STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 15-155-20,353-000 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building Wichita, Kansas 67202 LEASE NAME\_ Snook WELL NUMBER #1 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. \_\_\_\_ Ft. from S Section Line office within 30 days. Ft. from E Section Line
C S/2 NW SW LEASE OPERATOR Hinkel Oil Company SEC.\_\_\_TWP.\_\_RGE.\_\_(E) or (W) ADDRESS . 1016 Union Center Wichita, Kansas 67202 COUNTY \_\_\_\_Reno PHONE# (318 267-0231 OPERATORS LICENSE NO. 5290' Date Well Completed Character of Well \_\_\_Oil \_\_\_ Plugging Commenced 6-3-93 (Oli, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 6-3-93 The plugging proposal was approved on \_\_\_\_\_\_(date) (KCC District Agont's Namo). \_\_\_\_\_Jack Luthi Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_ Bottom \_\_\_\_ T.D. 33471 Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From To Sizo Put In Pulled out 8~5/8" 254 ' none 4-1/2" 26161 Describe in detail the manner in which the well was pluggod, indicating whore 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.
Plug Job Only - No Pipe Recovery: Pumped 125 sacks of 50/50 pos and 400# hulls down 4-1/2"
casing and 65 sacks 50/50 pos down 8-5/8" surface. Plugging Complete. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor<u>KELSO CASING PULLING, INC.</u>Liconse No.<u>6050</u> Address P.O. Box 347 Chase, Kansas 67524 MAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Hinkle Oil Company STATE OF T Kansas COUNTY OF Rice R. Darrell Kelso (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 that the same are true and correct, so help me God. (Signature) Habrell Felson (Address) P.O. Box 347 Chase, KS. 67524

My Commission Expires:

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 1993

SUBSCRIBED AND SWORN TO before me this 4th day of June STATE CORPORATION COMMISSION

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