

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

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

API NUMBER 15-119-10264-0000

LEASE NAME Thonhoff

WELL NUMBER A - 1

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

NW SE Ft. from S Section Line  
\_\_\_\_\_ Ft. from E Section Line

LEASE OPERATOR Breck Operating Corp.

SEC. 5 TWP. 35S RGE. 27W (E) or (W)

ADDRESS Box 911 Breckenridge, Texas 76024

COUNTY Meade

PHONE# (817) 559-3355 OPERATORS LICENSE NO. 089974

Date Well Completed 3-28-63

Character of Well Gas

Plugging Commenced 9-11-86

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

Plugging Completed 9-13-86

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes

Which KCC/KDHE Joint Office did you notify? Paul Luthi & Richard Lacy

Is ACO-1 filed? No If not, is well log attached? No

Producing Formation Council Grove Depth to Top 3025 Bottom N/A T.D. 3130

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	1261	none
				4 1/2	3129	2218

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 20 sks. of cement & 1 sk. of hulls from 3050 to 2670

Pump 40 sks. of cement from 1261 to 1161

Pump 30 sks. of cement from 600 to 500

Put 10 sks. of cement from 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 10-9-86

Address Box 506 Liberal, Kansas 67901

STATE OF Kansas COUNTY OF Seward, ss. 10-9-86

Michael G. Ernest (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) Michael G. Ernest

(Address) P.O. Box 911 Breckenridge, Texas 76024

SUBSCRIBED AND SWORN TO before me this 7th day of October, 1986.

Skye D. Byars  
Notary Public

My Commission Expires: \_\_\_\_\_

SKYE D. BYARS, Notary Public  
State of Texas  
My Commission Expires 4/29/90

Form CP-4  
Revised 08-84