

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

K.A.R.-82-3-117

15-077-10044-0000
API NUMBER 5-7-58
LEASE NAME Springer

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

WELL NUMBER 3
330 Ft. from S Section Line
330 Ft. from ^W Section Line
SEC. 24 TWP. 31 RGE. 6 ~~XXX~~(W)
COUNTY Harper
Date Well Completed
Plugging Commenced 1-6-98
Plugging Completed 1-9-98

LEASE OPERATOR Mai Oil Operations Inc.
ADDRESS PO Box 33 Russell, Ks. 67665-0033
PHONE: (785) 483-2169 OPERATORS LICENSE NO. 5259

Character of Well Oil
(Oil, Gas, D&A, SWD, Input, Water Supply Well)
The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. _____

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
				10, 3/4"	505'	
				7"	4658'	3150'

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
Sanded to 1050'. Bailed 7 sks Portland cement. Shot at 3413' and 3150'. Pulled pipe to 1050'. Pumped 50 sks cement. Pulled to 550'. Pumped 50 sks cement. Pulled to 200'. Circulated cement to surface with 150 sks cement. Pulled the rest of the pipe. Hole stayed full.

Name of Plugging Contractor Quality Well Service, Inc. License No. 31925
Address 249 Beth Drive Sterling, Ks. 67579-9048

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Mai Oil Operations Inc.

STATE OF Kansas COUNTY OF Russell, ss.

Allen Bangert (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 the the same are true and correct, so help me God.

(Signature) Allen Bangert
(Address) _____

SUBSCRIBED AND SWORN TO before me this 3 day of February, 19 98
Anita Driscoll
Notary Public

My Commission Expires:
USE ONLY ONE SIDE OF EACH FORM



2-5-98

Form CP-1
Revised 05-88