

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

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

15-063-20536-00-00

API NUMBER 15-063-20,536-00-00

LEASE NAME Baalman

WELL NUMBER 2

4545 Ft. from S Section Line

735 Ft. from E Section Line

SEC. 15 TWP. 11S RGE. 30 (N) or (W)

COUNTY Gove

Date Well Completed 12/8/81

Plugging Commenced 5/27/93

Plugging Completed 5/27/93

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

LEASE OPERATOR Kaiser-Francis Oil Company

ADDRESS P. O. Box 21468, Tulsa, OK 74121-1468

PHONE# (918) 491-4314 OPERATORS LICENSE NO. 6568

Character of Well Oil

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

The plugging proposal was approved on n/a (date)

by Carl Goodrow (KCC District Agent's Name).

Is ACO-1 filed? On old form If not, Is well log attached? -

Producing Formation LKC Depth to Top 4016 Bottom 4166 T.D. 4558

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
LKC	Oil	4016	4166	8 5/8	409	-0-
				5 1/2	4292	-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. MIRU. Perf'd 2390' & 1490'. Pumped 280 sxs 60/40 poz w/10% gel + 400# hulls. Tied into annulus and pumped 50 sxs 60/40 poz w/10% gel. SIP 100#. Pumped add'l 50 sxs cmt down 5 1/2" casing. SIP 200#. Job complete.

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

Name of Plugging Contractor Kaiser-Francis Oil Company License No. 6568

Address P. O. Box 21468, Tulsa, OK 74121-1468

STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Kaiser-Francis Oil Company

JUL 21 1993

STATE OF Oklahoma COUNTY OF Tulsa, ss.

7-21-1993
CONSERVATION DIVISION
Wichita, Kansas

Charlotte Van Valkenburg

(Employee of Operator) or (Operator) or

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) C. Van Valkenburg

(Address) P. O. Box 21468, Tulsa, OK 74121-1468

SUBSCRIBED AND SWORN TO before me this 19th day of July, 19 93

Notary Public

My Commission Expires: 12-23-93