

To: 1
STATE CORPORATION COMMISSION
CONSERVATION DIVISION - PLUGGING SECTION
200 COLORADO DERBY BUILDING
WICHITA, KANSAS 67202

API NUMBER 15- 165-21,342 - 00-00

NW NW, SEC. 32, T 19 S, R 19 W/EX

4620 feet from S section line

4620 feet from E section line

TECHNICIAN'S PLUGGING REPORT

Operator License # 5652

Lease Name Maresch Well # 1-32

Operator: Mustang Drilling & Exploration, Inc. County Rush 144.07

Name & Address P. O. Box 1609

Well Total Depth 4433 Mississippi feet

Great Bend, KS 67530

Conductor Pipe: Size _____ feet

Surface Casing: Size 8 5/8 feet 514

Abandoned Oil Well _____ Gas Well _____ Input Well _____ SWD Well _____ D&A X

Other well as hereinafter indicated _____

Plugging Contractor Mustang Drilling & Exploration, Inc. License Number 5652

Address P. O. Box 1609, Great Bend, KS 67530

Company to plug at: Hour: 6:00 am Day: 15 Month: January Year: 19 86

Plugging proposal received from Mike Campbell

(company name) Mustang (phone) 316-792-7323

were: to fill hole with heavy mud and spot cement through drill pipe Anhydrite 1459
Elevation 2289

1st plug at the base of the Anhydrite with 50 sx cement

2nd plug 30' below the base of the surface pipe with 40 sx cement

3rd plug ^{solid bridge} hulls - plug at 40' -- cement to surface with 10 sx cement

5th plug to circulate rat hole with 15 sx cement

Plugging Proposal Received by Steve Durrant

(TECHNICIAN)

Plugging Operations attended by Agent?: All _____ Part _____ None X

Operations Completed: Hour: 8:30 am Day: 15 Month: January Year: 19 86

ACTUAL PLUGGING REPORT 1st plug at 1494' with 50 sx cement, 2nd plug at 564' with 40 sx cement, 3rd & 4th plugs - solid bridge - hulls - plug at 40' -- cement to surface with 10 sx cement, 5th plug to circulate rat hole with 15 sx cement.

RECEIVED
STATE CORPORATION COMMISSION

JAN 16 1986

CONSERVATION DIVISION

Remarks: Used 60/40 Pozmix 6% gel by Allied.

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

1 INVOICED did not observe this plugging.

Signed Steve Durrant / rjt
(TECHNICIAN)

DATE _____

INV. NO. _____