

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

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

API NUMBER 15-071-20533-0000

LEASE NAME Schmidt

WELL NUMBER #1-12

330 Ft. from S Section Line

3280 Ft. from E. Section Line

SEC. 12 TWP. 19 RGE. 43 ~~0000~~ (W)

COUNTY Greeley

Date Well Completed 1/4/91

Plugging Commenced 1/4/91

Plugging Completed 1/5/91

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

LEASE OPERATOR Amoco Production Company

ADDRESS P.O. Box 800, Rm. 1833, Denver, CO 80201

PHONE# (303) 830-4009 OPERATORS LICENSE NO. 5952

Character of Well D&A

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

The plugging proposal was approved on 1/3/91 (date)

by District #1 (KCC District Agent's Name).

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

Producing Formation N/A Depth to Top _____ Bottom _____ T.D. 5300'

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

OIL, GAS OR WATER RECORDS

CASING RECORD

STATE CORPORATION COMMISSION

RECEIVED

Formation	Content	From	To	Size	Put in	Pulled out
Surface				8-5/8"	501'	None

MAR 18 1991
CONSERVATION DIVISION
Wichita, Kansas

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.

Plug #1 - set at 2565' with 50 sx; Plug #2 - set at 1570' with 80 sx; Plug #3 - set at 900' with 50 sx; Plug #4 - set at 530' with 50 sx; Plug #5 - set at 40' with 10 sx; 15 sx in Rat Hole; 10 sx in Mouse Hole. Cut off casing and cap well.

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

Name of Plugging Contractor Murfin Drilling Company License No. 30606

Address 250 N. Water, Suite 300, Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Amoco Production Company

STATE OF Colorado COUNTY OF Denver, ss.

J.L. Hampton

(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) J. L. Hampton

(Address) P.O. Box 800, Denver, CO 80201

SUBSCRIBED AND SWORN TO before me this 19 day of February, 19 91

Julie A. Victor
Notary Public

My Commission Expires: 4/7/94