STATE OF KANSAS STATI CORPORATION COMMISSION 200 Tolorado Derby Buliding Wichita, Kansas 67202

WELL PLUGGING RECORD K.A.R.-82-3-117 15-095-10120-0000

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l	NUMBE	R				

LEASE NAME Paul Simons

	TYPE OR	PRI	NT
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			ons. Div.

NOT office within 30 days.

WELL	NUMBER	#1
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 rT.	TFOM	5	Section	Line
Ft.	from	E	Section	Line

LEASE OPERATOR_	Kelse Casing Pulling, Inc.	SEC. 24 TWP. 27SRGE. 7E XXEX or (W)
_	P.O. Box 347	
ADDRESS	Chase, KS 67524	COUNTY Kingman
<u> </u>		

PHONE (310 938-2457 OPERATORS LICENSE NO. 6050 Date Well Completed _____

Character of Well Oil Plugging Commenced 1/27/89(OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 2/13/89

The plugging proposal was approved on ______

_____ (KCC District Agent's Name).

Is ACO-1 filed?______1f not, is well log attached?_____ Producing Formation ______ Depth to Top_____ Bottom_____T.D.4449'

Show depth and thickness of all water, oil and gas formations. 2-16-198

OIL, GAS OR WATER	RECORDS				ASING REC	ORD	CON TECTURE
Formation	Content	From	То	Slze	Put In	Pulled out	Fro MON COM
				10 3/4	280 2448	2800 °0	
	·]		.	·	.]	_	1.541/s. CO

placed and the method or methods used in introducing it into the hole. If cement or other of lugs were used, state the character of same and depth placed, from_feet to__feet each set.

Plugged bottom with sand to 3990', ran 7 sacks cement, shot @3300' 3200' 3100', 2900', 2800'. Plugged surface with 500# hulls, 35 sacks cement. 15 gel, 190 sacks 60/40 poz 4% gel.

(if additional description is necessary, use BACK of this form.)

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, KS 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Kelso Casing Pulling, Inc.

STATE OF__ 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 filled that the same are true and correct, so help me God.

(Signature) Manual Hill

(Address) P.O. Box 347 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 15th day of February ,19 89

Notary Public

My Commission Expires:

