

RECEIVED

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

JUN 10 2002
06-10-2002
KCC WICHITA

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

API NUMBER 15-065-21,671 -00-00

LEASE NAME HULL

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

WELL NUMBER #1 (SW NE SE)

1650 Ft. from S Section Line

990 Ft. from E Section Line

LEASE OPERATOR John O. Farmer, Inc.

SEC. 32 TWP. 8S RGE. 22 XXXXXX (W)

ADDRESS P.O. Box 352, Russell, KS 67665

COUNTY Graham

PHONE# (785) 483-3144 OPERATORS LICENSE NO. 5135

Date Well Completed 7-31-82

Plugging Commenced 10:00 A.M., 6-4-02

Plugging Completed 11:15 A.M., 6-4-02

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

The plugging proposal was approved on _____ (date)
by _____ (District #4) _____ (KCC District Agent's Name).

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

Producing Formation Lansing/KC "K" Depth to Top 3681' Bottom 3686' T.D. 3865'

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
Lansing/KC "K"	oil & water	3681'	3686'	8-5/8"	228'	-0-
				5-1/2"	3854'	-0-

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.

Mixed 40 sks. cement w/300# hulls. Followed w/16 sks. gel & 130 sks. cement w/200# hulls @ 900#. Shut in @ 300#.
Mixed 40 sks. cement down the backside @ 300#. The casing was perforated 2 shots @ 975' and 2 shots @ 1850' prior to cementing.

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

Name of Plugging Contractor Allied Cementing Company, Inc. License No. _____

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: John O. Farmer, Inc.

STATE OF Kansas COUNTY OF Russell, ss.

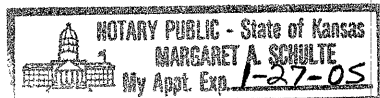
John O. Farmer III XXXXXXXXXXXXXXXXXXXXXXXXXXXX (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of that above-described well as filed that the same are true and correct, so help me God.

(Signature) John O. Farmer III

(Address) P.O. Box 352, Russell, KS 67665

SUBSCRIBED AND SWORN TO before me this 7th day of June, 20 02

Margaret A. Schulte
Notary Public
Margaret A. Schulte



Form CP-4
Revised 05-88

OR