

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

RECEIVED  
 12-7-88  
 DEC 7 1988

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

15-065-01561-0601  
 API NUMBER Nov 13-1957  
 LEASE NAME MORTIS  
 WELL NUMBER 5  
4950 Ft. from S Section Line  
1650 Ft. from 1/2 Section Line  
 SEC. 28 TWP. 9 RGE. 23 (E) or (W)

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

CONSERVATION DIVISION  
 Wichita, Kansas

LEASE OPERATOR Burch Exploration Inc.

ADDRESS 11225 Edinborough Way Parker, Colo. 80134 COUNTY GRAHAM

PHONE (303) 841-9417 OPERATORS LICENSE NO. 7448

Character of Well Oil EOR RT  
 KU

Date Well Completed Nov. 13, 1957

Plugging Commenced 8-1-1988

Plugging Completed 8-1-1988

(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? HAN'S KS. MICHAEL GOODROW

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

Producing Formation HAN'S ING KC. Depth to Top 3747 Bottom 39 T.D. 3942 <sup>RT</sup> <sub>KU</sub>

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
SHALE		SWFACE	208	5/8"	X	NONE
HAN'S ING		SWFACE	3942	5/8"	X	NONE

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.  
CALL OUT STATE PLUGGER Carl Goodrow. Mix 250 lbs. of HULLS with First 30 SKS OF Cement  
FILL 5/8" TO SWFACE 150 SKS 60/40 P02 MIX. Mix 250 lbs. of HULLS TO 25 SKS. OF  
60/40 P02 MIX. Cement. Run M P DOWN 8" TO SWFACE. FILL TO SWFACE.  
Pressure 5 P ADU @ 200 LBS. TO B COM PLATE.

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

Name of Plugging Contractor Joe's Well Service License No. 6779

Address P.O. Box 115 OBEYIN 67749

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 5 day of December, 19 88

Georgia A. Elder  
 Notary Public

My Commission Expires: \_\_\_\_\_ My Commission Expires 7-25-92

