

LEASE NAME BURKETT

TYPE OR PRINT

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

ORIGINAL

WELL NUMBER #18

3,550 Ft. from S Section Line

1,640 Ft. from E Section Line

SEC. 8 TWP. 34 RGE. 10 (E) of XXX

LEASE OPERATOR PAR, INC.

ADDRESS 1211 NORTH SHARTEL #405, OKC, OKLA 73103

COUNTY CHAUTAUQUA COUNTY

PHONE# (405) 235-2779 OPERATORS LICENSE NO. 30930

Date Well Completed 11/3/93

Character of Well OIL

Plugging Commenced 11/5/93

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

Plugging Completed 11/6/93

The plugging proposal was approved on 11/4/93 (date)

by Jim Cheever (KCC District Agent's Name)

Is ACO-1 filed? _____ If not, is well log attached? YES

Producing Formation _____ Depth to Top _____ Bottom T.D. 1,862'

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
	<u>Surface</u>	<u>0</u>	<u>40</u>	<u>7"</u>	<u>X</u>	<u>None</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 each set.

SPIT TO AT 700' Heavy Gel from 1862' to 700' Cement Plug from 700' to 650' Heavy from 650' to 500' Cement Plug from 500' to Surface

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

Name of Plugging Contractor CONSOLIDATED OIL WELL SERVICES License No. 4996

Address P.O. BOX 884, CHANUTE, KANSAS 66720

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: PAR, INC.

STATE OF Kansas COUNTY OF Chautauqua, ss.

(Employee of Operator) or (Operator)
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 therewith, the same are true and correct, so help me God.

(Signature) Rodney Dickerson

(Address) Rt # 1 Sedan, KS-67361

SUBSCRIBED AND SWORN TO before me this 17th day of June, 19 94

Mary E. Glynn
Notary Public

My Commission Expires: 7-27-96



WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 019-263431 (of this well).

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

WELL OWNER/OPERATOR PAR, INC. OPERATOR'S LICENSE NO. 30930

ADDRESS 1211 N. SHARTEL #405, OKC, OK 73103 PHONE # (405) 235-2779

LEASE (FARM) BURKETT WELL NO. 18 WELL LOCATION _____ COUNTY CHAUT.

SEC. 8 TWP. 34 RGE. 10 (E) or ~~(W)~~ TOTAL DEPTH 1,862' PLUG BACK TD _____

Check One:

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

SURFACE CASING SIZE 7" SET AT 40' CEMENTED WITH 15 SACKS

CASING SIZE None SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

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

PROPOSED METHOD OF PLUGGING Thru Drill Pipe by K.C.C. ^{Firm} Cheever

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

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? YES IS ACO-1 FILED? YES
(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: _____