

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

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

API NUMBER 15-007,225150000

LEASE NAME Davis

TYPE OR PRINT

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

WELL NUMBER 8

990 Ft. from S Section Line

3630 Ft. from E Section Line

SEC. 30 TWP. 33S RGE. 14 ~~X20X~~ (W)

COUNTY Barber

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

Plugging Commenced 11-6-96

Plugging Completed 12-19-96

LEASE OPERATOR Knighton Oil Company, Inc.

ADDRESS 221 S. Broadway, Suite 710, Wichita, KS 67202

PHONE# (316) 264-7918 OPERATORS LICENSE NO. 5010

Character of Well DSA

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

The plugging proposal was approved on 11-6-96 (date)

by Bill Johnson (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 4889 Bottom 4894 T.D. 4992

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	207	None
				4 1/2	4990	3600

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. Sand well back to 4660, dump 4sx portland cement with dump bailor, stretch and cut pipe at 3600, pipe stuck at 800, work pipe, spot oil, pipe still stuck, shut down, 12-18-96, reset jacks, pipe is free, lay down casing, Allied pump 300 hulls, 10 jel, 50sx cement 10 jel, 200 hulls, 125sx 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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Knighton Oil Company

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 30 day of December, 1996

Glenda Morrison  
Notary Public

My Commission Expires: 10-14-98