

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 009-24-207-00-00

LEASE NAME Robl

WELL NUMBER 5

660 S Ft. from S Section Line

2310 E Ft. from E Section Line

SEC. 24 TWP. 19 RGE. 12W (E) or (W)

COUNTY Barton

Date Well Completed _____

Plugging Commenced 07-26-00

Plugging Completed 07-26-00

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

LEASE OPERATOR Robl Six, Inc.

ADDRESS 109 W 10th St. Ellinwood, KS 67526

PHONE (316) 564-3435 OPERATORS LICENSE NO. 3334

Character of Well Oil

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

The plugging proposal was approved on 07-26-00 (date)

by Jay Pfeifer (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 2889 Bottom 3488 T.O. 3468

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED

STATE CORPORATION COMMISS

AUG 3 2000

CONSERVATION DIVISION

Formation	Content	From	To	Size	Put in	Pulled out
	Surface	-0-	292	8 5/8"	292'	None
	Production	-0-	3467	5 1/2"	3467'	None

Describe in detail the manner in which the well was plugged, indicating where the _____ 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 section. Allied hooked up to 5 1/2" casing, took injection rate @ 5 bbls. per min. @ 250 #. Mixed 260 sacks 60/40 10% gel with 600# Hulls. Max pressure 250#, shut in @ 50#. Job started 3:00 p.m. and completed 4:00p.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: Robl Six, Inc.

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, and matters herein contained and the log of the above-described well as filed the same are 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 28th day of July, 19 2000

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001

BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001

Notary Seal: BU
Revised 03-