

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

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

API NUMBER 15-007-21-692-00-01

LEASE NAME Dickinson

TYPE OR PRINT

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

WELL NUMBER 1

1980 Ft. from S Section Line

2970 Ft. from E Section Line

SEC. 8 TWP. 31 RGE. 14 (E or W)

COUNTY Barber

Date Well Completed \_\_\_\_\_

Plugging Commenced 8-18-95

Plugging Completed 8-24-95

LEASE OPERATOR Graves Drilling

ADDRESS P.O. Box 8250, Wichita, KS 67208

PHONE# (316) 687-2777 OPERATORS LICENSE NO. 5429

Character of Well Casing leak

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

The plugging proposal was approved on 8/18/95 \_\_\_\_\_ (date)

by Steve Middleton \_\_\_\_\_ (KCC District Agent's Name).

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

Producing Formation Viola Depth to Top 4386 Bottom 4391 T.D. 4573

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	274	None
				5 1/2	4571	Approx 3500

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 section. Run tubing to 4120, circulate mud out of hole with fresh water, spot 25sx cement at 4120, lay down tubing, stretch and cut casing at approx 3500', lay down Allied pump 300 hulls, 10 jel, 50sx cement, 10 jel, 100 hulls, 8 5/8 plug and 100sx cement, 60/40, 6%

(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

RECEIVED  
STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Graves Drilling Company

STATE OF Kansas COUNTY OF Barber, ss. 8-28-95

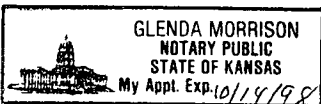
Alan Vratil

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

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 25 day of August, 19 95

Glenda Morrison  
Notary Public

My Commission Expires: 10/14/98