

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 15-091-20,389 400-00

LEASE NAME LEEKER

WELL NUMBER 10

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

1818 Ft. from (S)N Line of Section (circle one)

3095 Ft. from (E)W Line of Section (circle one)

SE NW SE

SPOT LOCATION NE NW 1/4

EASE OPERATOR JACK W. SANDERS

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

ADDRESS 4303 SHAWNEE TERRACE

COUNTY JOHNSON

CITY, STATE, ZIP WELLSVILLE, KANSAS 66092

Date Well Completed 4/15/82

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

Date Plugging Commenced DEC. 13, 1995

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

Date Plugging Completed DEC. 13, 1995

The plugging proposal was approved on SEPT. 20, 1995 by STATE DEC. 12, 1995 by 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 856 Bottom 865 T.D. 880

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	856	865	4 1/2	841'	0

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.

PULLED RODS & 2" MIX AND PUMP 55 sx50/50 POZ MIX CEMENT WITH 6 % GEL and  
1/4" COTTON SEED HULLS INTO PERFORATIONS. 6 1/4" and 4 1/2" CUT OFF 3 1/2"  
BELOW GROUND LEVEL AND PACKED WITH CEMENT ACCORDING TO KCC 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 \_\_\_\_\_ COUNTY OF \_\_\_\_\_, 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) Jack W. Sanders

(Address) Wellsville KS

SUBSCRIBED AND SWORN TO before me this 3 day of January, 1996

Steven D. Layton  
Notary Public

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

My Commission Expires: 7-9-97