

LEASE NAME Burmeister

WELL NUMBER 1

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

       Ft. from S Section Line

       Ft. from E Section Line

SEC. 17 TWP. 16 RGE. 11 (MMM(W))

LEASE OPERATOR Kahan & Associates, Inc.

COUNTY Barton

ADDRESS P.O. Box 700780, Tulsa, Oklahoma 74170

Date Well Completed       

PHONE#(918) 492-9797 OPERATORS LICENSE NO. 4252

Plugging Commenced 12-15-95

Character of Well Oil

Plugging Completed 12-19-95

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

The plugging proposal was approved on        (date)

by        (KCC District Agent's Name).

Is ACO-1 filed?        If not, is well log attached?       

Producing Formation        Depth to Top        Bottom        T.D. 3308'

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 |
|-----------|---------|------|----|--------|--------|------------|
|           |         |      |    | 8 5/8" | 493'   | none       |
|           |         |      |    | 5 1/2" | 3307'  | 2410'      |
|           |         |      |    |        |        |            |

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 plug were used, state the character of same and depth placed, from feet to feet each set  
Sanded off bottom to 3200', dumped 5 sacks cement. Shot pipe at 2507' and at 2410'. Pulled to 1400', pumped 100 sacks cement and 300# hulls. Pulled to 725' pumped 35 sacks cement, 100# hulls. Pulled to 400' circulated cement with 35 sacks cement and 100# hulls. Topped off with 20 sacks cement. (60/40 8% gel) Plugging complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 209 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Mike's Testing & Salvage, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

Mike 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 and that the same are true and correct, so help me God.

(Signature) Mike Kelso

(Address) P.O. Box 209 Chase, Kansas 67524

SUBSCRIBED AND SWORN TO before me this 3rd day of January, 19 95

Irene Herzberg  
Notary Public

My Commission Expires:  
USE ONLY ONE SIDE OF EACH FORM

