

120186
STATE CORPORATION COMMISSION
CONSERVATION DIVISION - PLUGGING SECTION
200 COLORADO DERBY BUILDING
WICHITA, KANSAS 67202

API NUMBER 15-165-21.446-0000

TECHNICIAN'S PLUGGING REPORT

Operator License # 3842

Operator: Larson Operating Co., Div. of Boyd, County

Name

Address Misak & Larson, Inc.

P.O. Box 553

Great Bend, KS 67530

Ap, NW SE SE, SEC. 27, T. 18 S, R. 20 W, EX

940 990 feet from S section line

940 990 feet from E section line

Lease Name Randel

Well # 1

County Rush

Well Total Depth 4190 feet

Conductor Pipe: Size feet

Surface Casing: Size 8 5/8 feet 230

Abandoned Oil Well Gas Well Input Well SWD Well D&A X

Other well as hereinafter indicated

Plugging Contractor Emphasis Oil Operation License Number 8241

Address Box 819, Russell, KS 67665

Company to plug at: Hour: 4 a.m. Day: 18 Month: 12 Year: 19 88

Plugging proposal received from Bill Owen

(company name) Emphasis Oil Operation (phone) 913-483-5345

were: to fill hole with heavy mud and spot cement through drill pipe Anhydrite 1352-91'

1st plug at 1390' with 50 sx cement, 2nd plug at 680' with 50 sx cement,

3rd plug at 270' with 40 sx cement, 4th plug at 40' with 10 sx cement,

5th plug to circulate rathole with 15 sx cement.

Plugging Proposal Received by Duane Rankin
(TECHNICIAN)

Plugging Operations attended by Agent?: All Part None X

Operations Completed: Hour: 7:15 a.m. Day: 18 Month: 12 Year: 19 88

ACTUAL PLUGGING REPORT 1st plug at 1390' with 50 sx cement,

2nd plug at 680' with 50 sx cement,

3rd plug at 270' with 40 sx cement,

4th plug at 40' with 10 sx cement,

5th plug to circulate rathole with 15 sx cement.

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Remarks: Used 60/40 Pozmix 6% gel by Halliburton.

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

I (did / did not) observe this plugging.

Signed Duane Rankin
(TECHNICIAN)

CORRECTED INTENT

FORM MUST BE TYPED
FORM C-1 12/88

State of Kansas
NOTICE OF INTENTION TO DRILL **REVISED**

FORM MUST BE SIGNED
ALL BLANKS MUST BE FILLED

Must be approved by the K.C.C. five (5) days prior to commencing well

Expected Spud Date 12 9 88
month day year

Ap. NW SE SE Sec 27. 18 East
* * * * * S, Rg 20 X West

OPERATOR: License # 03842
Name: Larson Operating Company
Address: P.O. Box 553
City/State/Zip: Great Bend, KS 67530-0553
Contact Person: Thomas Larson
Phone: (316)792-3664

* 940 feet from South line of Section
* 940 feet from East line of Section
(Notes: Locate well on Section Plat Below)

CONTRACTOR: License # 08241
Name: Emphasis Oil Operation

County: Rush
Lease Name: Randel Well # 1
Field Name: Wildcat
Is this a Prorated Field? yes XX, no
Target Formation(s): Mississippian
Nearest lease or unit boundary: 940 ft
Ground Surface Elevation: 2105 feet MSL
Domestic well within 330 feet: yes XX, no
Municipal well within one mile: yes XX, no
Depth to bottom of fresh water: 100 ft
Depth to bottom of usable water: 620 ft
Surface Pipe by Alternate: 1 XX, 2
* Length of Surface Pipe ~~Planned to be set:~~ 225 ft
Length of Conductor pipe required: 0 ft
Projected Total Depth: 4190 ft
Formation at Total Depth: Mississippian
Water Source for Drilling Operations:
... well XX, farm pond other
DWR Permit #: N/A
Will Cores Be Taken? yes XX, no
If yes, proposed zone:

Well Drilled For: Well Class: Type Equipment:

XX Oil ... Inj ... Infield XX Mud Rotary
... Gas ... Storage ... Pool Ext. ... Air Rotary
... OMO ... Disposal XX Wildcat ... Cable
... Seismic; ... # of Holes

If OMO: old well information as follows:

Operator:
Well Name:
Comp. Date: Old Total Depth

Directional, Deviated or Horizontal wellbore? yes X, no
If yes, total depth location:

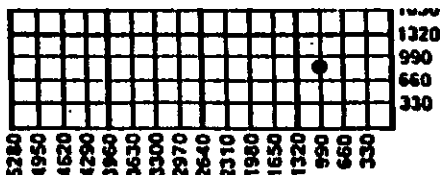
WAS: 990' FSL; 996' FEL; NW-SE-SE
Lengths: Surface planned to set 200'
P.T.D. 4240'

AFFIDAVIT

200' Alt. II Req.

PUSHER	TD	FORMATION	@	ELEVATION	STARTING TIME & DATE	COMPLETION TIME & DATE	1st PLUG @	2nd PLUG @	3rd PLUG @	4th PLUG @	RAT HOLE CIRCULATED W/	MOUSE HOLE CIRCULATED W/	WATER WELL PLUGGED W/	CEMENT COMPANY	TECHNICIAN
							FT. W/	FT. W/	FT. W/	FT. W/					

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- REMEMBER TO:
- File Drill Pit Application (form CDP-1) with Intent to Drill;
 - File Completion Form ACO-1 within 120 days of spud date;
 - File acreage attribution plat according to field proration orders;
 - Notify appropriate district office 48 hours prior to workover or re-entry;
 - Submit plugging report (CP-4) after plugging is completed;
 - Obtain written approval before disposing or injecting salt water.