

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

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

Send to KCC 10/19/90

API NUMBER 15-129-20849-A00-00

LEASE NAME Hanke Trust

WELL NUMBER 1

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div. CONVERSE Ft. from S Section Line  
office within 30 days. \_\_\_\_\_ Ft. from E Section Line

LEASE OPERATOR Midwestern Exploration

SEC. 27 TWP. 31S RGE. 41W (E) or (W)

ADDRESS Box 1884 Liberal, Kansas 67905-1884

COUNTY Morton

PHONE: 316 624-3435 OPERATORS LICENSE NO. 5263

Date Well Completed 7/6/90

Character of Well \_\_\_\_\_

Plugging Commenced 10-8-90

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

Plugging Completed 10-10-90

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes

Which KCC/KDHE Joint Office did you notify? Richard Lacy

Is ACO-1 filed? Yes If not, is well log attached? \_\_\_\_\_

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 4100

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
				8 5/8	1494	0
				4 1/2	4021	3126

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.

Pump 2 sks. of hulls & 20 sks. of cement from 3900 to 3700

Pump 50 sks. of cement from 1530 to 1430

Pump 40 sks. of cement from 700 to 600

Put 10 sks. of cement from 40 to 0 Cut off & cap 8 5/8 3' below ground level

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Sargent's Casing Pulling Service License No. 6547

Address 620 S. Lincoln P.O.Box 506 Liberal, Kansas 67905-0506

STATE OF Kansas COUNTY OF Seward, ss.

Harold K. Frauli, Agent (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: 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 God.

(Signature) Harold K. Frauli

(Address) P. O. Box 1884, Liberal, KS



SUBSCRIBED AND SWORN TO before me this 19<sup>th</sup> day of October, 19 90

Mary Morgan  
Notary Public

My Commission Expires: August 3, 1992

OCT 24 1990  
10-24-90