

API NUMBER 15-047-21,067-0020

LEASE NAME Wood E

WELL NUMBER 3

330 Ft. from S Section Line

4950 Ft. from E Section Line

SEC. 23 TWP. 26S RGE. 16 (E) or (W)

COUNTY Edwards

Date Well Completed 08-82

Plugging Commenced 02-10-94

Plugging Completed 02-24-94

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 02-09-94 (date)

by Duane Rankin (KCC District Agent's Name).

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

Producing Formation Kinderhook Depth to top 4466' Bottom 4516' T.D. 4549

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
		0	517	8 5/8"	517	0
		0	4549	4 1/2"	4549	2222

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.

Sand to 4400', bailed 4 sacks of cement.
02-24-94. Allied pumped 300 lbs. hulls, 10 sacks of gel, 50 sacks of cement
10 sacks of gel, 100 lbs of hulls, released plug, pumped 125 sacks of cement, Max. pressure 400 lbs.
Shut in 50 lbs.

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

Address P.O. Box 231, Claflin, Kansas 67525 3-1-94 STATE CORPORATION COMM

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers, Inc. of Kansas MAR 01 1994

STATE OF Kansas COUNTY OF Barton, ss. CONSERVATION DIVISION
Wichita, Kansas

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 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 F. Strube

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

SUBSCRIBED AND SWORN TO before me this 28 day of February, 1994

Karlynn K. Beck
Notary Public

My Commission Expires: 09-21-94

USE ONLY ONE SIDE OF EACH FORM

