STATE OF MANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION API NUMBER 15-119-20651 - 0000 K.A.R. 82-3-117 130 South Market Room 2078 Wichita, Kansas 67202 LEASE NAME Mary Taylor 33 TYPE OR PRINT WELL NUMBER NOTICE: Fill out completely 660 and return to Cons. Div. Ft. from N/S Section Line office within 60 days. 1320 Ft. from E/W Section Line LEASE OPERATOR Herman Loeb SEC. 33 TWP. 345 RGE.26 ADDRESS P.O. Box 524, Lawerenceville, IL 62439 COUNTY Meade PHONE# 812 853-3813 OPERATORS LICENSE NO. Date Well Completed Plugging Commenced 7/25/00 Character of Well __Good 7/31/00 (Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed The plugging proposal was approved on $\frac{7/25/00}{}$ Steve Middelton (KCC District Agent's Name). If not, is well log attached? _ no Is ACO-1 filed?__yes Marmington CIBP ___ Depth to Top___<u>5481</u>___ Bottom__<u>5968</u>____ T.D._<u>6000</u> Producing Formation Morrow sand, Cherokee Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS Formation Content From Tο Size Put in Pulled out 1524 8.5/8 None 6319 2400 Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the methods used in introducing it into the hole. If dement or other plugs were used, state the charactor of same and depth placed, from feet to feet each set. Lay down rods and tubing, set CIBP at 5412, dump 2sx cement with dump bailor, stretch and cut casing at 2400, lay down casing, Allied pump 300 hulls, losx jel, 50sx cement, 10 jel, 100 hulls 8 5/8 wiper plug, 150sx cement, 60/40, 6% jel (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor <u>Clarke Corporation</u> Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Herman Loeb county of __Barber STATE OF Kansas _ (Employee of Operator) or (Operator) of above described well, being first <u> Alan Vratil</u>

duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-

My Commission Expires: 11/30/02

GLENDA MORRISON
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 11/35/82

described well as filed that the same are true and correct, so help me God.

(Signature)

(Address) <u>Medicine Lodge, KS 67104</u>

SUBSCRIBED AND SWORN TO before me this 8 day of July ______, \$\&2000

Alondo Mousin

.. Notary Public

STATE CORPORATION CAMMIS

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