

LEASE NAME Starkey

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

WELL NUMBER 1-6

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 6 TWP 28S RGE. 15W (E) or (W)

COUNTY Pratt

LEASE OPERATOR Farra Pump & Supply Co., Inc.

ADDRESS P.O. Box 209 Medicine Lodge, Ks. 67104

PHONE (316) 886-3763 OPERATORS LICENSE NO. 3399

Date Well Completed 12-1-81

Plugging Commenced 8-29-95

Character of Well Oil

Plugging Completed 9-5-95

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

The plugging proposal was approved on (date)

by Steve Pfeifer (KCC District Agent's Name).

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

Producing Formation Depth to Top Bottom T.D. 4661'

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"	404'	none
				4 1/2"	4653'	3131'

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 STATE REC 3131' feet. Sanded bottom to 4600' Cement with 4 sacks cement. Shot at STATE REC 3131' Mixed and pumped 300# Hulls, 10 sacks gel, 50 sacks cement, 10 sacks gel 100# Hulls 100sacks cement shut in 350 psi.

SEP 12 1995

09-12-95
 KANSAS CORPORATION COMMISSION

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 209 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Farra Pump & Supply Co., Inc.

STATE OF Kansas COUNTY OF Rice, 43.

Mike Kelso (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)

(Address) P.O. Box 209 Chase, Kansas 67524

SUBSCRIBED AND SWORN TO before me this 11 day of September, 1995

 Notary Public

My Commission Expires:

USE ONLY ONE SIDE OF EACH FORM



Form CP-1
 Revised 05-88