

STATE CORPORATION COMMISSION
200 Colorado Darby Building
Wichita, Kansas 67202

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

API NUMBER 15-145-20475-6000

LEASE NAME Crossman

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

WELL NUMBER 2

3660 Ft. from S Section Line

3660 Ft. from E Section Line

SEC. 20 TWP. 23 RGE. 15 (E) or (W)

COUNTY Pawnee

Date Well Completed _____

Plugging Commenced 02-05-96

Plugging Completed 02-05-96

LEASE OPERATOR Siroky Oil Management

ADDRESS P.O. Box 464, Pratt, Kansas 67124

PHONE (316) 672-5713 OPERATORS LICENSE NO. 3959

Character of Well Oil

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

The plugging proposal was approved on 02-05-96 (date)

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

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

Producing Formation _____ Depth to top 4090 Bottom 4100 T.C. 4139

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"	352	0
	Production			5 1/2"	4139	2129

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 _____ each set. Bottom plug; sanded off to 4040', 5sks of cement. Allied mixed 300 lbs. of hulls, 10sks of gel, 50 sks of cement, 10 sks of gel, 100 lbs. of hulls, plug, 150 sks cement. Maximum pressure 800 lbs. Shut in pressure 200 lbs.

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

Address P.O. Box 231, Claflin, Kansas 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) 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 12th day of February, 19 96

Karlynn K. Beck
Notary Public

My Commission Expires: 9-28-98
USE ONLY ONE SIDE OF EACH FORM

