STATE OF KANSAS WELL PLUGGING RECORD 21537-0000 STATE CORPORATION COMMISSION K.A.R.-82-3-117 API NUMBER 15-007-21,317 200 alorado Derby Building Wichita, Kansas 67202 LEASE NAME <u>Nittler</u> TYPE OR PRINT WELL NUMBER 3-3 NOTICE: FILL out completely and return to Cons. Div. 700 Ft. from S Section Line office within 30 days. 2245 Ft. from E Section Line LEASE OPERATOR Petroleum Technolgies Inc. SEC. 3 TWP. 315 RGE. 14 KKXXX(W) ADDRESS 500 Nichols Road, #407, Kansas City, MO COUNTY Barber PHONE # (810 _ 531-6904 _ OPERATORS LICENSE NO. 8653 Date Well Completed N/A Character of Well Oil Plugging Commenced 3-13-93(Oli, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 3-17-93 The plugging proposal was approved on 3-13-93, 3-17-93by ____ Dan Goodrow, Richard Casey (KCC District Agent's Name). Is ACO-1 filed? yes if not, is well log attached? Producing Formation _____ Depth to Top_____ Bottom_____T.D. 3130 Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From To Size Pulled out Put in 8 5/8 858 none 54 none. 3128 Describe in detail the manner in which the well was plugged, indicating where the mud fluid w placed and the method or methods used in introducing it into the hole. If cement or other plu were used, state the character of same and depth placed, from__feet to___feet each se 5½ sanded bottom from 3110 to 3020, dumped 5 cement on sand at 3020 with dump bailer 8 5/8 pumped 300 hulls, 10 gel, 50 cement, 10 gel, 100 hulls, 8 5/8 plug, 100 cement 60/40 POZ. 6% gel (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Clarke Corporation License No. 5105 Address P.O. Box 187, Medicine Lodge, KS 67104 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Petroleum Technolgies Inc. STATE OF Kansas COUNTY OF Barber (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed th the same are true and correct, so help me God. RECHENDA MORRISON
PROGRAMMISON
SUBSCRIBED AND SWORM JO (Signature) (Address) Medicine Lodge, KS 67104 tegore me this 22 day of March ,19 93 MAR 23 1993 Alanda Mourison CONSERVATION DIVISION Expires Notary Public Aug. 17, 1994