

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

LEASE NAME Wurm A

WELL NUMBER #1

1650 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 19 TWP. 23 RGE. 15W (E) or (W)

COUNTY Pawnee

LEASE OPERATOR Siroky Oil Management

ADDRESS P.O. Box 464 Pratt, KS 67124

PHONE 816 1672-5713 OPERATORS LICENSE NO. 3959

Content of Well Gas

Date Well Completed _____

Plugging Commenced 11-04-98

Plugging Completed 11-04-98

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

The plugging proposal was approved on 11-04-98 (Date)

by Steve Durrant (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 4036' Bottom 4048' T.O. 4086'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORD | CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
	Surface	-0-	3368	8 5/8"	368'	--0--
	Production	-0-	4086'	5 1/2"	4086'	2033.55'

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-
 ers used, state the character of same and depth placed, -from ___ feet to ___ feet each set.
Bottom plug sand & cement 3986'. Allied mixed 300# Hulls, 10 gel, 50 sacks cement 60/40 6% gel,
10 gel, 100# Hulls. Released plug, 150 sacks cement. Maximum pressure 600#, shut in at 350#.
Job started 9:00 a.m. and completed 10:00 a.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: Siroky Oil Management

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 fac-
 tual statements, and matters herein contained and the log of the above-described well as filed.
 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 13th day of November, 1998

Brenda Urban
 Notary Public

My Commission Expires: Nov 14, 2001

USE ONLY ONE SIDE OF EACH FORM

