

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

K.A.R.-82-3-117

API NUMBER 15-097-20705-0000

LEASE NAME C. LARKSON

WELL NUMBER 3-24

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

2310 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 24 TWP. 27S RGE. 16 (E) or (W)

COUNTY Kiowa

LEASE OPERATOR Quality Well Service Inc.

ADDRESS 249 E. Beth Drive, Sterling, KS. 67579-9048

PHONE# (316) 727-3410 OPERATORS LICENSE NO. 31925

Date Well Completed _____

Character of Well oil

Plugging Commenced 4-9-99

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

Plugging Completed 4-13-99

The plugging proposal was approved on 3-30-99 (date)

by David P. Williams (XCC District Agent's Name).

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

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

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
		5 1/2		8 3/8		none
		5 1/2		5 1/2		2527

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 4251 boiled 5 SKS Cement shot at 2527 pulled to 1040 pumped 6 gal
4 50 SKS pulled to 440 foot pumped 50 SKS pulled to 40 foot pumped
10 SKS layed last joint down hole stayed full.

Name of Plugging Contractor Quality Well Service, Inc. License No. 31925

Address 249 E Beth Drive, Sterling, KS. 67579-9048

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Quality well service, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

Joseph E. Maes (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) Joseph E. Maes

(Address) Box 41 Chautauk 67524

MAY 11 1999

SUBSCRIBED AND SWORN TO before me this 29th day of April, 19 99

Sharon McIntyre
Notary Public

My Commission Expires:
USE ONLY ONE SIDE OF EACH FORM

