

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 15-051-02172-00-00

LEASE NAME Mai

WELL NUMBER 8

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

1650 Ft. from S Line of Section (circle one)  
3300 Ft. from E Line of Section (circle one)

LEASE OPERATOR Cattlemans Oil Operations

SPOT LOCATION CS2NW - SE -

ADDRESS 2260 Catherine Rd.

SEC. 14 TWP. 11 S. RGE 17W (E) or (W)

CITY, STATE, ZIP Hays, Kansas 67601

COUNTY Ellis

PHONE#( 785625-5394 ) OPERATORS LICENSE NO. 7064

Date Well Completed 2-23-1910

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

Date Plugging Commenced 12-31-99

Date Plugging Completed 12-31-99

The plugging proposal was approved on December 15, 1999 (date)  
 by Roger Moses (KCC District Agent's Name)

Is ACO-1 filed? ? If not, is well log attached? none on record

Producing Formation(s) Arbuckle Depth to Top 3359 Bottom 3361 T.D. 3361

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
Arbuckle	oil & water	3359	3361	13"	130'	none
				5 1/2"	3360	none

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.

Ran 2" tubing to 1450', mixed 110 sks, 60/110, cement circulated. Pulled tubing, pumped down casing 115 sks & topped off. backside full of cement. 300# hulls.

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

Name of Plugging Contractor Company tools & Allied Cementing

License No. 7064

Address P O Box 31 Russell, Kansas 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Cattlemans Oil Operations

STATE OF Kansas COUNTY OF Ellis, ss.

Leo Dorzweiler (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.

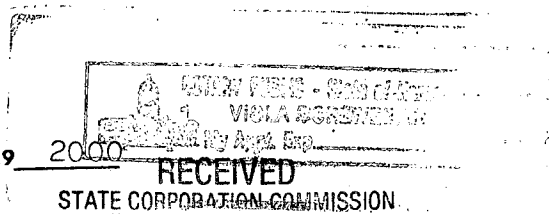
(Signature) Leo Dorzweiler

(Address) 2260 Catherine Rd, Hays, Kansas 67601

SUBSCRIBED AND SWORN TO before me this 1st day of January, 19 2000

Viola Dorzweiler  
 Notary Public

My Commission Expires: 4-20-2003



JAN 28 2000

Form CP-4  
 Revised

CONSERVATION DIVISION  
 Wichita, Kansas

