

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

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

API NUMBER 15-163-20,500-²⁵⁰A0001
LEASE NAME O'Brien
WELL NUMBER # 1 SWD

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

4,290 Ft. from S Section Line
4,290 Ft. from E Section Line
SEC. 27 TWP. 10 RGE. 19 (X) or (W)
COUNTY Rooks
Date Well Completed 4-8-82
Plugging Commenced 9-2-92
Plugging Completed 9-2-92

LEASE OPERATOR Sid Tomlinson
ADDRESS 1802 Wildwood Drive, Stillwater, OK 74075
PHONE# (405) 372-2833 OPERATORS LICENSE NO. 6412

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

The plugging proposal was approved on 9-1-92 (date)
by Mr. Gilbert Scheck, Hays, KS (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to Top 3,684' Bottom 3,776' T.D. 3,776'

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
Arbuckle	water	3,684	3,776	8 5/8"	217'	none
L-KC	water	3,364	3,574	4 1/2"	3,691'	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 plug were used, state the character of same and depth placed, from feet to feet each set Pumped down 4 1/2" casing with 100 sacks common cement, 2 % gel, 125 sacks of 65-35 pozmix, 8 % gel with 400 # hulls, and 20 sacks of common cement, 2 % gel. Maximum pressure 1,500 # SI pressure 1,500 #.

RECEIVED

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

Name of Plugging Contractor Allied Cementing License No. 9-4-92
Address Box 342, Plainville, KS 67663 SEP 4 1992

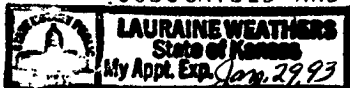
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Sid Tomlinson CONSERVATION DIVISION
Wichita, Kansas

STATE OF Kansas COUNTY OF Russell, ss.

James R. Line (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 tha
the same are true and correct, so help me God.

(Signature) James R. Line
(Address) 29 Ober Russell, KS 67665

SUBSCRIBED AND SWORN TO before me this 2nd day of September, 19 92



Lauraine Weathers
Notary Public

My Commission Expires: January 29, 1993