

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 15-095-20,846 - 0000

LEASE NAME Nicholas A

WELL NUMBER 2

         Ft. from S Section Line

         Ft. from E Section Line

SEC. 24 TWP. 30 RGE. 9W (E) or (W)

COUNTY Kingman

Date Well Completed         

Plugging Commenced 10-03-96

Plugging Completed 10-08-96

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

LEASE OPERATOR Edmiston Oil Company, Inc.

ADDRESS P. O. Box 232 Great Bend, KS 67530

PHONE# (316) 792-6924 OPERATORS LICENSE NO. 5042

Character of Well Oil

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

The plugging proposal was approved on          (date)

by Jack Luthie (KCC District Agent's Name).

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

Producing Formation          Depth to Top          Bottom          T.D. 4300'

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	325'	none
				4 1/2	4299'	3023'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other plugging material were used, state the character of same and depth placed, from feet to feet each section. Pumped bottom with 50# hulls followed by 35 sks common w/50# hulls. Displaced plug to 3775'. Plug stopped. Checked hole next day, bottom at 3768'. Shot at 3245 & 3023. Pipe came free at 3023'. Pulled to 1403', pumped 35 sks cement. Pulled to 925', pumped 35 sks cement. Pulled to 375', pumped 130 sks cement and circulated to surface. Pulled rest of pipe. Plugging complete. 60/40 pos 4% gel.

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: Edmiston Oil Company, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

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 22nd day of October, 1996

James Herpueg  
Notary Public

My Commission Expires:         



Form 67  
Revised 05-