

OPERATOR: License #: 3682

Name: Mark Connell

Address 1: 606 W. Albro

Address 2:

City: Claflin State: KS Zip: 67525 +

Contact Person: Mark Connell

Phone: (620) 786-1228

Type of Well: (Check one) ☒ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic

☐ Water Supply Well ☐ Other: ☐ SWD Permit #:

☐ ENHR Permit #: ☐ Gas Storage Permit #:

Is ACO-1 filed? ☐ Yes ☐ No If not, is well log attached? ☐ Yes ☐ No

Producing Formation(s): List All (If needed attach another sheet)

Depth to Top:	Bottom:	T.D.
Depth to Top:	Bottom:	T.D.
Depth to Top:	Bottom:	T.D.

API No. 15 Drilled 1949
Spot Description: C-W/2 SE NE
Sec. 12 Twp. 16 S. R. 14 ☐ East ☒ West
~~2,990~~ 3300 Feet from ☒ North ☒ South Line of Section
990 Feet from ☒ East ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
County: Barton
Lease Name: Hoffman Well #: 4
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: Bruce Rodie (KCC District Agent's Name)
Plugging Commenced: 3-15-11
Plugging Completed: 3-17-11

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
			8-5/8"	164'	None
			5-1/2"	3320'	None

Describe in detail the manner in which the well is 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 depth placed from (bottom) to (top) for each plug set.

Perforated casing @1350 & 860', ran in 2-3/8" tubing, pumped 100 sxs. cement @2050', pulled up to 1350', pumped 100 sxs. cement, lost circulation, pumped 150# hulls, got circulation back, pulled up to 875', pumped 150 sxs. cement w/300# hulls, lost circulation. Tagged cement @835'. ran tubing to 830', pumped 60 sxs. cement and circulated to surface. Topped off w/5 sxs. cement. Tied onto surface, pumped 20 sxs. cement, circulated between liner. Plugging Complete.

Plugging Contractor License #: 31529 Name: Mike's Testing & Salvage, Inc.

Address 1: P.O. Box 467 Address 2: _____

City: Chase State: Kansas Zip: 67524 + 0467

Phone: (320) 938-2943

Name of Party Responsible for Plugging Fees: Mark Connell

State of Kansas County, Rice, ss. _____

(Print Name)

☐ Employee of Operator or ☐ Operator on 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 is as filed, and the same are true and correct, so help me God.

Signature: M. J. G. G.

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED

APR 25 2011

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