STATE OF KANSAS STATE CORPORATION COMMISSION 130 S. Market, Room 2125 Michita, Kansas 67202

LEASE OPERATOR DOMAN Oil & Gas Inc.

PHONE # (3/6 624 4744 OPERATORS LICENSE NO. _____

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

API NUMBER 15-175-60459-000

LEASE	NAME_	Simonson	A

TYPE OR PRINT								
OTICE: Fill out <u>completely</u>								
and return to								
office within	30 days.							

WELL NUMBER

ZJ 10 FI. From S Section Line
1250 Ft. from E Section Line
SEC. 32 TWP. 3 RGE. 32 (X) or (W)
COUNTY Seward

Date Well Completed

Character of We	11 <u>Gas</u>				Pluggin	g Commence	8-9	<u>-95</u>	
(OII, Gas, D&A, SWD, Input, Water Supply Well)					Plugging Completed $8-9-95$				
The plugging pr	oposal was appro	ved on <u>₹-</u>	9-9	5	<u> </u>			(date)	
by Glen B	arlow				(KC	C District	Agentis	Name).	
	1 f								
Producing Forma	tion Chuse	Depti	to 1	ор	Botţ	RECEL PATE CORPORATION	VED IN DOMMIDSH	<u>8 M</u>	
	thickness of all					AUG 3			
OIL, GAS OR WA	TER RECORDS			C/	ASING RECO	RD 8-	<u> 31-95</u>	_ 	
Formation	Content	From	To	8-5/8"	Put In	Pulled Port	KVIGHTE		
			-\- <u>-</u>	5-1/2"	7.717				
			_		1541004	las ubasa	the mud	4114	

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from feet to feet each s Mixed 2 5x hulls & 25 5x cmt. to plug perfs from 2624 to 2424, Displaced with mud to 600, mixed 75 Sx, cmt. plug from 600 to 0. Cut off t capped 85% 3 ft. below ground level.

(If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Sargent Horton Plugging, INC, LICENSE No. 31151 Tyrone, 1) K DoMar NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: COUNTY OF _____ STATE OF

(Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fac $s\pm a$ tements, and matters herein contained and the log of the above described well as filed ithe same are true and correct, so help me God.

NOTARY PUBLIC - State of Kansas KARLA S. LANG My Appt. Expires UBS CRIBED AND SWORN TO before me this 30 day of

. (Address)

(Signature)