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

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

API NUMBER 15-169-20208-00-00

LEASE NAME **A. Pauls**

WELL NUMBER **2**

SPOT LOCATION **SE NE NE**

SEC. **20** TWP. **14** RGE. **2** (#)or(W)

COUNTY **Saline**

Date Well Completed **5-23-83**

Plugging Commenced **11-6-84**

Plugging Completed **11-9-84**

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

LEASE OPERATOR **Frank Groves Oil**

ADDRESS **Box 774   801 E. Madison Arkansas City, Ks. 67005**

PHONE # **316) 442-0480**   OPERATORS LICENSE NO. **?**

Character of Well **oil**
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

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

Which KCC/KDHE Joint Office did you notify? **Salina**

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

Producing formation **?**   Depth to top _____ bottom _____ T.D. **3290**

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	214	8 5/8		
		0	3277	4½		2815

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.

Fill casing to 3175 with sand & dump 4 sxs. cement

pump 8 5/8 with 4 hulls 20 gel & 100 sxs. 50/50 pozmix 3% gel 3% c.c. cement

shut in press. 400#

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

Name of Plugging Contractor **Nicholas Casing Pulling**   License No. **6698**
Address **Box 108 Geneseo, Kansas 67444**

STATE OF **KS**   COUNTY OF **Rice**   ,ss.

Allen D. Nicholas _____ (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) *Allen D. Nicholas*

(Address) _____

SUBSCRIBED AND SWORN TO before me this **15** day of **Nov**, 19**84**

Steve K Prickett
Notary Public

My Commission expires: _____

STEVEN K. PRICKETT
State of Kansas
My Appt. Exp. Aug. 29, 1936

Form CP-4
Revised 01-84