

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

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

15.185.12731-0000

API NUMBER 09-22-48

LEASE NAME ALPERS

WELL NUMBER 7

330 Ft. from S Section Line

2970 Ft. from E Section Line

SEC. 7 TWP. 22 RGE. 12W (E) or (W)

COUNTY Stafford

Date Well Completed 09-22-48

Plugging Commenced 10-29-97

Plugging Completed 10-29-97

11-10-97
NOTICE: Fill out completely and return to Cons. Div. office within 30 days.

TYPE OR PRINT

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

LEASE OPERATOR Globe Operating, Inc.

ADDRESS P. O. Box 12, Great Bend, Kansas 67530

PHONE# (316) 792-7607 OPERATORS LICENSE NO. 6170

Character of Well Oil

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

The plugging proposal was approved on 10-29-97 (date)

by Richard Lacey (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. 3676

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			8 5/8"	291	0
	Production			5 1/2"	3674	1708'

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 were used, state the character of same and depth placed, - from _____ feet to _____ feet each set
Bottom plug sand and cement 3625'. Allied mixed 300# hulls followed by 10 sacks gel-50 sacks cement- 10 sacks gel and 100# hulls. Released plug and mixed 150 sacks 60/40% poz 6% gel. shut in. Max pressure 600#, shut in pressure 300#. Time started 1:30 pm, finished 3:00 pm.

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

Address P. O. Box 231, Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Globe Operating, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

Arthur P. Strube (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated, and matters herein contained and the log of the above-described well as filed in the same are true and correct, so help me God.

(Signature) Arthur P. Strube

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

SUBSCRIBED AND SWORN TO before me this 7th day of November, 1997

Bonnie L. Connell
Notary Public

USE ONLY ONE SIDE OF EACH FORM My Commission Expires: April 8, 2001

