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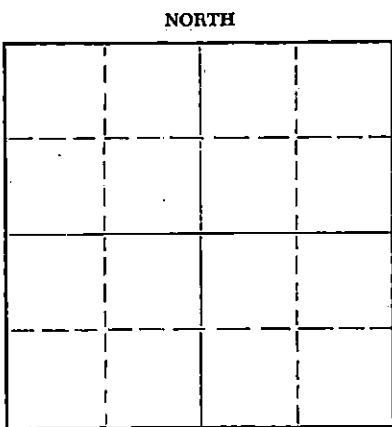
STATE OF KANSAS
STATE CORPORATION COMMISSION

WELL PLUGGING RECORD

Give Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission
212 North Market, Insurance Bldg.
Wichita, Kansas

Kingman County, Sec. 4 Twp. 28S Rge. (E) 9 (W)

Location as "NE/CNW%SW%" or footage from lines. SW SW
Lease Owner JOHN O. FARMER, INC.
Lease Name SISTERS OF CHARITY Well No. 1
Office Address Russell, Kansas
Character of Well (completed as Oil, Gas or Dry Hole) Dry
Date well completed 8/6 1959
Application for plugging filed 8/6 1959
Application for plugging approved 8/6 1959
Plugging commenced 8/6 1959
Plugging completed 8/6 1959
Reason for abandonment of well or producing formation Dry



Locate well correctly on above Section Plat

If a producing well is abandoned, date of last production 19
Was permission obtained from the Conservation Division or its agents before plugging was commenced? yes

Name of Conservation Agent who supervised plugging of this well Fred Hapel, Pretty Prairie
Producing formation Depth to top Bottom Total Depth of Well 4460 Feet
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"	251	None

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 for each plug set.

First plug set at 240 feet with 18 sacks cement and 1/2 sack hulls
Second plug set at 40 feet with 10 sacks cement

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

Name of Plugging Contractor JOHN O. FARMER, INC.
Address Russell, Kansas

STATE OF Kansas, COUNTY OF Russell, ss.
I, JOHN O. FARMER, (owner or operator) of the 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 and that the same are true and correct. So help me God.

(Signature) John O. Farmer
Russell, Kansas.
(Address)

SUBSCRIBED AND SWORN to before me this 7th day of August, 19 59.

My commission expires October 11, 1962

Lucille Kennedy
Notary Public.

RECEIVED
STATE CORPORATION COMMISSION

AUG 14 1959

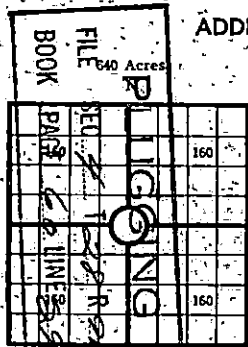
CONSERVATION DIVISION
Wichita, Kansas

PLUGGING
FILE SEC. 4 T. 28 R. 9 W
BOOK PAGE 60 LINE 29

OPERATOR JOHN O. FARMER, INC.

Give detailed description and thickness of all formation drilled through, contents of sand, whether dry, water, oil or gas.

ADDRESS Russell, Kansas



COUNTY Kingman SEC. 4 TWP. 28S RGE. 9W
 COMPANY OPERATING JOHN O. FARMER, INC.
 OFFICE ADDRESS Russell, Kansas
 DRILLING STARTED 7/23, 1959 DRILLING FINISHED 8/6, 1959
 DATE OF FIRST PRODUCTION _____ COMPLETED _____
 WELL LOCATED 1/4 SW 1/4 SW 1/4, North of South
 Line and _____ ft. East of West Line of Quarter Section
 Elevation (Relative to sea level) DERRICK FLOOR 1610 GROUND 1607
 CHARACTER OF WELL (Oil, gas or dryhole) Dry

OIL OR GAS SANDS OR ZONES

Name	From	To	Name	From	To
1			4		
2			5		
3			6		

Perforating Record If Any

Shot Record

Formation	From	To	No. of Shots	Formation	From	To	Size of Shot

CASING RECORD

Amount Set						Amount Pulled		Packer Record	
Size	Wt.	Thds.	Make	Ft.	In.	Size	Length	Depth Set	Make
8-5/8				251					

Liner Record: Amount _____ Kind _____ Top _____ Bottom _____

CEMENTING AND MUDDING

Size	Amount Set	Sacks	Chemical	Method of	Amount	Mudding	Results
Ft.	In.	Cement	Gal.	Make	Cementing	Method	(See Note)
8-5/8	251	200					

Note: What method was used to protect sands if outer strings were pulled?

NOTE: Were bottom hole plugs used? If so, state kind, depth set and results obtained

TOOLS USED

Rotary Tools were used from _____ feet to _____ feet. Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet, and from _____ feet to _____ feet.

Type Rig _____

INITIAL PRODUCTION TEST

Describe initial test: whether by flow through tubing or casing or by pumping _____

Amount of Oil Production _____ bbls. Size of choke, if any _____ Length of test _____ Water

Production _____ bbls. Gravity of oil _____ Type of pump if pump is used, describe _____

Formation	Top	Bottom	Formation	Top	Bottom
FARM NAME			SISTERS OF CHARITY #1		
Redrock-sand-shale	0	251			
Shale	251	600			
Shale-sand-shells	600	720			
Shale-shells	720	1025			
Blue shale	1025	1270			
Shale & lime streaks	1270	1360			
Shale & lime	1360	1630			
Lime & shale	1630	2140			
Shale & lime	2140	2815			
Shale & sandy lime	2815	3125			
Shale-lime	3125	3565			
Lime	3565	3665			
Lime-shale	3665	3830			
Lime-shale	3830	4005			
Mississippi	4005	4075			
Shale-lime & chert	4075	4140			
Shale-lime	4140	4320			
Lime	4320	4360			
Lime & shale	4360	4460			
T.D.		4460			

SAMPLE TOPS:

Elevation:	KB	
1612		
720		
3211		
3245		
3410		
3437		
3996		
4087		
4283		
4354		
4450		
4460		

D & A

CONSERVATION DIVISION
Wichita, Kansas

AUG 14 1959

STATE CURATOR

COMMISSION

I, the undersigned, being first duly sworn upon oath, state that the well record is true, correct and complete according to the records of this office and to the best of my knowledge and belief.

John O. Farmer President
Name and title of representative of company

Subscribed and sworn to before me this 7th day of August 19 59

My Commission expires 10/11/62
Luella Kennedy
Notary Public

FARM NAME SISTERS OF CHARITY WELL NO. 1 COUNTY KINGMAN TWP 28S RGE 9W

15-695-61238-0000