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

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

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

API NUMBER 15-071-20508-0000

LEASE NAME Schmidt

WELL NUMBER C 1-25

_____ Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 25 TWP. 18 RGE. 43 (E) or (W)

COUNTY Greeley

Date Well Completed 2-1-91

Plugging Commenced 2-6-91

Plugging Completed 2-6-91

LEASE OPERATOR Murfin Drilling Company

ADDRESS P.O. Box 661 Colby, Ks. 67701

PHONE # (913) 462-6781 OPERATORS LICENSE NO. 6033

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 5265'

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

RECEIVED
STATE CORPORATION COMMISSION
2-22-91
FEB 22 1991
CONSERVATION DIVISION
Wichita, Kansas

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				8 5/8"	629'	none
				4 1/2"	5265'	2806'

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.

Sanded bottom to 4950' dumped 4 sacks cement. Shot pipe @2806'. Set @2600' pumped 50 sacks pulled 24 jts. set @1600' pumped 80 sacks pulled 19 jts. set @800' pumped 30 sacks pulled 4 jts. set @650' pumped 50 sacks pulled 14 jts. circulated from 40' to surface.

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Murfin Drilling Company

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrell Kelso (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) [signature]

(Address) P.O. Box 347 Chase, KS. 67524

SUBSCRIBED AND SWORN TO before me this 15 day of Feb., 1991

[signature]
Notary Public

My Commission Expires: IRENE HERZBERG State of Kansas My Appt. Exp. Aug. 24, 1993

Form CP-4
Revised 05-88