

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

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

API NUMBER 15-091-22,144-0000

LEASE NAME LEEKER

WELL NUMBER 23

2470 Ft. from (S)N Line of Section (circle one)

1950 Ft. from (E)W Line of Section (circle one)

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

LEASE OPERATOR JACK W. SANDERS

SPOT LOCATION NE - NW - SE / X

ADDRESS 4303 SHAWNEE TERRACE

SEC. 22 TWP. 14 S. RGE 22 (E) or (W)

CITY, STATE, ZIP WELLSVILLE, KANSAS 66092

COUNTY JOHNSON

PHONE# (913) 883-2384 OPERATORS LICENSE NO. 6540

Date Well Completed 10/29/90

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

Date Plugging Commenced 3/21/96

Date Plugging Completed 3/21/96

The plugging proposal was approved on FEB. 22, 1996 STATE MARCH 20, 1996 CHANUTE (date)

by ANDY REED AND JACK ROBINSON (KCC District Agent's Name)

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

Producing Formation(s) BARTLESVILLE Depth to Top 829 Bottom 837 T.D. 875'

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	PULL OUT
BARTLESVILLE	OIL	829	837	2 3/8	872'	0

Described 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.

PULLED OUT 1" PIPE AND PUMP. MIX AND PUMP 20 SKS 50/50 POZ MIX CEMENT INTO CASING. 1 SK PREMIUM GEL, 1/4 SK COTTONSEED HULLS INTO PERFORATIONS. AND 2 3/8" CUT OFF BELOW GROUND LEVEL PACKED WITH CEMENT ACCORDING TO SPECIFICATIONS.

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

Name of Plugging Contractor CONSOLIDATED OIL WELL SERVICES

License No. 04996

Address CHANUTE, KANSAS

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: JACK W. SANDERS

STATE OF KS COUNTY OF FRANKLIN, ss.

JACK W. SANDERS (Employee of Operator or (Operator) of above-described well, being first 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) JACK W. SANDERS

(Address) _____

SUBSCRIBED AND SWORN TO before me this 11 day of April, 1996

My Commission Expires: 7-9-97

NOTARY PUBLIC
STEVEN D. LAYTON
My Appt. Exp. July 9, 1997
STATE OF KANSAS

Form CP-4
Revised 12-92

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