

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market, Room 2078  
Wichita, KS 67202

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

API NUMBER 15-185-01152-0000 <sup>0001</sup>

LEASE NAME Krampe A

WELL NUMBER A 1

990 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 15 TWP. 21S RGE. 14W (E) or (W)

COUNTY Stafford

Date Well Completed \_\_\_\_\_

Plugging Commenced 12-31-98

Plugging Completed 12-31-98

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

LEASE OPERATOR Jon M. Carroll

ADDRESS P.O. Box 1987 Great Bend, KS 67525

PHONE# (316) 793-7156 OPERATORS LICENSE NO. 5921

Character of Well Oil

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

The plugging proposal was approved on 12-31-98 (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 3748' Bottom 3524' T.D. 3785'

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	-0-	270	8 5/8"	270'	None
	Production	-0-	3784'	4 1/2"	3784'	1842.50'

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 3698'. Allied mixed 10 sacks gel, 50 sacks cement 60/40 6% gel, displaced to 830', mixed 50 sacks cement displaced to 400', top off with 20 sacks cement at 40', held. Job started 10:30 a.m. and completed 10:30 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: Jon M. Carroll

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, KS 67525

SUBSCRIBED AND SWORN TO before me this 31 day of December, 19 98

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-4  
Revised 05-88