

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

WELL PLUGGING RECORD  
K.A.A.R. - 62-3-117

API NUMBER 15-009-21,373-00-00

LEASE NAME Finger

WELL NUMBER 1

1980 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 28 TWP. 16 RGE. 12 (E) or (W)

COUNTY Barton

Date Well Completed 1983

Plugging Commenced 05-13-94

Plugging Completed 05-16-94

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

LEASE OPERATOR Mark Connell

ADDRESS Route 1, Box 119 Claflin, Kansas...67525

PHONE (316) 587-3595 OPERATOR'S LICENSE No. 3682

Character of Well oil

(oil, gas, O&A, SWD, Input, Water Supply well)

The plugging proposal was approved on 05-12-94 (date)

by Herb Deines (KCC District Agent's Name).

Is ACO-1 filled? Yes If not, is well log attached? \_\_\_\_\_

Producing formation Arbuckle Depth to top 3363' Bottom 3369' r.o. 3369'

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

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
	8.5/8"	0	215	8.5/8"	215	0
		0	3363	4.1/2"	3363	2100'

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. Sanded back to 3310' bailed 4 sacks of cement.

Ripped 4 1/2" at 2100' pulled to 1375' pumped 200 lbs. hulls 75 sacks of cement

Pulled to 775' pumped 85 sacks cement and 100 lbs. hulls, pulled to 250'. Pumped 40 sacks of cement and circulated.

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 Mark Connell

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.

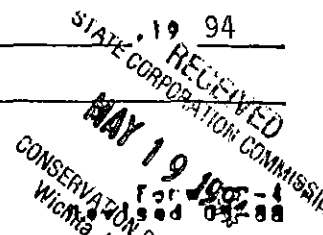
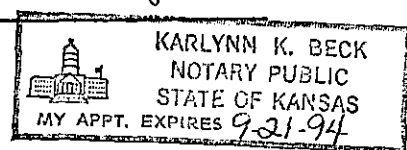
(Signature) Joseph F. Strube

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

SUBSCRIBED AND SWORN to before me this 18 day of May, 19 94

Karlynn Beck Notary Public

My Commission Expires: 09-21-94  
USE ONLY ONE SIDE OF EACH FORM



5-19-94