

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

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

API NUMBER 15-009-23,306-00-00

LEASE NAME Thill

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

WELL NUMBER 1

330 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 11 TWP. 16S RGE. 12 (E) or (W)

COUNTY Barton

Date Well Completed _____

Plugging Commenced 08-01-94

Plugging Completed 08-02-94

LEASE OPERATOR Davis Petroleum, Inc.

ADDRESS R.R. 1, Box 183 B, Great Bend, Kansas

PHONE# (316) 793-3051 OPERATORS LICENSE NO. 4656

Character of Well Oil

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

The plugging proposal was approved on 07-27-94 (date)

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

Is ACC-1 filled? Yes If not, is well log attached? _____

Producing Formation Kansas City Depth to Top 2908 Bottom 3256 T.C. 3425

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
	0	771		8 5/8"	771	0
	0	3423		5 1/2"	3423	1900'

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: sanded to 2840' bailed 5 sacks cement. allied spotted cement at 1620' with 100 sacks 60/40 poz with 400 lbs. hulls. Spotted 40 sacks at 800'. Spotted 35 sacks at 300' cement circulated.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. STAT 5901

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Davis Petroleum, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (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 the the same are true and correct, so help me God.

(Signature) Joseph F. Strube

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

SUBSCRIBED AND SWORN TO before me this 8th day of August, 19 94

My Commission Expires: 09-21-94

USE ONLY ONE SIDE OF EACH FORM



Form CP-4
Revised 05-88