

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

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

API NUMBER 15-007-21332 -0000

LEASE NAME Kaiser

WELL NUMBER # 2

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

       Ft. from S Section Line

C-nw-n-w Ft. from E Section Line

LEASE OPERATOR Farrar Pump & Supply

SEC. 10 TWP. 35 SRGE. 12 (X) or (W)

ADDRESS Medicine Lodge, Kansas

COUNTY Barber

PHONE # (316) 886-3763 OPERATORS LICENSE NO. 3399

Date Well Completed       

Character of Well       

Plugging Commenced 9-25-87

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

Plugging Completed 10-7-87

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

Which KCC Office did you notify? Dodge City Kansas

Is AC0-1 filed? no If not, is well log attached? Not available

Producing Formation        Depth to Top        Bottom        T.D. 4925

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
				8 5/8	400	300 sx
				4 1/2	4924	4360

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 - Well was not perforated or completed.

Top 3sx hull, 10 sx jell, 50 sx cement, 10 sx jell, 1sx hull- plug 100sx  
cement. 60-40 poz 6% jell pumped by BJ

Elmo Morgernstern- Rankin at Location

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

Name of Plugging Contractor Clarke Corporation License No. 5105

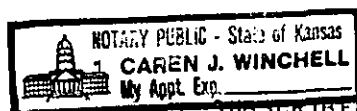
Address 187 Medicine Lodge,

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

(Signature) Elmo Morgernstern

(Address) Medicine Lodge



SUBSCRIBED AND SWORN TO before me this 12 <sup>th</sup> day of October, 19 87

My Commission Expires: June 31, 1991

RECEIVED  
STATE CORPORATION COMMISSION  
Notary Public  
CONSERVATION DIVISION

Wichita, Kansas

10-13-87

Form CP-4  
Revised 07-86