

LEASE NAME Marquerite Rooney

WELL NUMBER 1

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

4300 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 7 TWP. 31 SRGE. 34 (E) or (W)

COUNTY Seward

Date Well Completed 1-62

Plugging Commenced 4-21-93

Plugging Completed 4-23-93

LEASE OPERATOR Mobil Oil Corp.

ADDRESS 2319 N. KANSAS, LIBERAL, KS 67901

PHONE# (316) 626-1160 OPERATORS LICENSE NO. 5208

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by GLEN BARLOW (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, Is well log attached? ON file with KCC

Producing Formation Morrow Depth to Top 5318 Bottom 5328 T.D. 5680

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
		<u>650</u>	<u>0</u>	<u>8 5/8</u>	<u>650</u>	<u>0</u> circ. w/cmt
		<u>5380</u>	<u>0</u>	<u>5 1/2</u>	<u>5380</u>	<u>752</u> cmt. below

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.

Pumped 1 sk hulls + 20 sk cmt. down 5 1/2 displaced w/mud from 5318 to 5168. Shot 5 1/2 + laydown. Ran 2 3/4 to 1750. Circ hole w/mud. Mixed 20 sk cmt. from 1750 to 1650 in 5 1/2. Mixed 40 sk cmt from 680 to 580 @ bottom of 8 5/8. 10 sk cmt plug 40-0. Cut off + capped 3 3/4 5 ft. below ground level. G. Barlow KCC on location.

Name of Plugging Contractor Sargent and Horton Plugging Inc. License No. 31151

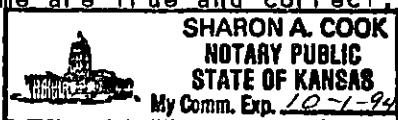
Address Rt. 1 Box 49 BA Tyrene OK. 73951-9731

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: MOBIL OIL CORPORATION

STATE OF KANSAS COUNTY OF SEWARD, ss.

R. KELLY

above-described well, being first RECEIVED (Employee of Operator) or (Operator) (Operator) (Operator) says: That I have knowledge of the facts and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.



JUN 8 1993
6-8-93
CONSERVATION DIVISION
Wichita, Kansas

(Signature) R. Kelly

(Address) MOBIL OIL CORPORATION
2319 N. KANSAS, LIBERAL, KS

SUBSCRIBED AND SWORN TO before me this 7th day of June, 19 93

Sharon A. Cook
Notary Public

My Commission Expires: October 1, 1994

USE ONLY ONE SIDE OF EACH FORM

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

Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER _____ (of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR _____ OPERATOR'S LICENSE NO. _____

ADDRESS _____ PHONE # () _____

LEASE (FARM) _____ WELL NO. _____ WELL LOCATION _____ COUNTY _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W) TOTAL DEPTH _____ PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

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

PROPOSED METHOD OF PLUGGING _____

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

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.

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

_____ PHONE # () _____

ADDRESS _____

PLUGGING CONTRACTOR _____ LICENSE NO. _____

ADDRESS _____ PHONE # () _____

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

USE ONLY ONE SIDE OF EACH FORM

SIGNED: _____
(Operator or Agent)

DATE: _____