

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 South Market Room 2078  
Wichita, Kansas 67202

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

API NUMBER 15-171-20508-00-00

LEASE NAME FREED

WELL NUMBER 1-28

1980 Ft. from  S Section Line

1980 Ft. from  W Section Line

SEC. 28 TWP. 17 RGE. 32 ( or (W))

COUNTY SCOTT

Date Well Completed 3/15/97

Plugging Commenced 10/28/98

Plugging Completed 10/29/98

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 60 days.

LEASE OPERATOR LARSON OPERATING COMPANY  
A DIVISION OF LARSON ENGINEERING, INC.

ADDRESS 562 WEST HIGHWAY 4 OLMITZ, KS 67564-8561

PHONE# (316) 653-7368 OPERATORS LICENSE NO. 3842

Character of Well OIL

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

The plugging proposal was approved on 10/28/98 (date)

by STEVE MIDDLETON (KCC District Agent's Name).

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

Producing Formation L-KC "E" & MORROW SAND Depth to Top 4060 Bottom 4642 T.D. 5422

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
L-KC "E"	OIL	SURF	409	8-5/8	409	0
MORROW SAND	OIL	SURF	4722	5-1/2	4722	0

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

300# HULLS IN 35 SX 65-35 POZ W/ 8% GEL

20 SX GEL IN WTR TO 2310'

100# HULLS IN 175 SX 65-35 POZ W/ 8% GEL FROM 2310' TO SURFACE

SI CSG W/ 1000#. STATE MAN ON LOC - STEVE MIDDLETON.

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

Name of Plugging Contractor ALLIED CEMENTING CO., INC. License No. \_\_\_\_\_

Address P.O. BOX 31 RUSSELL, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: LARSON OPERATING COMPANY

STATE OF KANSAS COUNTY OF BARTON, ss.

THOMAS LARSON (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) Thomas Larson

(Address) 562 WEST HIGHWAY 4  
OLMITZ, KS 67564-8561

SUBSCRIBED AND SWORN TO before me this 30TH day of OCTOBER, 1998

Carol S. Larson  
Notary Public

My Commission Expires: JUNE 25, 2001

