

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

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

API NUMBER 15-007-20868-0000

LEASE NAME Vogel

WELL NUMBER A-5

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

NW-NE-SW Ft. from S Section Line

Ft. from E Section Line

LEASE OPERATOR Farrar Pump and Supply

SEC. 33 TWP. 34S RGE. 12 (E) or (W)

ADDRESS Medicine Lodge KS 67104

COUNTY Barber

PHONE#(316) 886-3763 OPERATORS LICENSE NO. 03399

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

Character of Well Oil

Plugging Commenced 2-1-88

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

Plugging Completed 2-18-88

Did you notify the KCC District Office prior to plugging this well? yes

Which KCC Office did you notify? Dodge City

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.O. 4869

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 | 330    | none 300sx |
|           |         |      |    | 4 1/2  | 4869   | 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 plugs were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set.

Sand from 4869 to 4760 4sx cement

Pump in 5sx hull 125 sx econalite

Elmo on Location and Piffer

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

Name of Plugging Contractor Clarke Corp License No. 5105

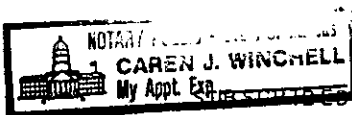
Address Box 187 Medicine Lodge

STATE OF Kansas COUNTY OF Barber, ss.

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

(Signature) Elmo Piffer

(Address) \_\_\_\_\_



AND SWORN TO before me this 19 day of February, 19 88

My Commission Expires: 6-21-91