

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

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

15-185-13235-0000

API NUMBER 10-31-62

LEASE NAME Childs

WELL NUMBER 1

1980 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 30 TWP. 25S RGE. 14W (E) or (W)

COUNTY Stafford

Date Well Completed 11-21-62

Plugging Commenced 11-21-97

Plugging Completed 11-21-97

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

LEASE OPERATOR Thoroughbred Associates

ADDRESS 10 Colonial Ct. Wichita, KS 67207

PHONE (316) 685-1512 OPERATORS LICENSE NO. 31514

Character of Well Gas

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

The plugging proposal was approved on 11-21-97 (Date)

by Richard Lacey (KCC District Agent's Name)

Is ACO-1 filled? Yes If not, is well log attached?

Producing Formation Depth to Top 4232' Bottom 4237' T.O. 4545'

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
	Surface			8 5/8"	292'	-0-
	Production			5 1/2"	4540'	2156'

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 and cement to 4182'. Allied mixed 300# hulls followed by 10 sacks gel, 50 sacks cement 60/40 6% gel, 10 sacks gel and 100# hulls. Released plug and mixed 125 sacks cement. Max pressure 500#, minimum pressure 125#. Job started 2:15 pm and completed 3:15 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: Thoroughbred Associates

STATE OF Kansas COUNTY OF Barton, ss.

Arthur P. Strube (Employee of Operator) or (Operator)
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, the same are true and correct, so help me God.

(Signature) Arthur P. Strube

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

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

Bonnie L. Connell
Notary Public

My Commission Expires: April 8, 2001
USE ONLY ONE SIDE OF EACH FORM

MISSION Form ST-4
Revised 05-88
DEC 23 1997
CONSERVATION DIVISION
Wichita, Kansas
12-3-97