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

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

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

API NUMBER _____ 15-065-21,160 - 0001

LEASE NAME _____ KLENK

WELL NUMBER _____ #5
(SE NW SE)
_____ 1650 _____ Ft. from S Section Line
_____ 1650 _____ Ft. from E Section Line

LEASE OPERATOR_____ John O. Farmer, Inc. _____

ADDRESS_____ P.O. Box 352, Russell, KS 67665 _____

PHONE# (913)____ 483-3144 ____OPERATORS LICENSE NO. ____ 5135 ____

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

SEC. 18 TWP. 9S RGE. 23 XXXXXX (W)

COUNTY _____ Graham

Date Well Completed _____ 9-30-80
Plugging Commenced _ 10:35 A.M., 8-9-96
Plugging Completed _ 11:40 A.M., 8-9-96

The plugging proposal was approved·on _____ June-14, 1996 _____ (date)
by _____ (District #4) _____ (KCC District Agent's Name).
Is ACO-1 filed?____ No ____If not, is well log attached?_____ (Submitted w/CP-1 on 6-12-96)
XXXXXXXXX Formation _____ Lansing-Kansas City _____ Depth to Top_____ 3915' _____ Bottom_____ 3964' _____ T.D._____ 4020'
(Injection)
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-Kansas	water	3915'	3964'	8-5/8"	212'	-0-
City				4-1/2"	4018'	-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.
  Pressured backside to 300#, no cement, pumped down 4-1/2" casing w/25 sks. cement, 200# hulls, 10 sks. gel, 125 sks. cement - pressure 1000# - shut in @ 600#.

(If additional description is necessary, use <u>BACK</u> 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. _____

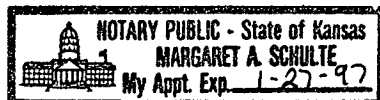STATE OF _____ Kansas _____ COUNTY OF _____ Russell _____,ss.

_____ John O. Farmer III _____ XXXXXXXXXXXXXXXXXXXXXXXXXX (Operator) of above-described well/s/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) John O. Farmer III

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

SUBSCRIBED AND SWORN TO before me this _____ 15th _____ day of_____ August _____, 19 __ 96

Margaret A. Schulte
Notary Public
Margaret A. Schulte

Form CP-4
Revised 05-88