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

LEASE OPERATOR J.A. Allison

OIL, GAS OR WATER RECORDS

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

NOTICE: Fill out completely

CASING RECORD

AP! NUMBER ____ 15-185-21,838

LEASE NAMEA	sher
WELL NUMBER	#1
SPOT LOCATION_	C S/2 N/2 Se
sec. 35 TWP. 248	RGE. 13W(E) or (W)

COUNTY Stafford

10-23-86

10-27-86

and return to Cons. Div. office within 30 days.

TYPE OR PRINT

ADDRESS 300 W. Douglas Suite 305 Wichita, Ks. 67202-2975	Date Well Completed.
PHONE # (316 263-2241 OPERATORS LICENSE NO. 5027	Plugging Commenced
Character of Well <u>Oil</u> (Oll, Gas, D&A, SWD, Input, Water Supply Well)	Plugging Completed
Did you notify the KCC/KDHE Joint District Office prior to plugg	ing this well? Yes
Which KCC/KDHE Joint Office did you notify? Dodge City, Kansa	18

Show depth and thickness of all water, oil and gas formations.

ormation	Content	From	То	Sìze	Put in	Pulled out
				8-5/8"	335'	None
				5-1/2"	4145	3066'
			<u> </u>			<u> </u>

Producing formation _____ Depth to top_____ bottom ___ T.D. 4205'

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.

Is ACO-! filed?_______If not, is well log attached?______

Bottom was already plugged off. Shot casing @3066 . pulled a total of 76 joints of 5-1/2" casing. Plugged surface with 2 hulls, 15 gel, 50 cement, 10 gel, I hull 8-5/8" plug and 120 sacks 60/40 pos, 6% gel.

Plugging Complete.
(11 additional description is necessary, use <u>BACK</u> of this form.)

Name of Plugging Contractor <u>Kelso Casing Pulling, Inc.</u> License No. 6050 Address P.O. Box 347 Chase, Kansas 67524

____COUNTY OF __Rice STATE OF Kansas

____(employee of operator) or Mike Kelso, Vice-President (employee of operator) or (operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, shaffements, cand, matters herein contained and the log of the above-described well as the desthat the same are true and correct, so help me God. (Signature)

10-30-1986

(Address) Box 347 Chase, Ks. 67524

SUBSCRIBED AND SWORN TO before me this 28 day of October , 19 86

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