

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

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

API NUMBER 15-077-21207-00-00

LEASE NAME Troyer Mast

WELL NUMBER #1

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 13 TWP. 31S RGE. 7 (E) or (W)

COUNTY Harper

Date Well Completed

Plugging Commenced 1/23/92

Plugging Completed 1/24/92

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

LEASE OPERATOR OKLATEX SUPPLY

ADDRESS Rt.2 Box 15B Blackwell, Ok. 74631

PHONE# (405) 363-2780 OPERATORS LICENSE NO. 30422

Character of Well Gas

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

The plugging proposal was approved on 1/22/92 (date)

by John Sanders (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, Is well log attached?

Producing Formation Depth to Top 3510 Bottom 3514 T.D. 4775

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	356	-0-
				4.5	4775	3100

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.

Pumped a 25 sk cmt BHP at 3400' followed with wiper plug and tagged with wire line. Circ. with mud and worked stretch on pipe and cut off at 3100'. Pulled to 1100' and pumped a 25 sk cmt plug. pulled pipe to 400' and circ. cmt to surf. Pulled out and top off. Cut off pipe and cap well and I.D. plate.
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor OKLATEX SUPPLY License No. 30422

Address Rt.2 Box 15 Blackwell, Okla. 74631

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: OKLATEX SUPPLY

STATE OF Oklahoma COUNTY OF Kay, ss.

Ronald L. Burke (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) Ronald L. Burke

(Address) Blackwell, Okla. 74631

SUBSCRIBED AND SWORN TO before me this 30 day of Jan, 19 92

Court D. Emerson
Notary Public

My Commission Expires: 12/28/95

RECEIVED
STATE CORPORATION COMMISSION
FEB 23 1992
CONSERVATION DIVISION
WICHITA, KANSAS

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

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER _____ (of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR _____ OPERATOR'S LICENSE NO. _____

ADDRESS _____ PHONE # () _____

LEASE (FARM) _____ WELL NO. _____ WELL LOCATION _____ COUNTY _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W) TOTAL DEPTH _____ PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE
RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE # () _____

ADDRESS _____

PLUGGING CONTRACTOR _____ LICENSE NO. _____

ADDRESS _____ PHONE # () _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

SIGNED: _____
(Operator or Agent)

DATE: _____