

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

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

API NUMBER 15-051-23,906-0000

LEASE NAME Kreutzer

TYPE OR PRINT

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

WELL NUMBER #1

330 Ft. from S Section Line

4950 Ft. from E Section Line

SEC. 4 TWP. 13S RGE. 19 (E) or (W)

COUNTY Ellis

LEASE OPERATOR Ritchie Exploration, Inc.

ADDRESS 125 N. Market, #1000, Wichita, KS 67202

PHONE# (316) 267-4375 OPERATORS LICENSE NO. 4767

Character of Well oil

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

Date Well Completed 08/03/84

Plugging Commenced 8/4/89

Plugging Completed 8/4/89

The plugging proposal was approved on August 4, 1989 (date)

by Gilbert Balthavor (KCC District Agent's Name).

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

Producing Formation Lansing Depth to Top 3496' Bottom 3735' T.D. 3765'

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"	219'	
				4-1/2"	3756'	

RECEIVED  
STATE CORPORATION COMMISSION  
SEP - 4 1989  
9-4-89  
CONSERVATION DIVISION  
Wichita, Kansas

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. Pressured up on 8-5/8" casing to maximum pressure of 600#. ISIP:600#. Mixed 230 sacks of 65/35 pozmix, 8% gel, with 5 sx of hulls & dumped in backside of 4 1/2" casing. Max. Pressure: 1600#; ISIP: 800#.

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

Name of Plugging Contractor Allied Cementing License No. \_\_\_\_\_

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ritchie Exploration, Inc.

STATE OF Kansas COUNTY OF Sedgwick ss.

A. Scott Ritchie, III (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) [Signature]

(Address) 125 N. Market, #1000, Wichita, KS

SUBSCRIBED AND SWORN TO before me this 1st day of September, 19 89

Susan M. Way  
Notary Public

My Commission Expires: \_\_\_\_\_

