

STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

API NUMBER 15-145-21422-0006

LEASE NAME Wurm

WELL NUMBER 1

330 Ft. from S Section Line

4850 Ft. from E Section Line

SEC. 32 TWP. 23S RGE. 16W (E) or (W)

COUNTY Pawnee

Date Well Completed 01-02-95

Plugging Commenced 10-02-96

Plugging Completed 10-02-96

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

LEASE OPERATOR Oil Producers, Inc.

ADDRESS P.O. Box 8647, Wichita, Kansas 67208

PHONE (316) 672-6373 OPERATORS LICENSE NO. 8061

Character of Well Oil

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

The plugging proposal was approved on 10-02-96 (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 4237 Bottom 4281 r.c. 4350

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

OIL, GAS OR WATER RECORDS

CASING RECORD

10-10-96

Formation	Content	From	To	Size	Put In	Pulled out
	Surface			8 5/8"	352	0
	Production			4 1/2"	4349	2003

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; sanded off to 4180' 4 sks of cement. Loaded the hole mixed 50 sks of cement @ 1100'. Mixed 60 sks at 390' Mixed 10 sks at 110'. Topped off well 10 sks of cement.

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

Address P.O. Box 231, Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers, 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 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 8th day of October, 19 96

Karlynn K. Beck  
Notary Public

My Commission Expires: 09-28-98

USE ONLY ONE SIDE OF EACH FORM

