

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

WELL PLUGGING RECORD
K.A.R.-82-5-117

API NUMBER 15-097-20899-0000

LEASE NAME Freda Dunbar

WELL NUMBER 3

4950 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 11 TWP. 29S RGE. 16W (E10014)

COUNTY Kiowa

Date Well Completed _____

Plugging Commenced 05-12-98

Plugging Completed 05-12-98

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

LEASE OPERATOR Oil Producers Inc. of Kansas

ADDRESS P.O. Box 8647 Wichita, KS 67208

PHONE (316) 672-6373 OPERATORS LICENSE NO. 8061

Character of Well Oil

(Oil, Gas, GAA, SWD, Input, Water Supply Well)

The plugging proposal was approved on 05-12-98

by Steve Pfeifer (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 4690' Bottom 4706' 4724'

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
	Surface	-0-	418'	8 5/8"	418'	0-0-
	Production	-0-	4768'	4 1/2"	4768'	2603.90'

RECEIVED
KANSAS CORP. COMM.
MAY 20 1998

Describe in detail the manner in which the well was plugged, indicating where the mud filter cake 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. Bottom plug sand & cement. Allied mixed 600# Hulls 10 sacks gel, 150 sacks cement 60/40, 10 sacks gel and 100# Hulls down backside. Switched over and pumped remaining 150 sacks cement behind plug. Minimum pressure 300#, maximum pressure 500#. Job started 10:00 a.m. and finished 11:35 a.m.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers Inc. of Kansas

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says that I have knowledge of the facts stated herein, and matters herein contained and the log of the above-described well as filed is the same as true and correct, so help me God.

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 19th day of May, 1998

Brenda Urban
Notary Public

My Commission Expires Nov 14, 2001

USE ONLY ONE SIDE OF EACH FORM

