

15-129-20104-00-00

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
BLM-TULSA D.C.

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

FEB 11 11 25 AM '93

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
KSNM67695-6872-6

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation
KSNM 75107

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
Red Cave #5

2. Name of Operator
Edgar W. White

9. API Well No.
15-129-20,406-0000

3. Address and Telephone No.
DRAWER "0" ELKHART KS 67950 316-697-2163

10. Field and Pool, or Exploratory Area
Interstate

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1250 ft from E Line and 1250 ft from S line of
NE 1/4 C7-34-24300

11. County or Parish, State
Morton County, Kansas

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>plugging</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well has now been plugged, see attached State Report.

CONDITIONS OF APPROVAL:

APPROVED AS TO THE PLUGGING OF THIS WELL ONLY. UPON COMPLETION OF SURFACE RESTORATION, NOTIFY THIS OFFICE BY SUBMITTING AN ORIGINAL AND FOUR COPIES OF SUBSEQUENT REPORT OF COMPLETING SURFACE RESTORATION (FORM 3160-5).

Kansas Corporation Commission

RECEIVED
STATE CORPORATION COMMISSION

14. I hereby certify that the foregoing is true and correct
Signed Edgar W. White Title Owner-operator Date 5-8-93 FEB 25 1993

(This space for Federal or State office use)
Approved by (SIGNED) VIRGIL L. PAUL Title CHIEF, BRANCH OF FLUID OPERATIONS Date FEB 22 1993 CONSERVATION DIVISION Kansas

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

True Copy

LEASE NAME Red Cave

TYPE OR PRINT

WELL NUMBER 5

NOTICE: Fill out completely
SLM-TULSA D. and return to Cons. Div.
office within 30 days.

1250 Ft. from Section Line

1250 Ft. from E Section Line

FEB 4 10 30 AM '93

SEC. 7 TWP. 34S RGE. 43W (E) or (W)

LEASE OPERATOR Edgar White

COUNTY Morton

ADDRESS 701 Vilymaca Street Elkhart, Kansas 67950

PHONE# (316) 697-2163 OPERATORS LICENSE NO. 5156

Date Well Completed _____

Character of Well Gas

Plugging Commenced 1-6-93

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

Plugging Completed 1-6-93

The plugging proposal was approved on 1-6-93 (date)

by Glenn Barlow (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 1400

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	473	0
				4 1/2	1458	0

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.
Pump 20 sks. of cement & 1 sk. of hulls from 1406 to 1200
Pump 30 sks. of cement from 500 to 300
Pump 50 sks. of cement from 50 to 0

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

Name of Plugging Contractor Sargent's Casing Pulling Service License No. 6547

Address P.O. Box 506 Liberal, Kansas 67905-0506

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Edgar White

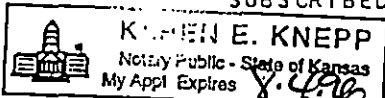
STATE OF Kansas COUNTY OF Morton, ss.
EDGAR W. WHITE

(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 the the same are true and correct, so help me God.

(Signature) [Signature]
701 VILYMACA P.O. DRAWING RECEIVED
ELKHART KANSAS 67950 STATE CORPORATION COMMISSION

(Address) _____
15th JANUARY FEB 25 1993

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 1993



AUGUST 4, 1993

Notary Public

CONSERVATION DIVISION
Wichita, Kansas

My Commission Expires: _____