15-163-20269-00-00

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

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

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

Nettie

API NUMBER _____

LEASE NAME KEAS

WELL NUMBER 3

2310 Ft. from S Section Line

940 Ft. from W Section Line

SEC. 1 TWP. 10S RGE. 17 (E) or (W)

COUNTY Rooks

Date Well Completed 11-20-69

Plugging Commenced 5-24-89

Plugging Completed 5-24-89

LEASE OPERATOR Quinoco Petroleum, Inc.

ADDRESS P.O. Box 378111, Denver, CO 80237

PHONE# (303) 850-7373 OPERATORS LICENSE NO. 03613

Character of Well oil

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

The plugging proposal was approved on 5/23/89 (date)

by _____ (KCC District Agent's Name).

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

Producing Formation L-KC Depth to Top 3192 Bottom 3440 T.D. 3529

Show depth and thickness of all water, oil and gas formations.

10-23-89

RECEIVED
STATE CORPORATION COMMISSION
JUN 23 1989
CONSERVATION DIVISION
Wichita, Kansas

OIL, GAS OR WATER RECORDS		CASING RECORD				
Formation	Content	From	To	Size	Put in	Pulled out
L-KC	oil	Surf	209	8 5/8	209	
		Surf	3528	4½	3528	

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.
Hooked up to 4½" csg. Mixed 400 sx hulls, 240 sx 65/35 poz, 10% gel w/ ¼# flocele per sack. Pumped 240 sx. Hooked up to 8 5/8" surface pipe. Mixed & pumped 1 sack hulls, 40 sx 65/35 poz, 10% gel. ¼# flocele per sack. Hooked up to 4½" csg & pumped 5 sx 65/35 poz, 10% gel w/ ¼# flocele per sack.
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Halliburton Services License No. 5287

Address P.O. Box 579, Great Bend, KS 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Quinoco Petroleum, Inc.

STATE OF _____ COUNTY OF _____, ss.

Suzanne E. Meadows (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) Suzanne E. Meadows

(Address) _____

SUBSCRIBED AND SWORN TO before me this 20th day of June, 19 89

Arlene Carlsdale
Notary Public

My Commission Expires: May 21, 1990

Form CP-4
Revised 05-88