

KCC WICHITA

TYPE OR PRINT

JUN 24 2013

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

LEASE NAME Solomon

WELL NUMBER #1

3630 Ft. from S Section Line

3630 Ft. from E Section Line

SEC. 28 TWP. 11S RGE. 19W (E) or (W)

COUNTY Ellis

Date Well Completed 8-24-92

Plugging Commenced 10-7-97

Plugging Completed 10-7-97

RECEIVED

LEASE OPERATOR Carmen 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, SWD, Input, Water Supply Well)

The plugging proposal was approved on 10-7-97 (date)

by Herb Deines (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to Top 3520' Bottom T.D. 3528

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
		- 0 -	219	8 5/8	219'	
		0	3522	4 1/2	3522	

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other plugging material were used, state the character of same and depth placed, from feet to feet each section.
Pump down 4 1/2" csg 30 SK cement, 200# bulls, follow with 13 SK gel, 300# bulls, follow with 110 SK cement - Max pressure 500 p.s.i. Shut in pressure 100 p.s.i. Pressure annulus to 500 p.s.i. - OK.
Total - 140 SK 60-40 P&G, 10% gel, 13 SK gel, 500# bulls.
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing License No. _____

Address P.O. Box 36, Russell KS 67665

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

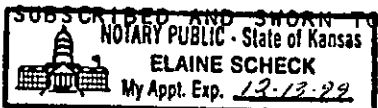
STATE OF Kansas COUNTY OF Barton, ss.

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

(Signature) Carmen Schmitt

(Address) P.O. Box 47, Great Bend KS

before me this 17 day of October, 19 97



Elaine Scheck
Notary Public

My Commission Expires: 12-13-1999

ALLIED CEMENTING CO., INC. 9301

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE <u>10-7-17</u>	SEC <u>28</u>	TWP. <u>11</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>2:00pm</u>
LEASE <u>Solomon</u> WELL# <u>1</u>			LOCATION <u>12N 2W yocemento</u>			COUNTY	STATE <u>Ks</u>
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR Stewart well service OWNER _____

TYPE OF JOB Plug

HOLE SIZE <u>7 7/8</u>	T.D.
CASING SIZE <u>4 1/2</u>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT AMOUNT ORDERED

140 pk 60/40-10 90 Gel

13 pk Gel 500 #Hulls

COMMON	<u>84</u>	@ <u>635</u>	<u>53340</u>
POZMIX	<u>56</u>	@ <u>325</u>	<u>182.00</u>
GEL	<u>25</u>	@ <u>950</u>	<u>237.50</u>
CHLORIDE		@	
<u>Hulls</u>	<u>5</u>	@ <u>1550</u>	<u>77.50</u>
		@	
		@	
		@	
		@	
HANDLING		@ <u>105</u>	<u>147.00</u>
MILEAGE <u>18m</u>		<u>04</u>	<u>100.80</u>

TOTAL 1278.20

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Bill</u>
# <u>221</u>	HELPER <u>Ron</u>
BULK TRUCK	
#	DRIVER
BULK TRUCK	
# <u>160</u>	DRIVER <u>Bill</u>

REMARKS:

Pump down w/ 30pk Cem
w/ 200Hulls Follow w/ 13pk Gel
w/ 200 #Hulls Follow w/ 160pk
may 500 #
Shut in 100"

press Ann 500# OK

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>450.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>18</u>	@ <u>2.85</u> <u>51.30</u>
PLUG	@
	@
	@

TOTAL 501.30

CHARGE TO: Carmen Schmitt

STREET P.O. Box 47

CITY Great Bend STATE Kan ZIP 67530

FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE _____

PRINTED NAME
KCC WICHITA
JUN 24 2013
RECEIVED

INVOICE

October 24, 1997 19

To: Carmen Schmitt, Inc.
P.O. Box 47
Great Bend, Kansas 67530

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
130 S. MARKET, #2078
WICHITA, KANSAS 67202

FOR: Plugging ASSESSMENT AS FOLLOWS:

INVOICE No.: 49294 API#15-051-24,800

Solomon #1
3630 FSL 3630 FEL
Sec: 28-11S-19W
Ellis County
3528' \$114.66
Company Tools

Debit Field Repair & Maint.

RETURN THIS COPY WITH REMITTANCE

KCC WICHITA

JUN 24 2013

RECEIVED