STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 15 -119-10208-0000 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building LEASE NAME W. B. Fox NCT - 1 Wichita, Kansas 67202 WELL NUMBER \_ 4 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. SW NE Ft. from S Section Line office within 30 days. \_\_\_\_\_ Ft. from E Section Line LEASE OPERATOR Texaco USA SEC. 32 TWP. 338 RGE. 29W (E) or (W) ADDRESS Box 2420 Tulsa, Oklahoma 74102 COUNTY \_\_\_ Meade PHONE#(918) 560-6000 OPERATORS LICENSE NO. \_\_\_ 5153 Date Well Completed 8-21-59 Character of Well Oil/Abandoned Plugging Commenced \_\_4-22-85 Plugging Completed 4-23-85 (Oil, Gas, D&A, SWD, Input, Water Supply Well) Did you notity the KCC/KDHE Joint District Office prior to plugging this well? Yes Which KCC/KDHE Joint Office did you notity?\_\_\_\_ Is ACO-1 filed? Unknown | If not, is well log attached? Old Well - Not Available Producing Formation Morrow Depth to Top 5779 Bottom 5842 T.D. 5985 Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Pulled out Formation From Size Put in Content 8 5/8 1 500 none 5985 1608 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. Pump 65 sks. of cement @ 1530 to 1300 Pump 35 sks. of cement @ 480 to 380 Put 10 sks. of cement @ 40 to 0 Cut off & cap 8 5/8 3' below ground level (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Sargent's Casing Pulling Service License No. 6547 Address <u>Box</u> 506 Liberal, Kansas 67901 STATE OF Oklahoma COUNTY OF Tulsa

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

SUBSCRIBED AND SWORN TO before me this 5

(Signature)

. (Address)

T. C. Williams

the same are true and correct, so help me God.

My Commission Expires:

JUN 07 1985

STATE CORPORATION COMMISSION

(Employee of Operator) or (Operator) of

Yullann III

<u>Tulsa, Ok</u> 74102

WILLIAMS III

Form CP-4 Revised 08-84

Box 2420