

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

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

15-007-16666-00-00

API NUMBER NA - 52-59

LEASE NAME Hopkins

WELL NUMBER A-1

N-W-NW Ft. from S Section Line

         Ft. from E Section Line

SEC. 29 TWP. 32 RGE. 13 (E/or(W))

COUNTY Barber

Date Well Completed 7-14-59

Plugging Commenced 7-6-89

Plugging Completed 7-13-89

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

LEASE OPERATOR Don C. Rider

ADDRESS Medicine Lodge, Ks. 67104

PHONE# (316) 886-5997 OPERATORS LICENSE NO. 7094

Character of Well Oil

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

Did you notify the KCC District Office prior to plugging this well? Yes

Which KCC Office did you notify? Dodge City, Ks.

Is ACO-1 filed?          If not, is well log attached? NO - NA

Producing Formation          Depth to Top          Bottom          T.D. 4994

Show depth and thickness of all water, oil and gas formations. plug bank 4016

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8	400	cir
				5 1/2	4600	1300 foot

RECEIVED  
 STATE CORPORATION COMMISSION  
 JUL 14 1989  
 CONSERVATION DIVISION  
 WICHITA, KANSAS

Describe in detail the manner in which the well was plugged, indicating where the mud was placed and the method or methods used in introducing it into the hole. If cement or other materials were used, state the character of same and depth placed, from          feet to          feet each set.  
Sand from 4016 to 3940 5 sacks cement dump bailer B J Pump top 3 hole 10 sacks hel 50 sacks cement 10 gel 1 sack hole plug 100 sacks cement 60-40 POZ 6% gel.

Elmo Morgenstern and Steve Piffer on location

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address Box 187 Medicine Lodge, Ks. 67104

STATE OF Ks. COUNTY OF barber, ss.

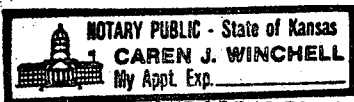
Elmo Morgenstern

(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) Elmo Morgenstern

(Address) Medicine Lodge, Ks. 67104



SUBSCRIBED AND SWORN TO before me this 13 day of July, 19 89

Caren J. Winchell  
 Notary Public

My Commission Expires: June 21, 1991