STATE OF KANSAS STATE CORPORATION COM		WELL PLUGGING RECORD  . K.A.R82-3-117				API NUMBER 15-135-22.060-000)		
200 Colorado Derbysku Wichita, Kansas, 6720	ilding					LEASE NAME McCormick		
		TYPE OR PRINT			WELL NUMBER #2			
TYPE OR PRINT  NOTICE: Fill out completely  and return to Cons. Div.  office within 30 days.  LEASE OPERATOR Castle Resources. Inc.				2310 Ft. from S Section Line				
				4950 Ft. from E Section Line				
LEASE OPERATOR Castle Resources. Inc.						SEC. 03 TWP18s RGE21w (E)or(W)		
					<del></del> -	COUNTY Ness		
ADDRESS 1200 E. 27th Hays Kansas 67601								
PHONE # 1913 625-5155 OPERATORS LICENSE NO. 9860						Date Well Completed 7/17/81		
Character of Well <u>oil</u>					Plugging Commenced 2/6/97			
tom, Gas, D&A, SWD, Input, Water Supply Well)					Plugging	Plugging Completed 2/6/97		
The plugging proposal	was approved or	1/25	<u>5/97                                    </u>	<del></del>			(date)	
by Kevin Strube (KCC District Agent's Name).								
Is ACO-1 filed? Yes	If not, i	is well	log at	ttached?		·	<del></del> (	
Producing FormationFt	Scott	Depth	to To	p4088!	Botte	ы <u>н092°</u> т.в.:	.4189 <b>'</b>	
Show depth and thickn	ess of all water	oll a	nd ga:	s formatio	ons.		• , :	
OIL, GAS OR WATER RE	CORDS	<u> </u>		. C/	SING RECO	RD		
Formation Co	ntent	From	То	Size	Put In	Pulled out		
S	urface Pipe	0 .		*85/8"		None		
	rod. casing.		4189	41/2	41891	_ None		
Describe in detail the placed and the methowere used, state the Mix 200# of hulls at to 800#. Release Prox. 6% gel200 sl	d or methods use e character of and 20 sks. of ressure. ELI r kscirculation ket#1569	same and find the same and fin	troduc nd de pos 750' it. (	cing It in pth plac 6% gel . Allied Circulat	nto the ho ed, from_ Pump to cementir e 5 sks.	le. If cement _feet tofe _ perfa. Pre _g start mix _to_pit.	or other plugs eet each set. ssure un	
	onal description			;	CK of this	form.)		
Name of Plugging Cont	ractorAllied	l Cemen	ting	<del></del>	•	License No		
Address P.O.Box 31	Russell, Kans	sas 67	<u>665</u>				•	
NAME OF PARTY RESPONS	18LE FOR PLUGGI	NG FEES:	Cz	stle Re	sources ]	[nc.	<del></del>	
STATE OF ANS	<u> 19 5</u> COI	JNTY OF	EI	1/15,1	Ks.	,55.		
			<u>.</u>		mployee o	f Operators or	(Operator) of	
above-described well, statements, and mat the same are true and	ters herein con	tained a	nd the d.	ath, says: e log of : Signature:	the above-	ave knowledge described well	of the facts, as filed that	
•		•	( /	Address) /	1209/	YAney H	AYS, Ko.	
suas	CRIBED AND SWORE	N TO bef	ore m	e this 2	st day	of tebruary	, 19 <u>97</u>	
			<u></u>	Mor	ra A. X	ader /		
му С	Dmmission Expire	es A		BLIC - State of Kans	ias i	ary Public		
			My Appt	PRIA A RADER Exp. 4/6/0	2.		Form CP-4 Revised 05-88	