

API NUMBER 15-009-05032-00-00

LEASE NAME J.G. Bitter

WELL NUMBER 1 W

Ft. from S Section Line

Ft. from E Section Line

SEC. 5 TWP. 16 RGE. 13 W. 4 or (W)

COUNTY Barton

Date Well Completed 10/26/41

Plugging Commenced 6/14/89

Plugging Completed 6/14/89

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

LEASE OPERATOR Homer Lease Partnership
c/o Ronald Schrader

ADDRESS 3500 N. Rock Rd.
Wichita, KS 67226

PHONE#(). OPERATORS LICENSE NO. 8653

Character of Well SWD

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

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. 3605
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Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED

RECEIVED
STATE CORPORATION COMMISSION

Formation	Content	From	To	Size	Put in	Pulled out
				10 3/4	664	none
				7	3394	none

JUL - 3 1989
 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 plugs were used, state the character of same and depth placed, from feet to feet each set.

Plugged with 50 sacks common cement @3300', 125 sacks ATL @2850', with 400# hulls, mixed 275 sacks ATL with 100# hulls down 10 3/4".

(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: Homer Lease Partnership c/o Ron Schrader

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) R. J. [illegible]

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

SUBSCRIBED AND SWORN TO before me this 30th day of June, 1989

Notary Public

My Commission Expires:



Form CP-4
Revised 05-88