Revised 08-8

STATE OF KANSAS		JEGING RECORD	15 0 00 66
ATTE CONDODATION COMMISS	ION K.A.	R82-3-117	API NUMBER 15-2-22-66
200 Colorado Derby Bulldi Wichita, Kansas AND COM RECORPORATION COM STATE CORPORATION G	MISSION		LEASE NAME Kleinschmidt "B"
REDEATION CO	8 TYPE	OR PRINT	WELL NUMBER 5
STATE CON 9-10 6	MSSION TYPE 8 TYPE 988 NOTICE: Fill and return and return office w	rn to Cons. Div.	330 Ft. from S Section Line
SEP "	NONISION OFFICE W	ithin 50 days.	2310 Ft. from E Section Line
SEP 1 LEASE OPERATOR DAMESERVATI	ერებინტინ Os. OilProducer	SEC. 7 TWP.105 RGE.17 (X) or (W)	
Suite ADDRESS One Williams C	Z000		COUNTY Rooks
PHONE#(918 584-3581	OPERATORS LICENSE	NO. <u>5560</u>	Date Well Completed 11-27-65
Character of Well <u>Input</u>	·		Plugging Commenced 7-26-88
(Oil, Gas, D&A, SWD, inpu	st, Water Supply W	eli)	Plugging Completed 7-26-88
Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes			
Which KCC/KDHE Joint Offi	ce did you notify	? Hays	
is ACO-! filed?	lf not, is well	l iog attached? <u>N</u>	o, attached to CP-1 6-28-88-22-
Producing Formation Lan	sing/KC Dep	th to Top <u>3459</u>	Bottom 3550 T.D. 3715
Show depth and thickness of all water, oil and gas formations.			
OIL, GAS OR WATER RECORD	s i	. С	ASING RECORD
Formation Conte	t From	To Size	Put in Pulled out
1	gas 3459	3550 <u>8 5/8"</u> 4 1/2"	250 0
		4_1/2"	3709 0
	hans in which the	woll was plugge	d Indicating where the mud fluid was
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.			
Pumped in 4 1/2" casing 175 sks cmt w/ 1/4# Flocele. Max 600#. SI 400#. Pumped in 8 5/8" casing 75 sks cmt w 1/4" Flocele. Max 400#. SI 300#.			
Pumped in 8 5/8 Ca	sing 75 sks cmc	w 1/4 Floce	1e. Max 400#. 51 300#.
(If additional description is necessary, use <u>BACK</u> of this form.)			
Name of Plugging Contract		itan	License No.
Address Hays,			·
STATE OF Oklahoma	COUNTY O	f <u>Tulsa</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Douglas R. Lewis			ployee of Operator) or (Sixeraxistics) 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) Dauglar R Lewis			
		(Signature O	ne Williams Center, Suite 2000
	_		ulsa, OK 74172
SUBSCRIE	ED AND SWORN TO b	efore me this 1	4th day of September, 19 8
Mu Comm	ssion Expires:	Jug. 6, 19	ody M. Sullivan Red Notary Public
my Comm	SOLULI EXPIRES:	May by 11	9
	1 7		Form CP-