

LEASE NAME Thompson

WELL NUMBER 2

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 24 TWP. 27S RGE. 18W (E) or (W)

COUNTY Kiowa

Date Well Completed

Plugging Commenced 11-30-93

Plugging Completed 12-02-93

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

LEASE OPERATOR Oil Producers Inc. of Kansas

ADDRESS 400 S. Main, Suite 101, Box 4 Pratt, KS 67124

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

Character of Well Oil

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

The plugging proposal was approved on (date)

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

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

Producing Formation Depth to Top Bottom T.D. 4730'

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	326'	none.
				4 1/2	4721'	2330'

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. Sanded bottom to 4090' & 4 sks cement. Shot @ 3500, 3000, 2500, 2400' & 2330. Came loose, pulled pipe. Plugged well with 300# hulls, 75 sks cement, 20 sks gel, plug, 100# hulls, 125 sks cement. 60/40 pos 6% gel. Plugging complete.

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P. O. BOX 347 CHASE, KS. 67524

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

STATE OF KANSAS COUNTY OF RICE, ss.

R. DARRELL 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 that the same are true and correct, so help me God.

(Signature) R. Durrant RECEIVED STATE CORPORATION COMMISSION

(Address) P. O. BOX 347 CHASE, KS 67524 DEC 18 1993

SUBSCRIBED AND SWORN TO before me this 15th day of December

James J. [Signature] Notary Public CONSERVATION DIVISION Wichita, Kansas

My Commission Expires:

