

LEASE NAME Corothers C

TYPE OR PRINT

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

WELL NUMBER 1

2970 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 10 TWP. 33 SRGE. 6 (E) or (W)

COUNTY Harper

Date Well Completed 05-01-97

Plugging Commenced 05-15-97

Plugging Completed 05-16-97

LEASE OPERATOR Oil Producers, Inc. of Kansas

ADDRESS P.O. Box 8647, Wichita, Kansas 67208-8647

PHONE# (316) 672-6373 OPERATORS LICENSE NO. 8061

Character of Well oil

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

The plugging proposal was approved on 05-16-97 (date)

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

Is ACO-1 filed? yes if not, is well log attached? _____

Producing Formation _____ Depth to Top 4394 Bottom 4420 T.O. 4550

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				8 5/8"	255	0
Production				4 1/2"	4549	3874'

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; sanded off to 4340' 4 sks of cement. Allied mixed cement. @ 948' w/355 sks 60/40 4% gel, 623' w/35 sks. @ 300' w/130 sks. Cemented with a total of 200 sks. Maximum pressure 200 lbs. Shut in pressure 100 lbs.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc.

05-23-1997
 License No. 6901

Address P.O. Box 231, Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers, Inc. of Kansas

STATE OF Kansas COUNTY OF Barton, ss.

Joseph J. Strube (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 the the same are true and correct, so help me God.

(Signature) Joseph J. Strube
 (Address) P.O. Box 231, Claflin, Kansas 67525

SUBSCRIBED AND SWORN TO before me this 22 day of May, 1997

Bonnie L. Connell
 Notary Public

My Commission Expires: 04-08-2001

USE ONLY ONE SIDE OF EACH FORM.

