

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

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

15-055-10019.0000
API NUMBER Completion 2-13-54

LEASE NAME Amy Rolf

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

LEASE OPERATOR Lebsack Oil Production, Inc.

SEC. 34 TWP. 22 RGE. 33W (E) or (W)

ADDRESS P. O. Box 489 Hays, KS 67601-0489

COUNTY Finney

PHONE (913) 625-5444 OPERATORS LICENSE NO. 5210

Date Well Completed

Character of Well Oil

Plugging Commenced 7-3-97

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

Plugging Completed 7-8-97

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. 4893'

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
				10"	357'	none
				4 1/2"	4800	none

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 surface. Checked hole. Found TD @ 4500'. Ran 5 sks cement w/bailer to bottom. Halliburton Logging set CIBP at 1400'. Then perfed well at 1100'. Ready to plug next day. Checked hole. Fluid level @ 200'. Rigged up Allied on 4 1/2" & pumped 145 sks cement to 1100'. Casing pressured to 700#. Shut in at 350#. Hooked on to 7" & pressured to 750#. cement could not go in. Hooked on to 10" surface, pumped 175 sks down surface & pressured to 200#. Shut in @ 100#. Plugging complete.

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

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Lebsack Oil Production, Inc.

STATE OF Kansas COUNTY OF Rice, ss. 7-15-97

Mike Kelso (Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

(Signature) *Mike Kelso*

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 14th day of July, 19 97

Jane Stephens
Notary Public

My Commission Expires:

