

API NUMBER 135-21,871-*aw*

LEASE NAME McFadden

WELL NUMBER #1

2310 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 28 TWP. 20 RGE. 22 (E) or (W)

COUNTY Ness

Date Well Completed 1980

Plugging Commenced 5-17-94

Plugging Completed 5-18-94

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

LEASE OPERATOR Robert F. Hembree

ADDRESS P.O. Box 458 Ness City, KS 67560

PHONE# (913) 798-3408 OPERATORS LICENSE NO. 8247

Character of Well oil

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

The plugging proposal was approved on February 3, 1994 (date)

by Richard Lacey (KCC District Agent's Name).

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

Producing Formation Fort Scott Depth to Top 4260 Bottom 4263 T.O. 4353

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
Fort Scott	Oil & SW	-0-	483'	8 5/8"	483'	-0-
Mississippi	Oil & SW	-0-	4350	5 1/2"	4350'	-0-

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 set
5-17-94 Allied Cementing pumped 25 sx of 60/40 Poz 6% Gel w/100# hulls plug down to 4,000' w/fresh water. Bottom Plug would not hold. Shut in overnight.
5-18-94 I-K Wireline set 5 1/2" cast iron BP @ 3485', then perforated 5" csq @ 700'. Got good circulation. Allied pumped 200 sx of 60/40 Poz 6% Gel down 5 1/2" csq. Got 135 sx in formation before losing circulation. Tied onto 8 5/8" x 5 1/2" annulus and pumped 50 sx of 60/40 poz 6% gel down @ 200#. Shut in @ 10:30 am.

Name of Plugging Contractor Hembree Well Service Inc License No. 6907

Address P.O. Box 458 Ness City, KS 67560

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Robert F. Hembree

STATE OF Kansas COUNTY OF Ness, ss.

Fred J. Hembree

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

(Signature) Fred J. Hembree

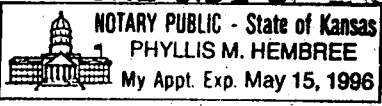
(Address) P.O. Box 458 Ness City, KS 67560

MAY 25 1994 SUBSCRIBED AND SWORN TO before me this 24 day of May, 19 94

Phyllis M. Hembree
 Notary Public

CONSERVATION DIVISION
 WICHITA, KANSAS
 Commission Expires: May 15, 1996

USE ONLY ONE SIDE OF EACH FORM



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

FORM CP-1
Rev. 03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____

ADDRESS _____ (company name) PHONE # () _____
STATE CORPORATION COMMISSION

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature) CONSERVATION DIVISION
Wichita, Kansas

RECEIVED
MAY 25 1994
STATE CORPORATION COMMISSION