STATE OF KANSAS

WELL PLUGGING RECORD

STATE CORPORATION COMMISSION 200 Colorado Derby Building	. K.A.R82-3-117			API NUM	API NUMBER 15-009-23,961 0000 LEASE NAME Helfrich WELL NUMBER #1		
Wichita, Kansas 67202							
N.C.	TYPE OR PRINT			WELL NU			
NOTICE: Fill out <u>completely</u> and return to Cons. Div. office within 30 days.			2970	_ Ft. from	S Section Line		
			O days.	1650	_ Ft. from	E Section Line	
LEASE OPERATOR N-B Company, Inc.						E. 15 (XE) or (W)	
ADDRESS P. O. Box 506, Russell, KS 67665				COUNTY	Barton		
PHONE# (913) 483-5345 OPERATORS LICENSE NO. 6111				Date Well Completed 8/16/85			
Character of Well				Pluggin	g Commenced	8/16/85	
(OII, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	g Completed	8/16/85	
Did you notify the KCC/KDHE Joint	District Of	ffice	prior to	plugging	this well?_	yes	
Which KCC/KDHE Joint Office did y	ou notify?	6_					
Is ACO-1 filed? yes If no	t, is well i	log a	ttached?	yes			
Producing Formation Depth to Top				Bott	omT	.D. <u>3585</u> '	
Show depth and thickness of all w	ater, oil ar	nd gas	s formatio	ons.		•	
OIL, GAS OR WATER RECORDS C				SING RECORD			
Formation Content	From	То	Size	Put in	Pulled out		
			0 5 7011				
	-0-	413	8-5/8"	413	-0-		
Describe in detail the manner in	ublab +ba						
placed and the method or methods were used, state the character of Mud laden fluid 3585'-	used in intr	oduci	ing it int	to the hole	e. If cemen	t or other plugs	
30 sks cement @ 1030	10 sks ce	ment	@ 40			`	
80 sks cement @ 570 40 sks cement @ 240	10 sks ce	ment	in rat ho	1e			
(If additional descrip	tion is nece	ssary	y, use BAC	CK of this	form.)		
Name of Plugging Contractor	Emphasis Oil	. Oper	ations	<u> </u>	License No.	750	
Address P. O. Box 506, Russell,	KS 67665						
STATE OF Kansas	COUNTY OF _	Russe	211		_,ss.		
Kyle B. Branum			(Em (loyee of (Operator) o	r (Operator) of	
above-described well, being first statements, and matters herein co	duly sworn	on oa	ath, says:	That I ha	eve knowled	ge of the facts)	
the same are true and correct, so	help me God	i.	Signatur <i>e</i> A	/1/1/		Juner -	
		(/	Address)	P. 0. 1	Box 506, Rus	ssell, KS 67665	
SUBSCRIBED AND S	WORN TO befo	ore me	this _	22 day (August	,19 ⁸ 5	
		1	atricia		hawo		
My Commission Ex	pires: 7/29		itricia L.	Schavolet RECEIV	Public Long Public		

NOTARY PUBLIC

STATE OF KANSAS

MY APPT, EXPIRES 7/29/89

PATRICIA L. SCHAWO

STATE COMPORATION COMMISSION

AUG 2 3 1863 08-23-85 CONSERVATION DIVISION Wichita, Kansas

Form CP-4 Revised 08-84