

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

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

API NUMBER 15-075-20237-0000

LEASE NAME Burke A

WELL NUMBER 1

1320 Ft. from S Section Line

3960 Ft. from E Section Line

SEC. 9 TWP. 22 RGE. 40 (E) or (W)

COUNTY Hamilton

Date Well Completed 3-78

Plugging Commenced 11-10-94

Plugging Completed 11-10-94

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

LEASE OPERATOR Horseshoe Operating Inc.

ADDRESS 500 W. Texas, Suite 1190; Midland, TX79701

PHONE#(915) 683-1448 OPERATORS LICENSE NO. 04894

Character of Well gas

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

The plugging proposal was approved on 11-01-94 (date)

by Steve Pfeifer (KCC District Agent's Name).

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

Producing Formation Winfield Depth to Top 2720 Bottom 2750 T.O. 2790

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
Winfield	Gas & SW	0	461	8 5/8	461	0
2720-2750		0	2889	4 1/2	2889	0
Dakota	Water					
820-870						

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.
Pump dn csg 20 sx 60/40 poz w/6% gel and 100# cotton seed hulls disp w/ 41# gw (cement 2570 to 2741) Perf @ 1150' w/4 holes - pump 145 sx 60/40 poz mix w/ 6% gel. Fill csg from 1150 to surface, pres to 800#. Pump dn 4 1/2" annulus 100 sx 60/40 poz 6% gel, pres to 300#. SI cutoff 3' below GL.
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Co., Inc. License No. _____

Address P.O. Box 31, Russel, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Horseshoe Operating Inc.

STATE OF Kansas COUNTY OF Seward, ss.

Terry W. Maxwell

(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) Terry W Maxwell

Agent

(Address) P. O. Box 800, Liberal, KS 67905

SUBSCRIBED AND SWORN TO before me this 22 day of November, 19 94

Londa D Praywell

Notary Public

My Commission Expires: 12-13-96

