

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

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

API NUMBER 15-025-20793-000

LEASE NAME IMEI

WELL NUMBER # 2-5

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

2310 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 5 TWP. 31 RGE. 21 (E) or (W)

COUNTY CLARK

LEASE OPERATOR FARRAR Pump & Supply Co. Inc.

ADDRESS P.O. Box 209 Medicine Lodge, Ks. 67104

PHONE (316) 886-3763 OPERATORS LICENSE NO. 3399

Date Well Completed 5-14-94

Character of Well oil

Plugging Commenced 11-13-95

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

Plugging Completed 1-23-96

Did you notify the KCC District Office prior to plugging this well? YES

Which KCC Office did you notify? Dodge City

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

Producing Formation MISSISSIPPI Depth to Top 5251' Bottom 5265' T.D. 5265'

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
<u>MISS.</u>	<u>oil</u>	<u>5651</u>	<u>5665</u>	<u>4 1/2"</u>	<u>5651</u>	<u>3553.00'</u>

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.

CEMENTING LOG ATTACHED

MAY 02 1996

CONSERVATION DIVISION

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

Name of Plugging Contractor Mike's Testing & Salvage Inc License No. 6050

Address P.O. Box 209 CHASE, KANSAS 67524

STATE OF            COUNTY OF           , ss.

MICHAEL FARRAR (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) Box 209 Medicine Lodge, Ks. 67104

SUBSCRIBED AND SWORN TO before me this 1st day of May, 1996

[Signature]  
Notary Public

My Commission Expires: 6-21-99

