

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

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

API NUMBER 15-063-21.129-00-00

LEASE NAME Priefert

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

WELL NUMBER 1

4690 Ft. from S Section Line

2020 Ft. from E Section Line

SEC. 29 TWP. 13 RGE. 29 (E) or (W)

COUNTY Gove

LEASE OPERATOR Mid Tech Oil Operations, Inc.

ADDRESS P.O. Box 706

PHONE# (913) 628-6582 OPERATORS LICENSE NO. 19620

Character of Well D & A

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

Date Well Completed 8-4-87

Plugging Commenced 8-4-87

Plugging Completed 8-4-87

RECEIVED  
 STATE CORPORATION COMMISSION  
 08-19-87  
 AUG 19 1987

Did you notify the KCC/KDHE Joint District Office, or to plugging this well? Yes

Which KCC/KDHE Joint Office did you notify? # 6 Moved Oil Lithology Cyberlook

Is ACO-1 filed?                      If not, is well log attached? YES - Dual Induction SFL w/Gr

Producing Formation                      Depth to Top                      Bottom                      T.O.                     

Compensated Neutron/Lithodensity w/Gr

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	350	8 5/8	8 joints	

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.

2170' 20sks, 1200' 100sks 1sk flow seal, 860' 40sks, 40' W.P. + 10sks, 15sks rat hole  
Total = 185sks 60/40 poz 6% gel, 1sk flow seal 1w.p.

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

Name of Plugging Contractor Western Kansas Drilling, Inc. License No. 4083

Address P.O. Box 126 Hays, Kansas 67601

STATE OF                      COUNTY OF                     , ss.

(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) Robert G. Poe

(Address) PO Box 706 Hays 16, 67601

SUBSCRIBED AND SWORN TO before me this 13<sup>th</sup> day of August, 19 87

Rogena C. Basgall  
 Notary Public

My Commission Expires:                     

