

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

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

15-077-20554-00-00

API NUMBER 10-10-1979

LEASE NAME Robinson

WELL NUMBER C#1

940 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 30 TWP. 32 RGE. 8 ~~W~~ (W)

COUNTY Harber

Date Well Completed 11-1-79

Plugging Commenced 12-31-92

Plugging Completed 1-5-93

RECEIVED  
KCC DISTRICT #2  
JAN 15 1993  
WICHITA, KS

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

LEASE OPERATOR Marathon

ADDRESS RRI Box 125B, Medicine Lodge, KS 67104

PHONE# (316) 886-5606 OPERATORS LICENSE NO. 5171

Character of Well Gas

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

The plugging proposal was approved on December 13, 1992 (date)

by Mike Wilson (KCC District Agent's Name).

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

Producing Formation Stalnaker Depth to Top 3672 Bottom 3694 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
	13 3/8	0	84	13 3/8	84	none
	8 5/8	0	350	8 5/8	350	none
	2 7/8	0	3822	2 7/8	3822	2027.58

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 plugs were used, state the character of same and depth placed, from    feet to    feet each section. Pumped 20sx cement to bottom, left cement at 3620, cut pipe off at 2027.58, pulled to 1325, circulated 35sx, pulled to 850, circulated 35sx, pulled to 408, circulated surface full, pulled pipe out, shut in.

(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: Vernon Schrant, Marathon

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 facts and statements, and matters herein contained and the log of the above-described well as filed and the same are true and correct, so help me God.

(Signature) Jeff Sletto

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN before me this 14 day of January, 1993

GLENDA MORRISON  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. Aug. 17, 1994

Glenda Morrison  
Notary Public

My Commission Expires: Aug. 17, 1994