

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

RECEIVED
FEB 23 2000
1-23-00
CONSERVATION DIVISION
Wichita, Kansas

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-165-21364-00-01

LEASE NAME Hagerman

WELL NUMBER 1-20

2310N Ft. from S Section Line

1665 W Ft. from E Section Line

SEC. 20 TWP. 19 RGE. 16W (E) or (W)

COUNTY Rush

Date Well Completed _____

Plugging Commenced 02-09-2000

Plugging Completed 02-09-2000

LEASE OPERATOR Carman Schmitt, Inc.

ADDRESS P.O. Box 47 Great Bend, KS 67530

PHONE (316) 793-5100 OPERATORS LICENSE NO. 6569

Character of Well Oil

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

The plugging proposal was approved on 02-09-2000 (date)

by Jay Pfeifer (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 3783' Bottom 3788' T.D. 3872'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content Surface	From	To	Size	Put In	Pulled out
		-0-	1213'	8 5/8"	1213'	None
	Production	-0-	3871'	5 1/2"	3871'	2494.50'

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. Bottom plug sand & cement 3733'. Allied mixed 50 sacks 60/40 6% gel @ 1250', displaced with 20bbls gelled water & 4bbls water. Mixed 40 sacks cement @ 700'. Pulled casing, topped with 20 sacks cement. Job started 10:45 a.m. and completed 12:00 noon.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Carmen Schmitt, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 17th day of February, 19 2000

Brenda Urban
Notary Public

My Commission Expires: 11/01/14, 2001

BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires 11/01/14, 2001

Form CP-4
Revised 05-88