STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. MARKET, ROOM 2078
WICHITA, KS 67202

PHONE# (620) 672-6373

LEASE OPERATOR

Character of well Oil

ADDEESS

WELL PLUGGING RECORD K.A.R.-82-3-117

API NUMBER LEASE NAME 15-047-21436 -00-00

TYPE OR PRINT **NOTICE: Fill out Completely** and return to coms. div. office within 30 days.

Oil Producers, Inc. of KANSAS

OPERATORS LICENSE NO.

Box 8647, Wichita, KS 67208

1 WELL NUMBER 3300 ft. from S Section Line

Schultz

660			ft. from E Section Line
SEC.	<u>15</u>		RGE. 16 (E) o (W)
		durarda	

COUNTY Edwards

Date Well Completed

5/1/02 Plugging Commenced 5/2/02

Plugging Completed

(Oil, Gas, D&A, SWI	,	EMINO	МДҮ 1, (5 2002	5-16-	•		(date
The plugging proposal by Steve Dura	* •	KCC WICHITA					(XCC District Agent's Name)	
Is ACO-1 filed?	yes	if not, is well log attache	ed ?	not availa	able to us			
Producing Formation - Show depth and thickr OIL, GAS OR WATE	ess of all water, oil a	Depth to Top . and gas formations			Bottom —		T.D	4500
Formation	Content	From	То	Size	Put in	Pulled	lout	
				8 5/8	463	none		
				4 1/2	4499	2620		· · · · · · · · · · · · · · · · · · ·

RECEIVED

8061

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 plugs were used, state the character of same and depth placed, from _____feet to ____feet each set

Sand at 4331, baled 4 sacks cement. Shot pipe at 2730, 2620, work free. Pulled to 1000', pumped 50 sacks cement and 10 sacks gel. Pull to 490, pump 50 sacks cement. Pull to 40', pump 10 sacks cement. Laid last joint down.

	· · · - · · · - ·			
Name of Plugging	Contractor Quality Well Service, In	ю	License No.	31925
Address —	401 West Main, Lyons, KS 67554			
NAME OF PARTY	RESPONSIBLE FOR PLUGGING FEES:	Oil Producers, INC. OF	KANSAS	·
	<i>)</i>			

STATE OF KANSAS COUNTY OF SEDGWICOU

hn S. Weir (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 filled that the same are true and correct, so help me God.

(Signature) (Address)

day of Notary Public

Form CP-4 Revised 05-88

My commission Expires S

DIANA L. RICHECKY

My Appt. Expires //12/04