

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

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

API NUMBER 15-187-00054-0000

LEASE NAME Welch Gas Unit /D/

WELL NUMBER 1

3300 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 17 TWP 29S RGE. 39 (E) or (W)

COUNTY Stanton

Date Well Completed 2-15-61

Plugging Commenced 6-24-86

Plugging Completed 7-7-86

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

LEASE OPERATOR Amoco Production Company

ADDRESS P. O. Box 432 Liberal, KS 67901

PHONE# (316) 624-6241 OPERATORS LICENSE NO. 5932

Character of Well Gas

(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? Yes If not, is well log attached? \_\_\_\_\_

Producing Formation Morrow Depth to Top 5476 Bottom 5522 T.D. 6130

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
Council Grove	Gas	2660	3019	9-5/8	698	
Des Moines	Water	4448	5178	7-5/8	1744	902
Morrow	Gas	5178	5567	4-1/2	5600	958
Mississippian	Water	5567	6130			

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.

Set CIBP at 5400', cut off and recover 902' of 7-5/8 csg, cut off and recover 958' of 4-1/2 csg. Set cmt plugs thru the following intervals: 870 to 850, 745 to 600, 40' to 5'. Cut off surface pipe at 5'; restore location.

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

Name of Plugging Contractor Midwest Casing License No. \_\_\_\_\_

Address Box F Sublette, Kansas 67877

STATE OF Kansas COUNTY OF Seward, ss.

R. A. Hoffman (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) R. A. Hoffman

(Address) P. O. Box 432 Liberal, KS 67901

SUBSCRIBED AND SWORN TO before me this 14th day of July, 1986

V. K. Bruce V. K. Bruce  
Notary Public

Appointment Expires: 4-28-89

STATE CORPORATION COMMISSION

JUL 16 1986

Form CP-4  
Revised 08-84

