

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

WELL PLUGGING RECORD  
K.A.R.-62-3-117

API NUMBER 185-22-047-0000

LEASE NAME Schartz-Chisholm

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Commission  
office within 30 days

WELL NUMBER 1

990 Ft. from S Section Line

2310 Ft. from E Section Line

LEASE OPERATOR L. D. Drilling, Inc.

1998 MAY -6 12:15  
SEC. 23 TWP. 22 RGE. 14E (E) (W)

ADDRESS Route 1 Box 183 B

5-6-98 COUNTY Stafford

PHONE# (316) 793-3051 OPERATORS LICENSE NO. 6039

Date Well Completed \_\_\_\_\_

Character of Well SWD

Plugging Commenced 04-30-98

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

Plugging Completed 04-30-98

The plugging proposal was approved on 04-30-98

by Richard Lacey (KCC District Agent's Name)

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

Producing Formation \_\_\_\_\_ Depth to Top 3627' Bottom 3590' T.N. 3890'

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
	Surface	-0-	301'	8 5/8"	301	-0-
	Production	-0-	3889'	4 1/2"	3889'	1892.55'

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 plug was used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set. Bottom plug sand and cement 3577'. Allied mixed 600# Hulls followed by 10 sacks gel, 50 sacks cement 60/40% poz with 6% gel, 10 sacks gel and 100# Hulls down backside. Switched over and mixed 125 sacks cement. Min. pressure 200#, Max. pressure 750# and shut in pressure 450#. Job started 11:30 a.m. and finished job at 12:30 p.m.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: L. D. Drilling, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (Employee of Operator) or (Operator)

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

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 30th day of April, 1998

Brenda Urban  
Notary Public

My Commission Expires: Nov 14, 2001

USE ONLY ONE SIDE OF EACH FORM

BRENDA URBAN  
Notary Public - State of Kansas  
My Appt. Expires Nov 14, 2001