

LEASE NAME ~~Olson~~ Olson D <sup>KCC</sup> <sub>24P</sub>

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

WELL NUMBER 1  
1330 Ft. from S Section Line  
660 Ft. from E Section Line  
 SEC. 27 TWP. 09 RGE. 32W ~~xx50xx~~ ~~xx~~  
 COUNTY Thomas

LEASE OPERATOR David W. Clothier  
 ADDRESS 101 S. Battin  
 PHONE # (316) 684-6830 OPERATORS LICENSE NO. 3295

Date Well Completed 1/9/86  
 Plugging Commenced 10/12/92  
 Plugging Completed 10/12/92

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

The plugging proposal was approved on 10/7/92 (date)  
 by Carl Goodrow (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? \_\_\_\_\_

Producing Formation LKC Depth to Top 4275 Bottom 4279 T.D. 4400PBD

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  |
|---------------|------------|--------------|-------------|--------------|--------------|-------------|
| <u>Pawnee</u> | <u>Oil</u> | <u>4476</u>  | <u>4478</u> |              |              |             |
| <u>LKC</u>    | <u>"</u>   | <u>4275-</u> | <u>4279</u> |              |              |             |
|               |            | <u>Surf</u>  | <u>369'</u> | <u>8-5/8</u> | <u>374'</u>  | <u>none</u> |
|               |            |              |             | <u>4-1/2</u> | <u>4681'</u> | <u>none</u> |

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.

Filled to surface from 4400' PBD with 250 sx 65/35 Poz-mix and Halls 10% gel

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

Name of Plugging Contractor N/A License No. \_\_\_\_\_

Address \_\_\_\_\_

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: David W. Clothier

STATE OF Kansas COUNTY OF Sedgwick, ss.

David W. Clothier (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.~~

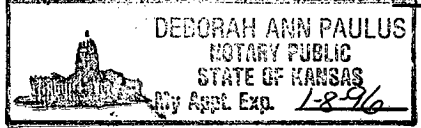
(Signature) [Signature]

(Address) 101 S. Battin

SUBSCRIBED AND SWORN TO before me this 29th day of December, 19 92

Deborah Ann Paulus  
 Notary Public

My Commission Expires: 1-8-96



RECEIVED  
 KANSAS CORPORATION COMMISSION  
 12-29-1992  
 DEC 29 1992  
 CONSERVATION DIVISION  
 WICHITA, KS