

LEASE NAME Leffler Gaskill

WELL NUMBER 3

3300 Ft. from S Section Line

1980 Ft. from E Section Line

SEC. 21 TWP. 31 SRGE. 35 (E) or (W)

COUNTY Stevens

Date Well Completed 10-62

Plugging Commenced 4-30-93

Plugging Completed 4-30-93

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 GAS

(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 Wabaunsee Depth to Top 3279 Bottom 3279 T.D. 6338

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
		614	0	8 5/8	614	0 circ. w/cmt.
		3443	0	6 5/8	3443	0 circ. w/cmt.
		6326	5898	2 3/8		0 circ. w/cmt.

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.  
Mobil had previously cmt. perfs from 3331 to 2789. Ran 2 3/8 to 1730 circ. hole w/mud. Mixed 30 sx cmt plug from 1730 to 1630. Mixed 44 sx cmt from 650 to 500. 6 sx cmt from 40-0. All plugs placed inside 6 5/8. Cut off 8 5/8 + 6 5/8 to capped 8 5/8 5 ft. below ground level. G. Barlow KCC

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 duly sworn, says: That I have knowledge of the facts, statements, and matters herein contained, and the above-described well as filed that the same are true and correct, so help me God.



JUN 8 1993

R. Kelly (Signature)

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

CONSERVATION DIVISION  
 STATE OF KANSAS

SUBSCRIBED AND SWORN TO before me this 7th day of June, 1993

Sharon A. Cook  
 Notary Public

My Commission Expires: October 1, 1994

USE ONLY ONE SIDE OF EACH FORM

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

FORM CP-1  
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: \_\_\_\_\_

STATE RECEIVED  
CONSERVATION DIVISION  
JUN 8 1989  
WICHITA, KANSAS

LICENSE NO. \_\_\_\_\_  
PHONE # ( ) \_\_\_\_\_