

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

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

API NUMBER 15-109-20,444-0000

LEASE NAME CLAUDE #1

TYPE OR PRINT

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

WELL NUMBER \_\_\_\_\_

4950 Ft. from S Section Line

4290 Ft. from E Section Line

LEASE OPERATOR D.G. HANSEN TRUST

SEC. 1 TWP. 11S RGE. 33 (XXXX(W))

ADDRESS P.O. Box 187, Logan, KS 67646

COUNTY LOGAN

PHONE# (913) 689-4816 OPERATORS' LICENSE NO. 5285

Date Well Completed 8/11/87

Character of Well D&A

Plugging Commenced 8/11/87

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

Plugging Completed 8/11/87

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

Which KCC/KDHE Joint Office did you notify? HAYS, KS

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

Producing Formation NONE Depth to Top \_\_\_\_\_ Bottom T.D. 4622'

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
				<u>8 5/8"</u>	<u>292'</u>	<u>NONE</u>

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.

1ST PLUG @ 2620 W/25SX

4TH PLUG @ 40 W/10SX

2ND PLUG @ 1600 W/100SX + 1 SACK CELOFLAKE

RAT HOLE W/15 SX

3RD PLUG @ 340 W/40SX

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

Name of Plugging Contractor ALLIED CEMENTING License No. \_\_\_\_\_

Address BOX 31, RUSSELL, KS 67665

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

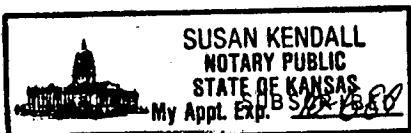
JAY H. GALLOWAY

(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) \_\_\_\_\_

(Address) \_\_\_\_\_

JAY H. GALLOWAY, PRESIDENT  
340 BROADWAY PLAZA, 105 S. BROADWAY  
WICHITA, KS 67202



AND SWORN TO before me this 3RD day of SEPTEMBER, 19 87

My Commission Expires: \_\_\_\_\_

10/6/87

STATE CORPORATION COMMISSION  
Notary Public  
SUSAN KENDALL

SEP 25 1987

CONSERVATION DIVISION  
Wichita, Kansas

Form CP-4  
Revised 08-84