

**15-051-24588-00-00**

LEASE NAME KELLER "D"

TYPE OR PRINT

WELL NUMBER 2

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

4380 Ft. from S Section Line

1700 Ft. from E Section Line

SEC. 28 TWP. 11 RGE. 20 (E) or (W)

COUNTY ELLIS

LEASE OPERATOR MAI OIL OPERATIONS, INC.

ADDRESS P.O. BOX 33, RUSSELL, KS. 67665

PHONE# (913) 483-2169 OPERATORS LICENSE NO. 5259

Date Well Completed \_\_\_\_\_

Character of Well OIL

Plugging Commenced 11-21-95

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

Plugging Completed 11-21-95

The plugging proposal was approved on 11-20-95 (date)

by HERB DEINES (KCC District Agent's Name)

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

Producing Formation ARBUCKLE Depth to Top 3768 Bottom 3803 T.D. 3825

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
		0	260	8 5/8"	CMTD W/	165 SKS
		0	3820	5 1/2"	CMTD W/	175 SKS &
					CMTD W/	350 SKS @ 1565'

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 plug were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each section.

HOOKUP TO 8 5/8" PST TO 300#, HOOKUP TO 5 1/2" PUMP 275 SKS 60-40 POZ, 10% GEL, & 500# HULLS, MAX PST 1000#, ISIP 500#

Name of Plugging Contractor ALLIED License No. \_\_\_\_\_

Address P.O. BOX 31, RUSSELL, KS. 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: MAI OIL OPERATIONS, INC.

STATE OF KANSAS COUNTY OF RUSSELL ss.

ALLEN BANGERT

(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 the the same are true and correct, so help me God.

(Signature) Allen Bangert

(Address) P.O. BOX 33, RUSSELL, KS. 67665

SUBSCRIBED AND SWORN TO before me this 15<sup>th</sup> day of December, 19 95

Rita M. Clenney  
 Notary Public

My Commission Expires December 17, 1999

USE ONLY ONE SIDE OF EACH FORM

