

15-065-03026-00-01

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

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

API NUMBER 15-2-10-55

LEASE NAME Rudman

WELL NUMBER 1

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 5 TWP. 10S RGE. 21W (E) or (W)

COUNTY Graham

Date Well Completed 9-22-88

Plugging Commenced 9-22-88

Plugging Completed 9-22-88

RECEIVED
STATE CORPORATION COMMISSION

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

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

LEASE OPERATOR Conservation Division, Inc. of Kansas

ADDRESS Box 177, Russell, Kansas 67665

PHONE# (913) 483-6220 OPERATORS LICENSE NO. 8677

Character of Well Oil

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

The plugging proposal was approved on 9-22-88 (date)

by Dennis L. Hamel (KCC District Agent's Name).

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

Producing Formation LCK Depth to Top 3567 Bottom 3571 T.D. 3938

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
Heeb	3496		3938	5 1/2		None
Lans	3538		185	8 5/8		None
Arb	3880					
TD	3917					

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 5 1/2" casing 225 sks cement W/1/4 #F.C. plus 4 sks Hulls mixed in cement. Max 500#, S.I. 200# Psi. Pumped in 8-5/8" casing 50 sks cement w/1/4# F. C. plus 2 sks Hulls mixed in cement. Max 400 #S.I. 200# psi.

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

Name of Plugging Contractor Allied Cementing License No.

Address Box 31, Russell, Kansas 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Elmer Froelich

STATE OF Kansas COUNTY OF Russell, ss.

Elmer Froelich (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) Elmer T. Froelich

(Address) P. O. Box 144, Russell, Kansas 67665

SUBSCRIBED AND SWORN TO before me this 6th day of December, 19 88

LoANN SECHTEM
State of Kansas
My Appt. Exp. 8-29-92

LoAnn Sechtem
Notary Public

My Commission Expires: August 29, 1992

