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

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

API NUMBER 15-189-21372-0000

LEASE NAME _____Morris_____

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

WELL NUMBER ___1-25___

___660___ Ft. from S Section Line

___4060___ Ft. from E Section Line

LEASE OPERATOR ___Slawson Exploration Co. Inc.___

ADDRESS 20 N. Broadway Suite 700 Okla. City, Ok. 73102

PHONE #(800 ___333-5493___ OPERATORS LICENSE NO. 3988

Character of Well ___Dry___

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

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

Which KCC/KDHE Joint Office did you notify? ___Glenn Barlow___

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

Producing Formation ___D & A___ Depth to Top_____ Bottom_____ T.D. ___6803___

SEC. 25 TWP. 34S RGE. 36W (E)or(W)

COUNTY. ___Stevens___

Date Well Completed ___10/05/89___

Plugging Commenced ___1-23-90___

Plugging Completed ___1-25-90___

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	1624	0
				4 1/2	6626	2632

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 6504 to 6250

Pump 50 sks. of cement from 1650 to 1550

Pump 40 sks. of cement from 650 to 550

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 No. ___6547___

Address ___P.O. Box 506 Liberal, Kansas 67905-0506___

STATE OF ___Oklahoma___ COUNTY OF ___Oklahoma___ ,ss.

___Stephen B. Slawson___ (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
STATE CORPORATION COMMISSION

FEB 15 1990

CONSERVATION DIVISION
Wichita, Kansas

(Signature) _____

(Address) 20 N. Broadway, Suite 700
          Oklahoma City, OK 73102

SUBSCRIBED AND SWORN TO before me this ___14th___ day of ___February___, 19 ___90___

_____
Notary Public

My Commission Expires: ___Aug 22, 1993___

Form CP-4
Revised 08-84