Form CP-4

## STATE OF KANSAS STATE CORPORATION COMMISSION

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
Stata Corporation Commission
211 No. Broadway
Wichits Konese

## WELL PLUGGING RECORD

| Stata Corporation Commission<br>211 No. Broadway<br>Wichita, Kansas          | Ki.ow                                                                                                                       | a                                                                           | Count                                  | y. Sec. 32              | 29S Rge.                   | $(E) \frac{17W}{W}$                      |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------|-------------------------|----------------------------|------------------------------------------|--|
| NORTH                                                                        | Location as "NE                                                                                                             | E/CNW%SW%" o                                                                | or footage fro                         | m lines<br>i on Company | N'<br>V                    |                                          |  |
|                                                                              | Location as "NE/CNW%SW%" or footage from lines. NE DW  Lease Owner Calvert Exploration Company  Lease Name Schwarm Well No. |                                                                             |                                        |                         |                            |                                          |  |
|                                                                              | Office Address P. O. Box 911, Cushing, Oklahoma, Well No."                                                                  |                                                                             |                                        |                         |                            |                                          |  |
|                                                                              |                                                                                                                             | Character of Well (completed as Oil, Gas or Dry Hole)                       |                                        |                         |                            |                                          |  |
|                                                                              | Date well comp                                                                                                              | Date well completed 19.                                                     |                                        |                         |                            |                                          |  |
|                                                                              | Application for                                                                                                             | Date well completed  Application for plugging filed By: Calvert  19  19  10 |                                        |                         |                            |                                          |  |
|                                                                              | Application for                                                                                                             | Application for plugging approved 11/17, 19 65 Plugging commenced 11/17, 19 |                                        |                         |                            |                                          |  |
|                                                                              |                                                                                                                             | Plugging completed 11/20/65 19                                              |                                        |                         |                            |                                          |  |
| <del> </del>                                                                 |                                                                                                                             |                                                                             |                                        | g formation             |                            |                                          |  |
|                                                                              |                                                                                                                             |                                                                             |                                        |                         | Dry                        | <del></del>                              |  |
| 1 ! ! }                                                                      |                                                                                                                             |                                                                             |                                        | st production           |                            |                                          |  |
| Locate well correctly on above                                               | _                                                                                                                           |                                                                             | the Conserv                            | ation Division o        | r its agents bef           | ore plugging was com-                    |  |
| Section Plat Name of Conservation Agent who supe                             | ervised plugging of this well Archie Elving                                                                                 |                                                                             |                                        |                         |                            |                                          |  |
| Producing formation                                                          | E                                                                                                                           | epth to top                                                                 | Botton                                 | 0                       | Total Depth of             | Well 4880 Feet                           |  |
| Show depth and thickness of all water,                                       |                                                                                                                             |                                                                             |                                        |                         | _                          |                                          |  |
| OIL, CAS OR WATER RECORD                                                     | os                                                                                                                          |                                                                             |                                        |                         |                            | CASING RECORD                            |  |
| FORMATION                                                                    | CONTENT                                                                                                                     | FROM                                                                        | то                                     | SIZE                    | PUT IN                     | PULLED DUT                               |  |
| FURMATION                                                                    | BBATEM                                                                                                                      | i kon                                                                       | 1                                      | 8 5/8"                  | 430                        | None                                     |  |
|                                                                              |                                                                                                                             |                                                                             |                                        | 4毫世                     | Non <b>e</b>               | 42771                                    |  |
|                                                                              |                                                                                                                             | -1                                                                          | _                                      | -                       |                            | ·                                        |  |
|                                                                              | •                                                                                                                           |                                                                             |                                        | <u> </u>                | <u> </u>                   |                                          |  |
|                                                                              |                                                                                                                             |                                                                             | <del> </del>                           | <del> </del>            | <del> </del>               |                                          |  |
|                                                                              |                                                                                                                             |                                                                             |                                        |                         |                            |                                          |  |
|                                                                              |                                                                                                                             |                                                                             |                                        | _                       |                            |                                          |  |
| Move in-Clean out Working Pipe.                                              |                                                                                                                             | up to 4856                                                                  | t, Dump                                | 3 sacks ce              | ment-Weldo                 | n Nipple.,                               |  |
| Working Pipe. Sho                                                            | t at 4250-3476                                                                                                              | Pulled                                                                      | shot, Mu                               | d come in.              | <del> </del>               | <del></del>                              |  |
|                                                                              |                                                                                                                             | · ·                                                                         |                                        |                         |                            |                                          |  |
| Working Pipe. Pul.                                                           | ung Pipe.                                                                                                                   |                                                                             |                                        |                         |                            |                                          |  |
| Pulling Pipe, Bui                                                            |                                                                                                                             |                                                                             | ump 25 s                               | acks cemen              | t, fill ho                 | le, Rock Bridge                          |  |
|                                                                              |                                                                                                                             |                                                                             |                                        |                         | STATE COOP                 | BEIVED<br>WATHON COMMISSION              |  |
|                                                                              |                                                                                                                             |                                                                             |                                        |                         | Nov                        | / 23 1965                                |  |
|                                                                              |                                                                                                                             |                                                                             |                                        |                         | COMSERV                    | ATTECH WINGSHAFF                         |  |
|                                                                              |                                                                                                                             |                                                                             | ······································ |                         |                            | A. A |  |
| Fort                                                                         | (If additional pes Casing Pul                                                                                               | description is nece                                                         | ssary, use BAC                         | C of this sheet)        |                            |                                          |  |
| Name of Plugging Contractor Port Address                                     | *** 6.65                                                                                                                    |                                                                             |                                        |                         |                            |                                          |  |
|                                                                              |                                                                                                                             |                                                                             | <del></del>                            |                         |                            |                                          |  |
| STATE OF Kansas  J. O. Forbe                                                 | cou                                                                                                                         | MII OF                                                                      | arton<br>employee of                   | owner) or (own          | _, SS.<br>ner or operator) | of the above-described                   |  |
| well, being first duly sworn on oath, above-described well as filed and that |                                                                                                                             | owledge of the                                                              | facts, statem                          | ents, and matte         |                            |                                          |  |
|                                                                              |                                                                                                                             | (Signature)                                                                 | و کر کی                                |                         | -                          | ,<br>                                    |  |
|                                                                              |                                                                                                                             | ( )                                                                         | P. 0. 1                                | Box 221. G              | reat Bend.                 | Kansas-67530                             |  |
|                                                                              | 00                                                                                                                          | کر)                                                                         |                                        |                         | Addronn                    |                                          |  |
| Subscribed and Sworn to before                                               | ore me this 22nd,                                                                                                           | day of_                                                                     | Nove                                   | gioer<br>J. J.          | , 19_<br>,                 | <u>05</u>                                |  |
| My commission expires. September                                             | 24, 1969                                                                                                                    | E                                                                           | thyl F.                                | Irick                   |                            | Notary Public.                           |  |