

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

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

API NUMBER 15-087-10306-0000

LEASE NAME Laswell

WELL NUMBER 1

3960 Ft. from <sup>N</sup> Section Lin

1320 Ft. from E Section Lin

SEC. 19 TWP. 33S RGE. 13 (W)

COUNTY Barber

Date Well Completed 7-11-43

Plugging Commenced 3-15-94

Plugging Completed 3-25-94

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

LEASE OPERATOR Molz Oil Company

ADDRESS RR #2, Box 54, Kiowa, KS 67070

PHONE# (316) 246-4558 OPERATORS LICENSE NO. 6006

Character of Well Good

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

The plugging proposal was approved on 3-14-94 (date)

by Richard Lacy (KCC District Agent's Name)

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. \_\_\_\_\_

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
				10 3/4	254	None
				7"	4678	2400

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other p were used, state the character of same and depth placed, from \_\_\_ feet to \_\_\_ feet each s  
Sanded from 4700 to 4590, dumped 7sx cement with bailer at 4590, cut casing at 2400  
pulled casing, pumped 300 hulls, 12 gel, 50sx cement, 15 gel, 100 hulls, 150sx cement  
at surface, 60/40, 6%

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

Name of Plugging Contractor Clarke Corporation License No. \_\_\_\_\_

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Molz Oil Company

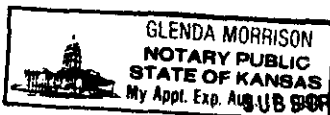
STATE OF Kansas COUNTY OF Barber, ss.

Jeff Sletto

(Employee of Operator) or (Operator above-described well, being first duly sworn on oath, says: That I have knowledge of the fac 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) Jeff Sletto

(Address) Medicine Lodge, KS 67104



TESTED AND SWORN TO before me this 29 day of March, 1994

Glenda Morrison  
Notary Public

My Commission Expires: Aug. 17, 1994