

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

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

API NUMBER 15-119-20,751-0000

LEASE NAME Minnie C. Wyatt

WELL NUMBER #1-4

1980 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 4 TWP. 35S RGE. 26 (E) or (W)

COUNTY Meade

Date Well Completed 2-10-87

Plugging Commenced 2-19-96

Plugging Completed 2-20-96

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

LEASE OPERATOR Zinke & Trumbo

ADDRESS 1202 E. 33rd, Ste 100, Tulsa, OK 74105

PHONE# (918) 743-5096 OPERATORS LICENSE NO. 8060

Character of Well Gas

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

The plugging proposal was approved on 2-15-96 (date)

by Richard Lacey (KCC District Agent's Name).

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

Producing Formation Morrow Depth to Top 6002 Bottom 6020 T.D. 6300

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

3-20-96

RECEIVED
KANSAS COMMISSION
MAR 20 7

Formation	Content	From	To	Size	Put in	Pulled out
Morrow	Natural gas			16"	80'	0'
				8-5/8"	1527'	0'
				4-1/2"	6286'	2300'

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 plug were used, state the character of same and depth placed, from feet to feet each set
Mix and pumped 1 sack hulls and 20 sacks cement, displace w/9.2# 36 vis mud from 5800-6025', load hole with same mud, total of 92 Bbls, cut off casing at 2300', and pull to 1550' mix and pump 50 sacks cement, displace w/mud from 1550-1420', pull casing to 500', mix and pump 40 sacks cement from 500-400', pull casing to 40', circulate, 10 sacks cement to surface.

Name of Plugging Contractor J & S of Enid, Inc./Jerry Duncan License No. 08733

Address P. O. Box 389, Enid, OK 73702

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Zinke & Trumbo

STATE OF Kansas COUNTY OF Seward, ss.

Keith Hill, agent for Zinke & Trumbo (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) [Signature]

(Address) Crown Consulting, PO Box 1816, Liberal, KS 67905-1816

SUBSCRIBED AND SWORN TO before me this 19th day of March, 19 96

[Signature]
Notary Public

My Commission Expires:
USE ONLY ONE SIDE OF EACH FORM

NOTARY PUBLIC, State of Kansas
Seward County
HELEN M. SMITH
My Appt. Exp. 3-3-92

Form 9-1
Revised 05-88

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

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PSTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING _____

RECEIVED
KANSAS OHP COM
1998 MAR 20 A 11:45

(If additional space is needed attach separate page)

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

If not explain why? _____

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.

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

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____

(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

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

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____

(signature)