

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

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

API NUMBER 15-185-20191-0000

LEASE NAME Curtis

WELL NUMBER 1

4950S Ft. from S Section Line

2310E Ft. from E Section Line

SEC. 18 TWP. 25 RGE. 13 (E) or (W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 11-02-2000

Plugging Completed 11-02-2000

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

LEASE OPERATOR Big O

ADDRESS 2820 Paseo Drive Great Bend, KS 67530

PHONE# (316) 792-2868 OPERATORS LICENSE NO. 3942

Character of Well Oil

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

The plugging proposal was approved on 11-02-2000 (date)

by Richard Lacey (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 4048 Bottom 4100 T.D. 4286

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

OIL, GAS OR WATER RECORDS | CASING RECORD | **RECEIVED** STATE CORPORATION COMMISSION

Formation	Content	From	To	Size	Put in	Pulled out
	Surface	-0-	281'	8 5/8"	281'	None
	Production	-0-	4315'	5 1/2"	4315'	1838.20'

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. Bottom plug, sand & cement 3998'. Allied pumped 300# hulls, 10 sacks gel followed by 50 sacks cement 60/40 poz 6% gel, 10 sacks gel & 100# hulls, released plug, mixed 125 sacks cement. Shut in pressure 750#. Job started 1:15 p.m. & completed 1:50 p.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: Big O

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (Employee of Operator) or (Operator) of 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 that 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 14th day of November, 192000

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001

BRENDA URBAN Form 9-1
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001
Revised 05-88