, 1997

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The plugging proposal was approved on Telephone approval from Carl Goodrow, Hays District Office. 6/4/97 (date)
by Carl Goodrow, Hays District Office on June 4, 1997. (KCC District Agent's Name)

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

Producing Formation(s) Lansing/Kansas City Depth to Top 3,729' Bottom 3,767' T.D. 3,832'

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	PULL OUT
Surface casing		Surface	1,095'	8 5/8" 28#	1,095'	None
Production casing		Surface	3,831'	5 1/2" 15.5#	3,831'	None

Described 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.

Mixed 30 sks common with 20 sks Pozmix with 3 sks hulls and 13 sks gel, then 78 sks common with 52 sks Pozmix with 2 sks hulls and 13 sks gel down 5 1/2" casing, maximum pressure 1,600#, shut-in 1,000#. Mixed 18 sks common with 12 sks Pozmix and 4 sks gel down back side, pressure to 500#, shut-in at 300#.

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

Name of Plugging Contractor Allied Cementing Co., Inc.

License No. _____

Address P. O. Box 31, Russell, KS 67665-0031

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Starr F. Schlobohm

STATE OF New Hampshire COUNTY OF Carroll, ss.

Starr F. Schlobohm (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) Starr F. Schlobohm

(Address) 47 Michawanic Road, #3D, Ossipee, NH 03864-3787

SUBSCRIBED AND SWORN TO before me this 28th day of June, 1997

Teresa Williams
Notary Public

My Commission Expires: TERESA A WILLIAMS, Notary Public
My Commission Expires June 22, 1999

RECEIVED
KANSAS CORPORATION COMMISSION
7/11/97
JUL 01 1997

CONSERVATION DIVISION
WICHITA, KS Form CP-4
Revised 12-92