

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

RECEIVED
 DEC 7 1988
 12-7-88
 CONSERVATION DIVISION
 Wichita, Kansas

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

15-065-01562-0001
 API NUMBER 16 JUNE 17-1957
 LEASE NAME Morris
 WELL NUMBER 6

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

_____ Ft. from S Section Line
 _____ Ft. from E Section Line

LEASE OPERATOR BURCH EXPLORATION INC.
 ADDRESS 11225 Edinborough Way PARKER, CO. 80134
 PHONE 303 841-9417 OPERATORS LICENSE NO. 7448
 Character of Well Oil EOR KCC RT

SEC. 29 TWP. 9S RGE. 23W (E) or (W)

COUNTY GRAHAM

Date Well Completed 11-17-1957

Plugging Commenced APRIL 15, 1988

Plugging Completed APRIL 15, 1988

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? yes

Which KCC/KDHE Joint Office did you notify? HAYS, KANSAS

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

Producing Formation HANSING K.C. Depth to Top 3799 Bottom 3985 T.D. 3997

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>SHALE</u>		<u>SURFACE</u>	<u>212</u>	<u>8 1/2"</u>		<u>NONE</u>
<u>HANSING</u>		<u>SURFACE</u>	<u>3996</u>	<u>4 1/2"</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.
MIX 300 LBS OF HULLS OR FIRST 20 SKS OF CEMENT TO PLUG OFF PERFORATIONS. FILL CASING TO SURFACE WITH 140 SKS OF CEMENT. PRESSURE TO 325 LBS. MIX 40 SKS FOR MUD DOWN 35 R CASING. PRESSURE TO 375 LBS.

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

Name of Plugging Contractor POE'S Well Service License No. 6779

Address Southeast 6th Street McLeot, NE 67001

STATE OF KANSAS COUNTY OF DECATUR, ss.

(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) J. David Burch

(Address) _____

SUBSCRIBED AND SWORN TO before me this 1st day of December, 19 88

Marcia J. Leiker
 Notary Public

My Commission Expires: _____

