

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

WELL PLUGGING RECORD 15-095-00757-N/A-0000
K.A.R.-82-3-117
API NUMBER

LEASE NAME Bliss
WELL NUMBER 1
SPOT LOCATION SE-SE-NW
SEC. 3 TWP. 30S RGE. 7 CONV (W)
COUNTY Kingman
Date Well Completed N/A
Plugging Commenced 11/1/85
Plugging Completed 11/7/85

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

LEASE OPERATOR Pickrell Drilling
ADDRESS 110 N. Market, Suite 205, Wichita, KS 67202

PHONE # (316) 262-8421 OPERATORS LICENSE NO. 5123

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

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

Which KCC/KDHE Joint Office did you notify? Wichita

Is ACO-1 filed? _____ If not, is well log attached? yes

Producing formation _____ Depth to top _____ bottom _____ T.D. 4244

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	207	None
				5 1/2	4243	3150

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. Plug back at 4216, sand from 4216 to 4100 12sx cement with dump bailer, 4100 to 4040, Sun pump in 4sx hull, 15sx fell, 8 5/8 plug, 100sx cement, 8 5/8 plug, 30sx cement 60-40 POZ

VanGisen and Aumiller on location

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

Name of Plugging Contractor Clarke Corp. License No. 5105
Address P.O. Box 187, Medicine Lodge, KS 67104

STATE OF Kansas COUNTY OF Barber, ss.

Elmo Morgenstern (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) [Signature]
(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 12 day of November, 1985

[Signature] Notary Public
STATE CORPORATION COMMISSION

My Commission expires: June 29, 1987

NOV 18 1985

Form CP-4
Revised 01-84

CONSERVATION DIVISION

RECEIVED
STATE CORPORATION COMMISSION
NOV 18 1985

CONSERVATION DIVISION
Wichita, Kansas