

LEASE NAME George B. Strong

WELL NUMBER 1A

3300 Ft. from S Section Line  
~~660~~

1940 Ft. from E Section Line

SEC. 12 TWP. 31 SRGE. 35 (E) or (W)

COUNTY Stevens

Date Well Completed 9-61

Plugging Commenced 4-19-93

Plugging Completed 4-20-93

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 67401

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

Character of Well Input

(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 5345 Bottom 5354 T.D. 5770

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
		655	0	8 5/8	655	0 circ. w/cmt.
		5769	0	5 1/2	5769	0 circ. w/cmt.
		5321	0	2 1/2	5321	1920 stuck

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 plug were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set  
2 1/2 tubing was stuck & deteriorated below 1920. Backed into @ 1920. Ran 2 3/8 to 1760 to circ. hole w/mud. Mixed 1 sk hulls to 40 sk cmt plug from 1760 to 1460. Mixed 30 sk cmt. from 700 to 500. 10 sk cmt from 50-0. All plugs in 5 1/2. Cut off & capped 8 5/8 5 ft. below ground level. G. Barlow w/KCC on location

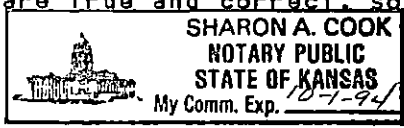
Name of Plugging Contractor Sargent and Horton Plugging Inc. License No. 31151

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 RECEIVED (Employee of Operator) or (Operator) of above-described well, being first duly sworn before me, Notary Public, State of Kansas, 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 JURY. 8 1993 (Signature) R. Kelly



CONSERVATION DIVISION  
 Wichita, Kansas

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

**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: \_\_\_\_\_