

LEASE NAME Cutter

WELL NUMBER 5

4520 Ft. from S Section Line

2080 Ft. from E Section Line

SEC. 1 TWP. 31 SRGE. 35 (E) or (W)

COUNTY Stevens

Date Well Completed 12-70

Plugging Commenced 4-27-93

Plugging Completed 4-29-93

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

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 Upper Kansas City Depth to Top 4580 Bottom 4588 T.D. 5700

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>664</u>	<u>0</u>	<u>8 5/8</u>	<u>664</u>	<u>0</u> Circ. w/cmt.
		<u>4745</u>	<u>0</u>	<u>5 1/2</u>	<u>4745</u>	<u>855</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.

Displaced 1 SK hulls to 20 5x cmt down 5 1/2 to perfs w/mud. Plug from 4580 to 4430. shot to lay down 5 1/2. Ran 2 3/8 to 1780. Circ. hole w/mud. Mixed 25 5x cmt to plug in 5 1/2 from 1780 to 1680. Mixed 45 5x cmt in bottom of 8 5/8 from 700 to 600. 10 5x 40 to 0. Cut off & capped 8 5/8 5 ft. below G.L. G. Barlow KCC on location

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

Address Rt. 1 Box 49 BA Tyrone, OK 73951-9731

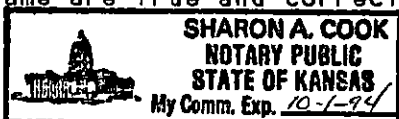
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: MOBIL OIL CORPORATION

STATE OF KANSAS COUNTY OF SEWARD, ss.

R. KELLY

(Employee of Operator) or (Operator) of

above-described well, being first sworn on oath, says: That I have knowledge of the facts, statements, and matters hereon contained and the log of the above-described well as filed thereon are true and correct, so help me God.



JUN 8 1993

(Signature) R. Kelly

6-8-93

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

SUBSCRIBED AND SWORN TO before me this 1st day of June, 19 93

Sharon A. Cook

Notary Public

My Commission Expires: October 1, 1994

USE ONLY ONE SIDE OF EACH FORM

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.

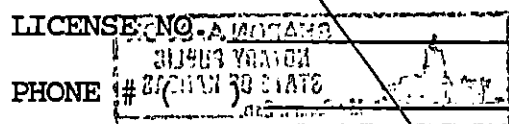
NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE # () _____

ADDRESS _____

PLUGGING CONTRACTOR _____

ADDRESS _____



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: _____