

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 South Market Room 2078  
Wichita, Kansas 67202

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

15-165-19016-0000

API NUMBER SPUD 12/29/61

LEASE NAME SCHNEIDER "K"

WELL NUMBER 1

990 Ft. from  S Section Line

1650 Ft. from E  Section Line

SEC. 13 TWP. 17S RGE. 17 ( or (W))

COUNTY RUSH

Date Well Completed 1/62

Plugging Commenced 11/30/95

Plugging Completed 11/30/95

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

LARSON OPERATING COMPANY

LEASE OPERATOR A DIVISION OF LARSON ENGINEERING, INC.

ADDRESS 562 WEST HIGHWAY 4 OLMITZ, KS 67564-8561

PHONE# (316) 653-7368 OPERATORS LICENSE NO. 3842

Character of Well GAS

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

The plugging proposal was approved on 11/29/95 (date)

by RICHARD LACEY (KCC District Agent's Name)

Is ACO-1 filed? UNKNOWN If not, is well log attached? NOT AVAILABLE

Producing Formation TOPEKA Depth to Top 3018' Bottom 3024' T.D. 3587'

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
TOPEKA	GAS	3018'	3024'	8-5/8"	323'	0'
				2-7/8"	3200'	0'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

PUMPED DOWN 2-7/8" CASING W/ 100 SX 60-40 POZ W/ 8% GEL & 100# HULLS. TOPPED OFF CASING W/ CLASS A CEMENT.

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

KANSAS CORPORATION COMMISSION

Name of Plugging Contractor ALLIED CEMENTING CO., INC. License No. \_\_\_\_\_

Address P.O. BOX 31 RUSSELL, KS 67665 **FEB 22 1996**

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: LARSON OPERATING COMPANY

STATE OF KANSAS COUNTY OF BARTON, ss. **CONSERVATION DIVISION WICHITA, KS**

THOMAS LARSON (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) Thomas Larson  
(Address) 562 WEST HIGHWAY OLMITZ, KS 67564-8561

SUBSCRIBED AND SWORN TO before me this 19TH day of FEBRUARY, 19 96

Carol S. Larson  
Notary Public

My Commission Expires: JUNE 8, 1997