

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

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

15-073-19720-00-00
API NUMBER 2-24-1963

RECEIVED
KANSAS CORPORATION COMMISSION

TYPE OR PRINT

APR 08 2008

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

LEASE NAME Johnson

WELL NUMBER 48

Ft. from S Section Line

Ft. from E Section Line

CONSERVATION DIVISION
WICHITA, KS

LEASE OPERATOR C. W. Oil Producers

SEC. 23 TWP. 24S RGE 12 (E) XXXX

ADDRESS PO Box 146 Gridley KS 66852

COUNTY Greenwood

PHONE # 620) 836-4728 OPERATORS LICENSE NO. 7791

Date Well Completed 2-24-1963

Character of Well good

Plugging Commenced 1-16-08

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

Plugging Completed 3-11-08

The plugging proposal was approved on 1-16-08 (date)

by Mike Heffron (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	Content	From	To	Size	Put In	Pulled out
	Production			5 1/2"		800'

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. Set bottom bridge @ 1660' with tree limb and rock. Mixed and dumped 7 sks of cement. The next day mixed and dumped 15 sks of cement in 5 1/2". Set top bridge @ 150' with tree limb and rock. Dumped 10 g of chat. Mixed and dumped 2 sks cement. Let set and then next day, mixed & dumped 8 sks cement to top. (If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Long Drilling Company License No. 6112

Address PO Box 131 Hamilton KS 66853

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: C. W. Oil Producers

STATE OF Kansas COUNTY OF Greenwood, ss.

Employee of Long Drilling Company (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) Patricia Reed

(Address) PO Box 131 Hamilton KS 66853

SUBSCRIBED AND SWORN TO before me this 7 day of April, 192008

SANDRA L. SMITH
Notary Public - State of Kansas
My Appt. Expires 3-16-2010

Commission Expires: 3-16-2010

Notary Public