

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

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

API NUMBER 15-109-20,416A-00-01

LEASE NAME 3-2 SMITH

WELL NUMBER 1-B (OWWO)

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 22 TWP. 13S RGE. 33 (E) or (W)

COUNTY LOGAN

Date Well Completed 6/14/90

Plugging Commenced 12/7/91

Plugging Completed 12/7/91

TYPE OR PRINT

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

LEASE OPERATOR MASTERS OPERATING COMPANY

ADDRESS 240 NORTH ROCK ROAD, SUITE 135, WICHITA, KS 67206

PHONE# (316) 733-2844 OPERATORS LICENSE NO. 3248

Character of Well OIL

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

The plugging proposal was approved on 12/5/91 (date)

by CARL GOODROW (KCC District Agent's Name).

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

Producing Formation LANSING-KANSAS CITY Depth to Top 4028 Bottom 4033 T.D. 4575

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
		0	326	8-5/8	326'	NONE
		0	4191	5-1/2	4191'	NONE

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.
FILLED CSG FROM PERFS TO SURFACE WITH CEMENT. PUMPED 500# HULLS, FILLED CSG TO SURFACE WITH CEMENT AND
PRESSURED TO 100#. USED 350 SX 65-35 POZ W/ 10% GEL.

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

Name of Plugging Contractor HALLIBURTON SERVICES

License No.

Address P.O. BOX 428 HAYS, KS 67601

RECEIVED

STATE CORPORATION COMMISSION

02-27-1992
FEB 27 1992

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: LARSON OPERATING COMPANY, A DIVISION OF LARSON ENGINEERING, INC.

STATE OF KANSAS COUNTY OF BARTON, ss.

Wichita, Kansas

CAROL LARSON (AGENT FOR OPERATOR)

(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) Carol Larson

(Address) P.O. BOX 553, GREAT BEND, KS 67530-0553

SUBSCRIBED AND SWORN TO before me this 26th day of February, 19 92

Sherri D. Donovan

Notary Public

My Commission Expires: September 28, 1993

