

API NUMBER ¹⁵ 185-20555-0001

LEASE NAME Wilson OWD

WELL NUMBER 1

1061S Ft. from S Section Line

401W Ft. from E Section Line

SEC. 24 TWP. 21 RGE. 12W (E) or (W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 06-06-2000

Plugging Completed 06-06-2000

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

LEASE OPERATOR L.D. Drilling, Inc.

ADDRESS Rt 1 Box 183 B Great Bend, KS 67530

PHONE (816) 793-3051 OPERATORS LICENSE NO. 6039

Character of Well New

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

The plugging proposal was approved on 06-06-2000 (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 3321' Bottom 3531 T.O. 3667

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

6-21-2000
RECEIVED

OIL, GAS OR WATER RECORDS | CASING RECORD STATE CORPORATION COMMISSION

Formation	Content Surface	From	To	Size	Put in	Pulled out
		-0-		7 7/8"		None
	Production	-0-	3665'	5 1/2"	3665'	2591.31

CONSERVATION DIVISION
Wichita, Kansas

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 & cement 3271'. Allied loaded hole, mixed 50 sacks cement 60/40, 6% gel @ 700' mixed 50 sacks cement @ 360', pulled casing & topped with 20 sacks cement. Job started 12:20 p.m. and completed 1:15 p.m.

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

Address P.O. Box 231 Claflin, KS

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) 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 and 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 19th day of June, 19 2000

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001

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

Form CP-1
Revised 05-88