STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 15-065-01026-0001 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building LEASE NAME Albertson Wichita, Kansas 67202 TYPE OR PRINT WELL NUMBER #1 NOTICE: Fill out completely 4950 Ft. from S Section Line and return to Cons. Div. office within 30 days. 330 Ft. from E Section Line LEASE OPERATOR John O. Farmer, Inc. SEC. 18 TWP. 9S RGE. 23 KKXXXX(W) ADDRESS P.O. Box 352, Russell, KS 67665 COUNTY ____Graham Date Well Completed $\underline{-10-28-58}$ PHONE # (9135) 483-3144 OPERATORS LICENSE NO. 5135 Plugging Commenced 3:15 P.M., 4:10-91Character of Well ____ D & A 6:45 P.M., (Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 4-10-91The plugging proposal was approved on ______ April 10, 1991 (date) Carl Goodrow (KCC District Agent's Name). Is ACO-1 filed? No If not, is well log attached? NA to Top _____ Bottom ______T.D. 3920' Producing Formation D&A Depth to Top_____ Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Put In Formation Content From Size Pulled out STATO COPECHATION COMMISSIO <u>8-5</u>/8'' NA___171**'** Describe in detail the manner in which the well was plugged, indicating where the mud filuidiawas placed and the method or methods used in introducing it into the hole. If cement or other splugs were used, state the character of same and depth placed, from feet to feet each set. Ran tubing down to 600'. Mixed 150 sks. cement - had good circulation but cement did not come around. Came out w/tubing and mixed 150 sks. cement w/400# hulls @ 1000# maximum PSIG. Shut in @ 500# on 8-5/8" surface. * (COPY OF CEMENTING TICKET ATTACHED) (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor John O. Farmer, Inc. License No. 5135 P.O. Box 352, Russell, KS 67665 Address NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: John O. Farmer, Inc. STATE OF Kansas COUNTY OF Russell ,ss. John O. Farmer III: 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 (Signature) the D. Farme III the same are true and correct, so help me God. (Address) \(P.O. Box 352, Russell, KS 67665 SUBSCRIBED AND SWORN TO before me this 13th day of August ,1991

My Commission Expires:

MOTARY PUBLIC - State of Kansas Margar

MARGARET A SCHILITE

My Appl. Exp. 1-27-93

__ Margaret A. Schulte

Margaret a.

Form CP-4 Revised 05-88