

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

API NUMBER 15-135-23,820-0000

LEASE NAME #1 Holmes "I"

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

WELL NUMBER 1

990 Ft. from S Section Line

1650 Ft. from E Section Line

SEC. 28 TWP. 16S RGE. 26 (E) or (W)

COUNTY Ness

LEASE OPERATOR Pickrell Drilling Company, Inc.

ADDRESS 110 N. Market, Suite 205 - Wichita, KS 67202

PHONE#(316) 262-8427 OPERATORS LICENSE NO. 5123

Character of Well \_\_\_\_\_

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

Date Well Completed 7-01-94

Plugging Commenced 6-30-94

Plugging Completed 7-01-94

The plugging proposal was approved on 6-30-94 (date)

by Steve Durrant (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? No - No Elog was run

Producing Formation N/A Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 4586'

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
	Surface Casing			8 5/8"	360'	

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 plugs were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set.

P&A as follows: 50sx @ 2047', 80sx @ 1250', 30sx @ 650', 50sx @ 290', 10sx @ 40', 15sx in rathole of 60-40 poz, 6% gel w/1/4# floseal per sx. Complete @ 3:00 AM on 7-01-94.

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

Name of Plugging Contractor Company Tools License No. 5123

Address 110 N. Market, Suite 205 - Wichita, Kansas 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Company, Inc.

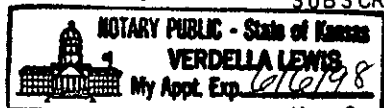
STATE OF Kansas COUNTY OF Sedgwick, ss.

C. W. Sebitts - President of Pickrell Drilling Co. Inc. (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) [Signature]

(Address) C. W. Sebitts - President  
110 N. Market, Suite 205  
Wichita, Kansas 67202

SUBSCRIBED AND SWORN TO before me this 13th day of July, 19 94



[Signature]  
Notary Public

My Commission Expires: 6-06-98

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
CONSERVATION DIVISION  
200 Colorado Derby Building  
Wichita, Kansas 67202

FORM CP-1  
Rev. 2/89

**WELL PLUGGING APPLICATION FORM**  
(File One Copy)

API NUMBER \_\_\_\_\_ (of this well).  
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR \_\_\_\_\_ OPERATOR'S LICENSE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

LEASE (FARM) \_\_\_\_\_ WELL NO. \_\_\_\_\_ WELL LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_

SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RGE. \_\_\_\_\_ (E) or (W) TOTAL DEPTH \_\_\_\_\_ PLUG BACK TD \_\_\_\_\_

**Check One:**

OIL WELL \_\_\_\_\_ GAS WELL \_\_\_\_\_ D & A \_\_\_\_\_ SWD or INJ WELL \_\_\_\_\_ DOCKET NO. \_\_\_\_\_

SURFACE CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

PERFORATED AT \_\_\_\_\_

CONDITION OF WELL: GOOD \_\_\_\_\_ POOR \_\_\_\_\_ CASING LEAK \_\_\_\_\_ JUNK IN HOLE \_\_\_\_\_

PROPOSED METHOD OF PLUGGING \_\_\_\_\_

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? \_\_\_\_\_ IS ACO-1 FILED? \_\_\_\_\_  
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN \_\_\_\_\_

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE  
RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

\_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLUGGING CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

SIGNED: \_\_\_\_\_  
(Operator or Agent)

DATE: \_\_\_\_\_