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

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

AP I	NUMBER	<u> 15-007-20847</u>	-
	CE NAME		

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

LEASE	NAME_	Kelser	
WELL	NUMBER	1	

Ft. from \$ Section Line se-ne-ne Ft. from E Section Line SEC. 10 TWP. 35 RGE. 12 (X)or(W) LEASE OPERATOR Farrar Pump & Supply COUNTY Barber ADDRESS Medicine Lodge, Kansas PHONE (316) 886-3763 OPERATOR'S LICENSE NO. 3399 Date Well Completed Character of Well oil Plugging Commenced 9-29-87 (OII. Gas. D&A. SWD. Input, Water Supply Well) Plugging Completed 10-7-87 Did you notlfy the KCC District Office prior to plugging this well? Yes Which KCC Office did you notify? Dodge City Is ACO-1 filed? no lf not, is well log attached? not available Producing Formation _____ Depth to Top _____ Bottom ____T.D. 4827 Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From Size Put in Pulled out ĬΛ none 10 3/4 317 4817 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, open hole from 4817 to 4827 Sand from 4827 to 4765 4sx cement, dumped bailer BJ pumped in 3sx hull, 10 sx jell, 30 sx cement, 10 sx jell 1 sx hull- plug 120 lsx cement- 60-40 Poz 6% jell Elmo & Rankin On Location (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Clarke Corporation License No. 5105 Address <u>Box 187 Medicine Lodge</u> COUNTY OF Barber STATE OF Kansas (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 that the same are true and correct, so help me God. (Signature) (Address) MOTARY PUBLIC - State of Kansas CAREN J. SUBBORGELE D AND SWORN TO before me this 13 day of CAREN STATE CONTENTION 19 87

My Commission Expires: Quyo 21, 1991

CONSERVATION DIVISION

Form CP-4 Wichita, Kansas Revised 07-86