

STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

15-047-20102-00-00

API NUMBER 15-720-2102-0000

LEASE NAME Hammeke

WELL NUMBER 1

3300 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 16 TWP. 25S RGE. 16 (E) or (W)

COUNTY Edwards

Date Well Completed UNK

Plugging Commenced 11-29-95

Plugging Completed 11-30-95

TYPE OR PRINT  
NOTICES: 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, SHD, Input, Water Supply Well)

The plugging proposal was approved on 11-29-95 (date)

by Steve Middleton (KCC District Agent's Name)

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

Producing Formation UNK Depth to top 4308 Bottom 4420 T.C. 4475

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"	323	225
	Production			5 1/2"	4473	2166

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; sanded off to 4250! 5 sks of cement. Halliburton mixed 300 lbs. of hulls with H2O. Mixed 20 sks of gel. Mixed 50 sks cement 40/60 poz. 6% gel @ 12.8 ppg. Mixed 10 sks of gel. Mixed 100 lbs. hulls with H2O. Finished mixing released plug. Mixed and pumped 150 sks @ 12.8 ppg. Shut in maximum pressure 500 lbs. shut in pressure 280 lbs.

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

Arthur P. Strube (Employee of Operator)

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) Arthur P. Strube

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

SUBSCRIBED AND SWORN TO before me this 6th day of December, 19 95

Karlynn K. Beck  
Notary Public

USE ONLY ONE SIDE OF EACH FORM  
My Commission Expires: 9-28-98



Form CP-4  
Revised 05-88