STATE OF KANSAS STATE CORPORATION COMMISSION

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

API NUMBER 15-151-21 374 - 0000

200 Colorado Derby Bullding Hichita, Kansas 67202	LEASE NAME Barnes B
TYPE OR PRINT	WELL NUMBER 1-14
NOTICE: Fill out completely and return to Cons. Div.	
office within 30 days-	Ft. from S Section Line
	Ft. from E Section Line 55' NW of CN/2 NW
LEASE OPERATOR Texas Energies, Inc.	SEC. 14 TWP. 27SRGE. 12W (E)or(W)
P.O. Box 947 ADDRESS Pratt, Kansas 67124	COUNTY Pratt
PHONE # (316) 672-7514 OPERATORS LICENSE NO	Date Well Completed
Character of Well <u>Oil</u>	Plugging Commenced5-7-87
(OII, Gas, D&A, SWD, Input, Water Supply Well)	Plugging Completed $6-8-87$
old you notify the KCC District Office prior to plugging th	is well? Yes
which KCC Office did you notify? Dist. #1	Dodge City, Kansas
is ACO-1 filed?if not, is well log attached?	·
Producing Formation Depth to Top	
Show depth and thickness of all water, oil and gas formatio	
OIL, GAS OR WATER RECORDS CA	SING RECORD
Formation Content From To Size	Put in Pulled out
3120	Fulled out
(303' none
4-1/2"-	4530' 2621'
Describe in detail the manner in which the well was plugged blaced and the method or methods used in introducing it in were used, state the character of same and depth place. Plugged off bottom with sand to 3810' and 4 sacks ce 3226', 3008', 2832', 2621', pulled a total of 63 joi	to the hole. If cement or other plug ed, from feet to feet each set ment. Shot pipe @3517',
Plugged surface with 2 hulls, 10 gel. 50 cement, 10	gel. 1 hull, plug and
130 cement, 60/40 pos. 6% gel. Plugging Comple (If additional description is necessary, use BAC	te. K of this form.)
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Name of Plugging Contractor <u>Kelso CAsing Pulling, Inc.</u> Address P.O. Box 347 Chase, Kansas 67524	License No. 6050
STATE OF Kansas COUNTY OF Rice	,55.
Mike Kelso, Vice-President (Fmo	
above-described well, being first duly sworn on oath, says statements, and matters herein contained and the log of the the same are true and correct, so help me God.	loyee of Operator) or (Operator) or : That I have knowledge of the facts above-described well as filed tha
(Signature)	P.O. Box 347
(Address)	Chase , Kansas 67524
SUBSCRIBED AND SWORN TO before me this 9th	h day of Vine 19 87
	Momary Publish Reed 6-19-
My Commission Expires:	Kaca 6-11

IMENE HOOVER State of Kansas My Appt. Exp. Aug. 15, 1989

CON Wichita, Kansas

Form CP-4 Revised 07-86