

To: 1 060798
STATE CORPORATION COMMISSION
CONSERVATION DIVISION - PLUGGING SECTION
200 COLORADO DERBY BUILDING
WICHITA, KANSAS 67202

API NUMBER 15- 033-20,321-~~0000~~
C W/2 NW, SEC. 18, T 34 S, R 20 ~~W/EX~~
3960 feet from S section line

TECHNICIAN'S PLUGGING REPORT

Operator License # 5171

Lease Name Schumacher Well # 2

Operator: TXO Production Corp.
Name & Address 155 N. Market, Suite 1000
Wichita, KS 67202

County Comanche 179.73
Well Total Depth 5530 feet
Conductor Pipe: Size feet
Surface Casing: Size 8 5/8 feet 582

Abandoned Oil Well Gas Well Input Well SWD Well D&A

Other well as hereinafter indicated

Plugging Contractor Clarke Corporation License Number 5105

Address 107 W. Fowler, Medicine Lodge, KS 67104

Company to plug at: Hour: 11:45 am Day: 6 Month: February Year: 19 86

Plugging proposal received from Jerry Pritchert

(company name) TXO (phone) 316-269-7600

were: 4 1/2" at 5509' PBD 5496' Perfs at 5430-34'

1st plug sand back to 5380' and dump 4 sx cement on top of sand through bailer

2nd plug squeeze well with 3 sx hulls, 15 sx gel, 50 sx cement, 10 sx gel, 1 sack hulls,

release 8 5/8" rubber plug and pump 150 sx cement.

Plugging Proposal Received by Paul A. Luthi
(TECHNICIAN)

Plugging Operations attended by Agent?: All Part None

Operations Completed: Hour: 1:00 pm Day: 6 Month: February Year: 19 86

ACTUAL PLUGGING REPORT 1st plug sanded back to 5380' and dumped 4 sx cement on top of sand through bailer, 2nd plug squeezed well with 3 sx hulls, 15 sx gel, 50 sx cement, 10 sx gel, 1 sack hulls, released 8 5/8" rubber plug and pumped 150 sx cement.

Maximum pressure 400 psi and shut in 400 psi

Remarks: Recovered 4145' 4 1/2" casing. Used 50/50 Pozmix 2% gel by Dowell
(If additional description is necessary, use BACK of this form.)

INVOICED

DATE FEB 11 1986
INV. NO. 12550

RECEIVED
STATE CORPORATION COMMISSION
Signed
FEB 10 1986
2-10-86
CONSERVATION DIVISION
Wichita, Kansas

Paul A. Luthi
(TECHNICIAN)

For Office Use Only

State Corporation Commission
Rec'd FEB 14 1986 A.P.M.
Judith McConnell, Secretary

Certification No. _____
Effective Date _____
Termination Date _____

**KANSAS CRUDE OIL OPERATOR
LEASE EXEMPTION REQUEST**

Application is hereby made to the Director of Taxation to exempt the following lease from the Kansas Mineral Tax. Application is made with full knowledge of the penalties as prescribed by law. Upon certification of exempt status by the Director of Taxation, applicant will file a copy of such certification with the purchaser.

Operator I.D. No. #6265
Legal Name of Operator Charles Blubaugh D.B.A. A.R.M. Well Service
Mailing Address RR#1 Box#18 Kincaid Ks.
City Kincaid State Kansas Zip Code 66639
Business Telephone No. 316 439 5194
Reason for Exemption: New Pool Minimum Production
 Water Flood Tertiary

If Water Flood, is production gauged separately? _____

LEASE INFORMATION

Lease Name Stanley
Legal Description of Lease S.W. 1/4 of 12-25-20 & N 1/2 of N.W. 1/4 of 13-25-20 Allen Co.
County I.D. No. _____
Number of Producing Wells on Lease 3
Average Depth of Producing Wells 225'
Average Daily Production 1.00
Date of First Commercial Production if New Pool _____
Kansas Corporation Commission: Docket No. for New Pool _____
Enhanced Recovery Project No. _____

FEB 10 1986
2-10-86
Wichita, Kansas

Purchaser I.D. No. _____
McClaskey Transport
NAME OF PURCHASER

You must complete the reverse side of this exemption request for all exemptions except New Pool.

X A copy of your Kansas Property Valuation form PV/PP-25 must be submitted with this lease exemption request.

I DECLARE THAT THE INFORMATION CONTAINED IN THIS EXEMPTION REQUEST IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Charles Blubaugh
Signature of Operator or Authorized Agent

A listing of your most recent 12 month production history must be reported to verify the reason for exemption. For example, if you request exemption for May-1983, you must report production for May 1982 through April 1983.

MONTH	PRODUCTION	NUMBER OF PRODUCING WELLS	NUMBER OF OPERATING DAYS
Feb.	0	3	0
March	0	3	0
April	0	3	0
May	0	3	0
June	0	3	0
July	0	3	0
Aug	0	3	0
Sept	0	3	0
Oct	0	3	0
Nov	0	3	90
Dec 85	0	3	93
Jan - 86	100 BBL	3	93
TOTAL	100		276

NUMBER OF OPERATING DAYS: Multiply the number of producing wells times the number of days each well was producing.

15-033-20321-0000

OIL ASSESSMENT RENDITION

SHALL BE FILED WITH COUNTY APPRAISER BY APRIL 1

COUNTY, KANSAS Feb 4, 1986

OPERATOR I.D. NO.

STATEMENT OF Charles Blubaugh TAXPAYER I.D. NO.
P.O. ADDRESS RR1 Box 18 CITY Kincaid STATE KS ZIP CODE 66659
NAME OF PROPERTY Stanley LEASE NO.

SECTION I - LOCATION OF PROPERTY ASSESSED
Table with columns: Descr, Lot Sec, Adn. Twp, Bk. Rng, Twp. City, UD, SD, HS, JC, FIRE, Cem., Water-shed, Library, Irrig., Hosp., Drain, Taxing Dist.

SECTION VII - ABSTRACT VALUE (For Appraisers Use Only)
Table with columns: Market Value, Assessed Value, Amount of Tax

SECTION II - WELL AND LEASE DATA
Table with columns: No. of Wells, Oil, Gas, Inj., WS, Shut In, SWD, TA, Total, Age of Well or Average Age of Lease, Average Depth of Wells, Oil Gravity, Water Production, Percent, B.P.D., Secondary Recovery, Permit No., Producing Formation, Market Price Received (Producer) \$, Less Oil Transportation Charge \$, NET PRICE \$, Oil Purchaser, Address

SECTION III - ITEMIZED EQUIPMENT
Table with columns: Type Property, Quantity, Description, Schedule, Owner, Appraiser

SECTION IV - OIL PRODUCTION DATA
Table with columns: Month, Monthly Production 19, 19

NOTATION: just purchased lease - will be for 87 tax roll. Lease had been abandoned.

SEVERANCE TAX EXEMPTION
Casinghead Gas Production
Table with columns: (1) Annual Production, (2) Casinghead Gas (convt. bbls.), (3) Total Annual Production Bbls. (To Sec. V, Item 1), (4) Annual Decline Bbls., (5) Percentage Rate of Decline

SECTION V - GROSS RESERVE CALCULATIONS
Table with columns: 1. Total Amount (Bbls.) Production, 2. Net Price as of Jan. 1, 3. Est'd. Gross Income Stream, 4. Present Worth Factor, 5. Estimated Gross Reserve Value

SECTION VI
Table with columns: Gross Reserve Value, Decimal Interest, a. Schedule, b. Owner, c. Appraiser

STATE OF COUNTY, SS. List Name, Address, and Interest of Royalty Owners on back. I do swear and affirm that I have fully completed and truthfully answered all questions required on this form under the pains and penalties of perjury.

Subscribed and sworn to before me this day of 19 Title Signature Charles Blubaugh

