

15-095-01831-0000

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

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

API NUMBER \_\_\_\_\_  
LEASE NAME Pound  
WELL NUMBER #2  
\_\_\_\_\_ Ft. from S/N Line of Section (circle one)

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

LEASE OPERATOR MTM Petroleum, Inc.  
ADDRESS P.O. Box 82  
CITY, STATE, ZIP Spivey, KS 67142  
PHONE# (316) 532-5178 OPERATORS LICENSE NO. 6236  
Character of Well Oil & Gas  
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

SPOT LOCATION \_\_\_\_\_ Ft. from E/W Line of Section (circle one)  
C - SE - NE  
SEC. 2 TWP. 30 S. RGE 7 XX or (W)  
COUNTY Kingman  
Date Well Completed 2-2-60  
Date Plugging Commenced 3-28-94  
Date Plugging Completed 3-29-94

The plugging proposal was approved on 3-28-94 (date)  
by Steve VanGieson (KCC District Agent's Name)

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

Producing Formation(s) Mississippi Depth to Top 4130 Bottom 4130 T.D. 4130

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	PULL OUT
				8-5/8"	320	None
				5 1/2"	4126	2685

Described 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.

Sanded back to 4076', capped with 5 sacks cement. Recover 5 1/2" casing, spot 35 sacks at 1050', spot 35 sacks cement at 700', Circ. cement from 370' - 0'.

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

Name of Plugging Contractor Shawnee Well Service, Inc.

License No. 30346

Address P.O. Box 781624, Wichita, KS 67278

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: MTM Petroleum, Inc.

STATE OF Kansas COUNTY OF Kingman, ss.

Marvin A. Miller (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) P.O. Box 82, Spivey, KS 67142

RECEIVED  
STATE CORPORATION COMMISSION  
BETH K. ESLINGER  
Notary Public - State of Kansas  
My Appt. Expires APR 25 1994

SUBSCRIBED AND SWORN TO before me this 22 day of April, 19 94

Beth K. Eslinger  
Notary Public

My Commission Expires: 11/19/97

4-25-94  
CONSERVATION DIVISION  
Wichita, Kansas