

STATE OF KANSAS  
 STATE CORPORATION COMMISSION  
 130 S. Market, Room 2078  
 Wichita, KS 67202

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

API NUMBER 15-065-21801-00-01

LEASE NAME Grano

WELL NUMBER 1-B

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

1600 Ft. from S/N Line of Section (circle one)

930 Ft. from E/W Line of Section (circle one)

SPOT LOCATION SE - NW - SW

SEC. 30 TWP. 10 S. RGE 24w (E) or (W)

COUNTY Graham

Date Well Completed June 12, 1987

Date Plugging Commenced December 12, 1996

Date Plugging Completed December 12, 1996

LEASE OPERATOR Ron's Oil Operation

ADDRESS R.R. 1 Box 194

CITY, STATE, ZIP Penokee, KS. 67659

PHONE# (913) 421-2315 OPERATORS LICENSE NO. 6861

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

The plugging proposal was approved on 12-12-96 (date)

by CARL GOODROW (KCC District Agent's Name)

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

Producing Formation(s) \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. \_\_\_\_\_

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	PULL OUT
	Surface Pipe	0'	238'	8 5/8	●	○
	Production String	0'	1915'	4 1/2	●	○

Described 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.

5Q 4 1/2 CSG. WITH 125 SX. CEMENT WITH 500 # HULLS MIXED IN TO  
MAX. PSI 800 # SHUT IN AT 300 #  
made Disposal Well - 5-20-87 - - - - - 1-27-97

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

Name of Plugging Contractor Allied Cementing Company, Inc.

License No. \_\_\_\_\_

Address P.O. Box 31 Russell, KS. 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ron's Oil Operation

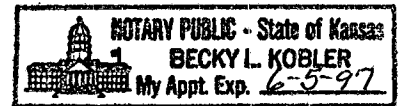
STATE OF Kansas COUNTY OF Graham, ss.

Ronald Nickelson (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) Ronald Nickelson

(Address) R.R. 1 Box 195 Penokee, KS. 67659



SUBSCRIBED AND SWORN TO before me this 23<sup>rd</sup> day of January, 1997

Becky L. Kobler  
 Notary Public

My Commission Expires: 6-5-97