

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

15-009 - 03100-0001  
API NUMBER drilled 1941

LEASE NAME Esfeld

WELL NUMBER #6 SWD

330 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 28 TWP. 16 RGE. 11 (E) or (W)

COUNTY Barton

Date Well Completed 1941

Plugging Commenced 5-5-97

Plugging Completed 5-6-97

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

LEASE OPERATOR Cla-Mar Oil Company

ADDRESS PO Box 1197, Hays KS 67601

PHONE# (913) 625-3863 OPERATORS LICENSE NO. 6509

Character of Well SWD

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

The plugging proposal was approved on 5-1-97 (date)

by Herb Deines (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? none available

Producing Formation NA Depth to Top 3437' Bottom 3610' T.D. 3610'

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
ar buckle	oil/water	0	765	10 3/4"	765'	none
		0	3389	5 1/2"	3389'	none
		1986	3437	4"	1451'	none
		0	1950	2 7/8"	1950	none
		1950	3400	2 3/8"	3400	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 set.  
5-5-97 Pumped 20 bbl water, followed w/10 sx cement, followed w/65 sx cement w/200# hulls.  
Displaced with 12 bbl water. Shut in at 750#.

5-6-97 Perforated tubing at 1950' and 1500'. Pumped 135 sx cement, circulated to surface.

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

Name of Plugging Contractor Allied Cementing Company, Inc. License No.     

Address PO Box 31, Russell KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Cla-Mar Oil Company, PO Box 1197, Hays KS 67601

STATE OF Kansas COUNTY OF Ellis, ss.

Jim Clark (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) [Signature]

(Address) PO Box 1197, Hays KS 67601

SUBSCRIBED AND SWORN TO before me this 15th day of May, 19 97

My Commission Expires: 3/15/98  
Mary L. Dinkel  
Notary Public

