STATE OF KANSAS	
STATE CORPORATION	COMMISSION
200 Colorado Derby	Building
Wichita, Kansas 6	

LEASE OPERATOR Hutchinson Oil Company

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

API NUMBER	16-051-24,261-00-00
TEASE NAME	Wegele

TYPE OR	PRINT
NOTICE: Fill ou	t completely
and return t	o Cons. Div.
office withi	n 30 days.

WELL	NUM	BER _		<u>1 -</u>	15	
429	90	Ft.	from	s	Section	Line

1650	_ Ft. f	rom	E Sect	ion	Line
sec. 15	_TWP.13	R	SE. <u>20</u>	e (x3x)	(W)Xi

ADDRESS P.O. Box 642, Derby, KS 67037 county Ellis PHONE# (316) 262 1525 OPERATORS LICENSE NO. 5614 Date Well Completed 6-29-85

Plugging Commenced 6-29-85Character of Well D & A 6**-**29-85

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? yes

Which KCC/KDHE Joint Office did you notify?____ Hays Marion Schmidt

Producing Formation ______ Depth to Top______ Bottom _____T.D. 3900

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

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

CASING RECORD OIL, GAS OR WATER RECORDS

Т	Pulled out	Put in	Size	To	From	Content	Formation
	none	877	8 5/8	884	0		
	none	877	8 5/8	884_	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 plugs were used, state the character of same and depth placed, from feet to feet each set.

210 sks 50/50 poz, 2% Gel 3% CC

25 sks @ 3900', 25 sks @ 1480'

40 sks @ 920', 100 sks @ 700' 10 sks in rathole.

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

____License No. 5418 Name of Plugging Contractor Allen Drilling Company

Address P. O. Box 1389, Great Bend KS 67530

STATE OF Kansas COUNTY OF Barton

John A. Johnson (Employee of Operator) or XXXXXXXXXXXXXXXXX above-described well, being first duly sworn on oath, says: That I have knowledge of the Pacts, statements, and matters herein contained and the log of the above-described well at the same are true and correct, so help me God.

(Signature)

(Signature)

(Address) P. O. Box 1389, Great Bend.KS

SURSORIBED AND SWORN TO before me this

Notary Public

CONSERVATION DI Wichita Kansas My Commission Expires:

MOTARY PUBLIC - State of Kancas

Form CP-4 Revised 08-84