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

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

API NUMBER 15-185.01853.0000

LEASE NAME Langer

WELL NUMBER 4

_____ Ft. from S Section Line

_____ Ft. from E Section Line

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

LEASE OPERATOR Reginald D. Fisher

SEC. 4 TWP. 21 RGE. 14W (E) or (W)

ADDRESS 110 N. Exchange St. John, KS. 67576

COUNTY Stafford

PHONE# (316) 549-6528 OPERATORS LICENSE NO. 3493

Date Well Completed 12-30-55

Character of Well Oil

Plugging Commenced 4-30-90

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

Plugging Completed 6-13-90

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3556'

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
				8 5/8"	811'	none
				5 1/2"	3555'	1397'

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 plugs were used, state the character of same and depth placed, from ___ feet to ___ feet each set.

Sanded bottom to 3480' dumped 5 sacks cement. Shot pipe @1397'.
Mixed 300# hulls, 10 sacks gel, 50 sacks cement, 7 sacks gel. Hole in pipe.
Max pressure 100# shut in 0'. Pulled tubing to 870' pumped 10 sks gel, 50 sks cment pulled tubing to 340' and circulated to surface w/85 sacks topped off w/15 sacks 60/40 6% gel.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, KS. 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Reginald D. Fisher

RECEIVED
STATE CORPORATION COMMISSION
JUL 10 1990
CONSERVATION DIVISION
Wichita, Kansas

STATE OF Kansas COUNTY OF Rice ,ss.

R. Darrell Kelso (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 that the same are true and correct, so help me God.

(Signature) Mike Kelso

(Address) P.O. Box 347 Chase, KS. 67524

SUBSCRIBED AND SWORN TO before me this 9 day of July, 19 90

Irene Herzberg
Notary Public

My Commission Expires: _____

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 1993

Form CP-4
Revised 05-88