

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

LEASE NAME Krug

WELL NUMBER 1

~~1320~~ ^{165'} Ft. from S Section Line

~~1980~~ ^{23'} Ft. from E Section Line

SEC. 18 TWP. 13S RGE. 14 (E) or (W)

COUNTY Russell

Date Well Completed 12-01-66

Plugging Commenced 08-27-95

Plugging Completed 08-28-95

LEASE OPERATOR Col-Kan Development, Inc.

ADDRESS P.O. Box 89, Russell, Kansas 67665

PHONE# (913) 483-5341 OPERATORS LICENSE NO. 4173

Character of Well oil

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

The plugging proposal was approved on 08-27-95 (date)

by Bruce Basye (KCC District Agent's Name).

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

Producing Formation K.C. Depth to Top 2846 Bottom 3035 T.O. 3141

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
	Surface			8 5/8"	273	0
	Production			5 1/2"	3131	0

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. Bottom plug; sanded off to 2790" 5 sks of cement. Allied mixed 10" sks of cement, 60/40 poz 10% gel. Pumped down 8 5/8". Cement circulated, mixed 215 sks of cement down 5 1/2" with 500 lbs. of hulls. Maximum pressure 700 lbs., shut in pressure 100 lbs.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231, Claflin, Kansas 67525

RECEIVED
STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Col-Kan Development, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

SEP 05 1995
09-05-1995

Joseph F. Strube (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 the same are true and correct, so help me God.

(Signature) Joseph F. Strube

(Address) P.O. Box 231, Claflin, Kansas 67525

SUBSCRIBED AND SWORN TO before me this 31 day of August, 19 95

Karlynn K. Beck
Notary Public

My Commission Expires: 09-28-98
USE ONLY ONE SIDE OF EACH FORM

