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

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

API NUMBER 15-151-21,929-000	<u>x</u>
------------------------------	----------

TYPE OR PRINT NOTICE: Fill out completely LEASE NAME Mardis 'J'

WELL	NUM	BER _	1-35			
429	0	F†.	from	s	Section	Line
396	0	Ft.	from	Ε	Section	Line
SEC	35 -	TWP	26S _R	ε.	12 (X ₂ X ₎ c	or(W)

		and retur office wi				Ft. from S Ft. from E			
EASE OPERATOR Woods Petroleum Corporation						SEC. 35 TWP. 265 RGE. 12 (XX) or (W)			
DDRESS P.O. Box 947 Pratt, KS 67124						COUNTY Pratt			
PHONE# (316 672-7514 OPERATORS LICENSE NO. 7543					Date W	Date Well Completed 4-29-89			
Character of Well					Pluggl	ng Commenced _	4-29-89		
011, Gas, D&A,	, SWD, Input, Wate	er Supply We	11)		Pluggi	ng Completed _	4-29-89		
he plugging pr	oposal was approv	ved on	4-	28-89			(date)		
	re Pfeifer Yes 1f i						ent's Name).		
roducing Forma	ation Not applicab thickness of all	Dept	h to 1	Topas format		STATE CORPORATION C	·		
Formation	Content	From	То		Put in	Pulled out	Pa .		
					None	Wichita Kansas			
		——	_	-[-\- 	- 	<u></u>		

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 eac Lost circulation and stuck drill string while drilling surface hole. Backed off drill

collars and left 12 1/4" bit, bit sub and 2 drill collars in hole. Plugged with 40% poz 60% Class A with 2% gel as follows: 50 sxs at 280', 50 sxs at 150', 10 sxs at 30' (to surface) and 15 sxs in rathole. Job complete at 6:00 a.m. 4-29-89
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor__ Halliburton Services ___License No.____ P.O. Box 963 Pratt, KS 67124

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: __ Woods Petroleum Corporation

STATE OF Kansas __ COUNTY OF ____ Pratt

Mark P. Stevenson (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) 🗸 P.O. Box 947 Pratt, KS 67124 (Address)

THE PERCHASION AND SWORN TO before me this and day of

JULIA BERRY Y Apri Bo My Commission Expires: 2-b-93

Form CP-4 Revised 05-88