

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

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

15-087-30218-0000  
API NUMBER N/A

LEASE NAME Zimmerman

WELL NUMBER 1

SPOT LOCATION C-SW-SW

SEC. 29 TWP. 32 SRGE. 11 K&K or (W)

COUNTY Barber

Date Well Completed 9/7/66

Plugging Commenced 2/7/86

Plugging Completed 2/18/86

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

LEASE OPERATOR Clarke Corp.

ADDRESS P.O. Box 187, Medicine Lodge, KS 67104

PHONE # (316) 886-5665 OPERATORS LICENSE NO. 5105

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? yes

Which KCC/KDHE Joint Office did you notify? Dodge City, KS

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

Producing formation                      Depth to top                      bottom                      T.D. 3780

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
				8 5/8	220	None
				4 1/2	3778	2966

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. Plug back 3650, sand to 3520, 4sx cement B J pump in 3sx hulls, 10sx jell, 50sx cement, 10sx jell, 1sx hull, 8 5/8 plug, 100sx cement 60-40 POZ, 2% CC

Jack Luthie and E. Morgenstern on location

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

Name of Plugging Contractor Clarke Corp. License No. 5105

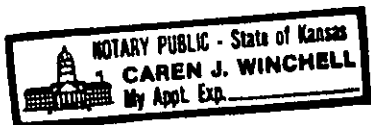
Address P.O. Box 187 Medicine Lodge, KS 67104

STATE OF Kansas COUNTY OF Barber, ss.

Elmo Morgenstern (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) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 18 day of February, 19 86

[Signature]  
Notary Public

My Commission expires: June 29, 1987

RECEIVED  
FEB 24 1986  
2-24-86  
CONSERVATION DIVISION  
Wichita, Kansas

Form CP-4  
Revised 01-84