

NE SW 1/4
 15-093-01733-0001

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 TYPE OR PRINT

NOTICE: Fill out completely
 and return to Cons. Div.
 office within 30 days.

API NUMBER 4-27-54

LEASE NAME Casley

WELL NUMBER #4

3630 Ft. from S Section Line

4290 Ft. from E Section Line

SEC. 11 TWP. 28 RGE. 5 (X) or (W)

COUNTY Keosauqua

LEASE OPERATOR MOP Martin Oil Producers

ADDRESS Box 300 Genesee Ks. 67444

PHONE# () _____ OPERATORS LICENSE NO. 5097

Character of Well INPUT

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

✓ Date Well Completed 4-27-84

✓ Plugging Commenced 4-22-86

✓ Plugging Completed 4-23-86

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? yes

✓ Which KCC/KDHE Joint Office did you notify? Wichita

Is ACO-1 filed? NO If not, is well log attached? NO

✓ Producing Formation Arb Depth to Top _____ Bottom _____ T.D. 3102

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
	<u>Surface</u>			<u>8 5/8"</u>	<u>153</u>	<u>0</u>
	<u>Prod Casing</u>			<u>5 1/2"</u>	<u>3792</u>	<u>0</u>

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.

✓ Re tubing to 3650' ran 50 sac cement picked up above cement & plugged hole w/ delta surface. Perf @ 250' pumped cement 65 sac down casing & up annulus to surface

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

✓ Name of Plugging Contractor Broad Oil Field Serv License No. 5923

Address Box 607 Burton Ks 67020

✓ STATE OF Ks COUNTY OF Harvey, ss.

(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) Ed Jural

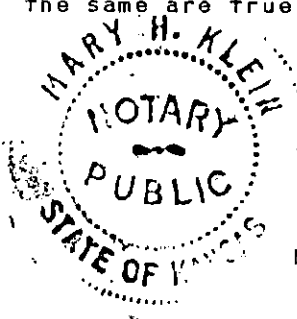
(Address) Box 607 Burton Ks 67020

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

Mary H. Klein

Notary Public
 RECEIVED
 STATE CORPORATION COMMISSION

My Commission Expires: March 15, 1989



APR 20 1986

Form CP-4
 Revised 08-84