

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

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

API NUMBER 15-155-20942-0001

LEASE NAME Whited

WELL NUMBER 1

4620 Ft. from S Section Line

331 Ft. from E Section Line

SEC. 22 TWP. 23SRGE. 5 ~~XXXX~~ (W)

COUNTY Reno

Date Well Completed 12-1-84

Plugging Commenced 8-11-92

Plugging Completed 8-12-92

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

LEASE OPERATOR Glacier Petroleum, Inc.

ADDRESS P. O. Box 577, Emporia, Kansas 66801

PHONE#(316) 342-1148 OPERATORS LICENSE NO. 5721

Character of Well SWD

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

The plugging proposal was approved on 8-7-92 (date)

by Ralph Tittel (Office) and Johnny Sander (Field) (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to Top 3959 Bottom 4170 T.D. 4170

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
				8-5/8	729	-0-
				5-1/2	3963	-0-

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.  
United (Tk #3844) spotted 50 sx 2%cc from 3508 to open hole, circ 200 sx pozmix from 930 ft to surface.

Note: 5-1/2 csg was cemented to surface-no iron in hole.  
 (If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Glacier Well Service License No. RECEIVED

Address P. O. Box 577, Emporia, KS 66801 STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Glacier Petroleum, Inc.

STATE OF Kansas COUNTY OF Lyon, ss.

J. C. Hawes (Employee of Operator) ~~XXXXXXXXXXXX~~ 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 577, Emporia, KS 66801



SUBSCRIBED AND SWORN TO before me this 17th day of August, 19 92

Jolene D. Ek  
 Notary Public

My Commission Expires: November 4, 1992