

15-135-00468-00-00

API NUMBER N:A. Spud 10-5-62

LEASE NAME LeRoy

WELL NUMBER 1

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 20 TWP. 16^S RGE. 25^W (E) or (W)

COUNTY Ness

Date Well Completed

Plugging Commenced 10-6-94 2 PM

Plugging Completed 10-6-94 3:30 PM

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

LEASE OPERATOR Marmik Oil Co.

ADDRESS 200 N. Jefferson #500 El Dorado Ark.

PHONE# (501) 862-8546 OPERATORS LICENSE NO. 6875

Character of Well Oil

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

The plugging proposal was approved on 9-20-94

by Steve Middleton Dodge City (KCC District Agent's Name).

Is ACO-1 filed? If not, is well log attached? N/A

Producing Formation Miss Depth to Top 4532 Bottom 4535 T.D. 4535

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
Miss	oil	0	297	8 5/8	10-5-62	Not
		0	4532	4 1/2	10-15-62	Not

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 plug were used, state the character of same and depth placed, from feet to feet each set 4 1/2" Bridge plug set @ 2750' - Load hole with water pumped into well 4 Bbls per minute @ 300 # Perf 3 holes @ 1100' Run tubing in hole to 1100' circ cement to surface 55 sks 65/35 6% Pulled tubing out of hole. Pumped 80 sks 65/35 6% down 4 1/2 csg. 100# ps/shut in. Pumped 175 sks down annulus shut in 150 PSL Finish 3:30 PM

Name of Plugging Contractor Allied Cementing Co., Inc.

License No. **STATE RECEIVED**

Address P.O. Box 31, Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Marmik Oil Co.

STATE OF Kansas COUNTY OF Ellis, ss.

Fred E. Barber

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and 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.

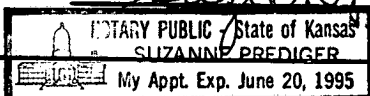
(Signature) Fred E. Barber

(Address) 1606 E 29th St Hays, Ks.

SUBSCRIBED AND SWORN TO before me this 27th day of October, 19 94

Suzanne Prediger

My Commission Expires:
USE ONLY ONE SIDE OF EACH FORM



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

FORM CP-1
Rev. 03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____-_____-_____-_____- SPOT LOCATION/QQQQ COUNTY _____

~~_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)~~

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____

(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)