

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

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

API NUMBER 15-109-20,350-00-00

LEASE NAME Hueftle

WELL NUMBER #3

SPOT LOCATION SW NE NW

SEC. 28 TWP. 12 RGE. 33 (E) or (W)

COUNTY Logan

Date Well Completed 9/26/84

Plugging Commenced 9/26/84

Plugging Completed 9/26/84

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

LEASE OPERATOR D.G. Hansen Trust

ADDRESS Box 187, Logan, KS 67646

PHONE # (913) 689-4816 OPERATORS LICENSE NO. 5285

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? yes

Which KCC/KDHE Joint Office did you notify? Wichita, Kansas

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

Producing formation none 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	Pulled out
				8 5/8"	363'	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 plugs were used state, the character of same and depth placed, from _____ feet to _____ feet each set.

1st Plug	2640'	25sx	Rat Hole	10sx
2nd Plug	1580'	100sx + 2sx celloflake		
3rd Plug	380'	40sx		
4th Plug	40'	10sx		

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

Name of Plugging Contractor Allied Cementing License No. _____

Address Box 31, Russell, KS 67665

RECEIVED
STATE CORPORATION COMMISSION

STATE OF Kansas COUNTY OF Sedgwick, ss.

Jay H. Galloway (operator) or CONSERVATION DIVISION
Wichita, Kansas

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) Jay H. Galloway
(Address) President

SUBSCRIBED AND SWORN TO before me this 2nd day of October, 19 84

My Commission expires: 10/6/87

Susan L. Smith
Notary Public
SUSAN L. SMITH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

Form CP-4 1-84
Revised 06-83