

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

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

15145.19070.0000

API NUMBER Spud 05-11-80

LEASE NAME Saxton

WELL NUMBER A 3

1980 Ft. from S Section Line

1980 Ft. from E Section Line

SEC. 19 TWP. 20S RGE. 20W (E) or (W)

COUNTY Pawnee

Date Well Completed _____

Plugging Commenced 04-09-97

Plugging Completed 04-17-97

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

LEASE OPERATOR John J. Darrah, Jr.

ADDRESS 225 North Market, Suite 300, Wichita, KS 67202

PHONE#(316) 263-2243 OPERATORS LICENSE NO. 5088

Character of Well Oil

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

The plugging proposal was approved on 04-17-97 (date)

by District 1 Office Mike Myers (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4342

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 Pipe	0	393	8 5/8"	393'	0
	Production	0	4339	4 1/2"	4339'	0

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
4/9/97: Ran 3490' 2" tubing, Allied mixed 30 sacks, displaced down to plug off bottom. 04-16-97: Mixed 300 sacks, 60/40 poz, 2% gel, 200# hulls down 2" in 4 1/2" casing, did not cure; ran wire line to 247', ran 2" to 812', tagged nothing. 04-17-97: Loaded hole with water, mixed 15 sacks down tubing, circulated to surface from 120'. Mixed 5 sacks down backside. Pressured up to 500#.

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: John J. Darrah Jr.

STATE OF Kansas COUNTY OF Barton, ss.

Joseph E. 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 same are true and correct, so help me God.

(Signature) Joseph E. Strube

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

SUBSCRIBED AND SWORN TO before me this 25th day of April, 19 97

Bonnie L. Cunnell
Notary Public

My Commission Expires: April 8, 2001
USE ONLY ONE SIDE OF EACH FORM

