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

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

API NUMBER 15-051-24,176-(\*)-(\*)

LEASE	NAME	Bemis	

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

WELL NUMBER #2

1650 Ft. from S Section Line

3630 Ft. from E Section Line

Plugging Commenced 8-2-89

SEC. 20 TWP. 13S RGE. 19W (XE) or (W) LEASE OPERATOR Challenger Exploration COUNTY \_\_\_\_ Ellis ADDRESS Box 1112, Hays, Kansas 67601

PHONE#(913) 625-6807 \_\_\_\_OPERATORS LICENSE NO. \_\_\_03919 Date Well Completed Unknown Character of Well oil

(Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 8-2-89

The plugging proposal was approved on July 27, 1989 \_\_\_\_(date)

by Mr. Gib Scheck (KCC District Agent's Name).

Is ACO-1 filed? No ... If not, is well log attached? this has already been sent to KCC Producing Formation Kansas City Depth to Top 3206 Bottom 3861 T.D. 3861

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER	CASING RECORD							
Formation	Content	From	То	Size	Put in	Pulled out		
See attached in	formation from Hal	iburton	Serv	ices.				
			l	<u> </u>				
	the manage in whi			I				

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 of other plugs were used, state the character of same and depth placed, from feet to feet each sent. 300 Cu. Ft. Pozmix Cement 8% Gel; 300 Sacks Cement; 500 Hulls; 60/40 Poz 8% Gel;

See attached information from Halliburton Services.

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

License No. Unknown Name of Plugging Contractor Halliburton Services

Address 1100 East 8th Street, Hays, Kansas 67601

NOTARY

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Challenger Exploration (already paid to KCC)

COUNTY OF Ellis STATE OF Kansas

Vincent J. Werth, Operator, DBA Challenger Exploration (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 becein contained and the log of the above-described, well as filed that the same are true and correct, so help me God. (Signature) / must

(Address) P. O. Box 1112, Hays, KS 67601

PUBLIC - State of Kansas	AND	SWORN	то	before	mө	this _	10th	day	of	October	, 19	89
INDA M RROWN						(0.				2		

My Appt. Exp. 3-7-92 Funda 711. 12 rown

My Commission Expires: March 7, 1992