

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

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

API NUMBER 15-191-21907-0000

LEASE NAME Jenista

WELL NUMBER 1-7-B

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

N/2 SE NE Ft. from S Section Line

\_\_\_\_\_ Ft. from E Section Line

SEC. 7 TWP. 35S RGE. 3 (E) or (W)

COUNTY Sumner

LEASE OPERATOR Rine Exploration

ADDRESS 300 w. Douglas Suite 645 Wichita Ks 67202

PHONE# (316) 262-5418 OPERATORS LICENSE NO. 5020

Date Well Completed 2-18-86

Character of Well oil

Plugging Commenced 6-21-88

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

Plugging Completed 7-7-88

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

Which KCC Office did you notify? Wichita

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom T.D. 4944

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
				5 5/8	635	none
				4 1/2	4998	3322

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.

Sand back from 4936 to 4823 4sx cement with dump bailer

pump in 3 sx jell 1- sx jell 50 sx cement 10sx jell

1sx hull 100 sx cement 60-40 POZ 6% jell

Elmo on location

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

Name of Plugging Contractor Clarke Corporation License No. 5105

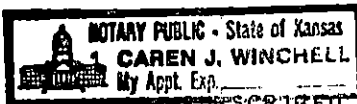
Address P.O. Box 187 Medicine Lodge

STATE OF Kansas 67104 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) Elmo Morgenstern

(Address) P.O. Box 187 Medicine Lodge Ks 67104



SUBSCRIBED AND SWORN TO before me this 8 day of July, 19 88

My Commission Expires: June 21, 1991

RECEIVED  
STATE CORPORATION COMMISSION

7-11-88

JUL 11 1988 Form CP-4  
Revised 07-86

CONSERVATION DIVISION  
Wichita, Kansas