

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API NUMBER 15-047-21022-0000

LEASE NAME Sharp

WELL NUMBER 1

3847 Ft. from S Section Line

855 Ft. from E Section Line

SEC. 34 TWP. 24 RGE. 16W (E) or (W)

COUNTY Edwards

Date Well Completed _____

Plugging Commenced 03-18-97

Plugging Completed 03-19-97

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

LEASE OPERATOR Oil Producers, Inc. of Kansas

ADDRESS P. O. Box 8647, Wichita, Kansas 67208

PHONE# 316 672-6373 OPERATORS LICENSE NO. 8061

Character of Well Oil

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

The plugging proposal was approved on 03-19-97 (date)

by Steve Pfeifer (KCC District Agent's Name)

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

Producing Formation Kinderhook Depth to Top 4508 Bottom 4512 r.n. 4585

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

4-4-1997

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
	Surface	0	450	8 5/8"	450	0
	Production	0	4584	5 1/2"	4584	1908

RECEIVED
KANSAS CORP
APR 11 1997

Describe in detail the manner in which the well was plugged, indicating where the plug 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 sanded of bottom to 4458' with 5 sks cement. Mixed 300# hulls, 10 gal. 50 sks cement 60/40 poz, 10 gal, 100# hulls, plug, 150 sks cement. Max pressure 100#, shut in pressure 50#
Plugging started 12:30 pm completed 1:00 pm

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231, Claflin, Kansas 67525

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

STATE OF Kansas COUNTY OF Barton, ss.

Joseph J. Strube (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 J. Strube
(Address) P.O. Box 231, Claflin, Kansas 67525

SUBSCRIBED AND SWORN TO before me this 2nd day of April, 1997

Bonnie L. Connell
Notary Public

USE ONLY ONE SIDE OF EACH FORM
My Commission Expires: April 8, 1997

