

API NUMBER 15-077-20,302-0000

LEASE NAME Runnymede

WELL NUMBER 1-8

2310 Ft. from S Section Line

990 Ft. from ~~X~~ Section Line

SEC. 24 TWP. 31 RGE. 6 (E) (W)

COUNTY Harper

Date Well Completed _____

Plugging Commenced 1-28-98

Plugging Completed 1-29-98

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

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 SWD/ENHR #D-23988

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

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

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

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
				8 5/8"	255'	
				5 1/2"	3790'	None

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 so-
Pumped plug 25 sks to 3370'. Pulled to 1200'. Pumped 25 sks. Pulled tubing
out. Shot 700'. Ran tubing to 700'. Pumped 35 sks. Pulled to 300'.
Circulated cement to surface inside and backside of casing with 140 sks.

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 11th day of February, 19 98

Verna May Hutchings
Notary Public

My Commission Expires: April 10, 2001

USE ONLY ONE SIDE OF EACH FORM

2-17-98

Operator **Texaco Inc.** *Runnymede #1-8*
 Well No. **8** Lease Name **C. M. Springer Unit**
 S ~~24 T 31 R 6~~ ^W *15-077-20302*

DESIGNATE TYPE OF COMP.: OIL, GAS, DRY HOLE, SWDW, ETC.:
OIL

WELL LOG
 Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.
 SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
Red Bed, Rock & Sd	0	200	Comp. Consiloe SPW	2300-3700 surf-2700
Red Bed & Sh	200	255		
Sh	255	794		
Sh & Li	794	1530		
Sh	1530	1635		
Li & Sh	1635	1860		
Sh & Li	1860	2050		
Li & Sh	2050	2691		
Sh & Li	2691	3430		
Li & Sh	3430	3598		
Li	3598	3755		
Li	3755	3790		
R.T.D.	3790			

RECEIVED
 KANSAS CORPORATION COMMISSION
 NOV 19 1997
 11-19-97
 CONSOLIDATED DIVISION
 WASHINGTON

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

Date Received _____

F. E. Anderson
F. E. ANDERSON Signature

 Oner. Supt.

 Title

4/30/75

 Date