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

WELL PLUGGING RECORD K.A.I

C.A.R82-3-117	API NUMBE	· 8-9-57
15-051-02701-00-	LEASE NAM	<u>Dor</u>
99701-0	O3	2

Dorzweiler 2 WELL NUMBER

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

990 Ft. from SYN Line of Section (circle one) 990 Ft. from E/W Line of Section (circle one)

	1.15		650	T LOCATION T	- CE	· QF	
Cattlemans Oil Operations DDRESS 2260 Catherine Rd. CITY, STATE, ZIP Hays, Kansas 67601 PHONE#(785 625-539 Operations LICENSE NO. 7064				SPOT LOCATION NW SE SE SEC. 10. TWP. 13 S. RGE 17W (E) OF (W) COUNTY Ellis			
HONE#(785 <u>625-53</u>	39 OPERATORS LICENSE	107064				00	
Date Plugging C			e Plugging Com	completed 9-11-98			
(Oil, Ga	is, D&A, SWD, Input, w	ater suppry werry	Dat	e Plugging Comp	oleted9= <u>1</u>		
he plugging proposal wa	s approved on 9-	-10 - 98				(date)	
y Herb Deines					. (KCC D	istrict Agent's Name)	
•	المدينة عييناهم	Log attached?	TA C				
s ACO-1 filed? <u>unkno</u> Producing Formation(s)	LKC & Arb.		Depth	to Top3250	0 Bottom <u>350</u>	O	
Show depth and thickness	s of all water, oil ar	nd gas formations.			·		
OIL, GAS OR WATER RECOR					CA	ASING RECORD	
FORMATION	CONTENT	FROM	то	SIZE	PUT IN	PULL OUT	
		2007	3/126	8 5/8	200	none	
Lansing KC	oil	3287 35 2 0	35/15	5분	3523	none	
Arbuckle	_ { oil	3540	 				
Described in detail the							
joints, pump	ed 75 sks cemed 30 sks ceme	ent with hul nt with hull h 5 sks of o	ls pulled s: cement cement. Ch	to 500 i circulat	ed, pulled kside of 85	pulled 6 ce waited 2½ balance of 5/8 600# held.	
- Cubing and C	(If addit	ional description is	s necessary, use	BACK of this	form.)		
Name of Plugging Contr							
					9-15-98	3 4 2 2 2	
Address Russel						a SA	
NAME OF PARTY RESPOND	DIE COD DINGGING FEES	Cattle	emans Oil	Opezztion	ກຮ	3	
TT	- COUNTY OF	ការាវន		,ss.		5 5	
STATE OF Kansa	COONTI OI	(F)	molovee of Opera	ator or (Operat	or) of above-desci	ribed well, being first	
duly	Leo Dorzweile: That I have knowledge e same are true and co	of the facts, state	ments, and matt	ers herein cont	ained and the tog	Million and the medical contract of the contract	
(Signature)			(-			des addes for my Verman	
(Address) 2260 C	atherine Rd.				■ ■ HEINEUU	NISLA B	
SUBSCRIBED AND SW	ORN TO before me this	12th day of _	Septemb	<u>er, 19 98</u>	2002 B day -	SLEUP YANTES &	
	7/	iola Dory	veiler		A. Marian Company of the Company of	and a new transfer of the same and the same	
	oires: 4-20-99		Public			Form CP-4 Revised 12-9	
My Commission EXP	11 co. 4-6-0-11					•	

EDCEMENTING CO., INC. 15-051-02701-0007 REMIT TO P.O. BOX 31

RUSSELL KANSAS 67665 SERVICE POINT: K1155011 9=/1=98 SEC. TWP. RANGE ON LOCATION
2:40 Am JOB FINISH JOB START 12. 15 FA1 STATE 6:30 Am COUNTY WELL & LOCATION CODE! E CATHERINE RD. 3-7 LANKAS TYPE OF JOB CIOCA SAMONED WEIL
HOLE SIZE
CASING SIZE 5 /2 DEPTH
TUBING SIZE 2 //8 DEPTH 1200

DATE PIPE 85/2/ SUFFICE DEPTH USED 135 5k CEMENT AMOUNT ORDERED 300 SK PRES MAX ... COMMON_ @ MEAS LINE SHOE JOINT POZMIX @ CEMENT LEFT IN CSG @ CHLORIDE _ PERFS. @ DISPLACEMENT @ **EQUIPMENT** @ to the rest of the transfer of __@ CEMENTER PUMP TRUCK @ HELPER WILL @ HANDLING_ **BULK TRUCK** MILEAGE __ 254 TOTAL ____ 1 The same of the sa REMARKS: **SERVICE** 21/8 TUBING@ 1700 SPOT 25 SK CEMENT DEPTH OF JOB W 100# Hulls Pulled To 1500 & Spot 75 3K W/ 300# HUILS. PUILED TO 450' PUMPTRUCK CHARGE

*** CIRCULATED CIMENT TO SURFACE EXTRA FOOTAGE

W/ 30 SK 9 100 HUILS CAME OUT W/ MILEAGE

TUBING & CAMED AFF W/ 5 SK. PLUG

878 BACKSIDE COULD NOT FUMP INTO EXTRA FOOTAGE _____@ __ MILEAGE ______@_ @ @ @_ 77/ANKS & boot and the state of the TOTAL ATTLEMANS CHARGE TO FLOAT EQUIPMENT STREET ZIP_ STATE. **@** @ @ @ @ To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment TOTAL _ and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or TAX __ contractor. I have read & understand the "TERMS AND TOTAL CHARGE _____ CONDITIONS" listed on the reverse side. _____ IF PAID IN 30 DAYS DISCOUNT ____ PRINTED NAME