

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

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

API NUMBER 15-175-20 688-0000

LEASE NAME Black

WELL NUMBER 1

4950 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 11 TWP. 34S RGE. 31 (E) or (W)

COUNTY Seward

Date Well Completed 9/17/86

Plugging Commenced 8-29-90

Plugging Completed 9-01-90

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

LEASE OPERATOR Kaiser-Francis Oil Company

ADDRESS P. O. Box 21468, Tulsa, OK 74121-1468

PHONE# (918) 494-0000 OPERATORS LICENSE NO. 6568

Character of Well Oil

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

The plugging proposal was approved on n/a (date)

by n/a (KCC District Agent's Name).

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

Producing Formation Toronto Depth to Top 4336 Bottom 4348 T.D. 6100

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
Toronto	Oil	4336	48	8 5/8"	1,518'	None
				5 1/2"	6,099'	3,727.74'

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. POOH w/rods, pump and tubing. RU WL. Set CIBP @ 4300' w/10' cmt on top. RU casing pullers. Loaded hole with 9.5# mud. Shot off 5 1/2" casing @ 3728'. POOH and LD. Pumped 50 sack cmt. plug from 1,540' to 1,400'. 40 sack cem. plug from 800' to 680', & 10 sack cmt. plug from 33' to 3'.

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

Name of Plugging Contractor Reeves Casing, Inc. License No. 30363

Address P. O. Box 94204, Oklahoma City, Oklahoma 73143

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Kaiser-Francis Oil Company

STATE OF Oklahoma COUNTY OF Tulsa, ss.

Charlotte Van Valkenburg (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.

RECEIVED (Signature) C. Van Valkenburg  
STATE CORPORATION COMMISSION  
(Address) P. O. Box 21468, Tulsa, OK 74121-1468

SUBSCRIBED AND SWORN TO before me this 11th day of October, 19 90

My Commission Expires: 3-29-92  
Julith E. Jannell  
Notary Public