

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

WELL PLUGGING RECORD

Give All Information Completely
Make Required Affidavit

COUNTY RICE SEC. 2 TWP. 205 RGE. 9 E/W
Location as in quarters or footage from lines:

Locate Well
correctly on above
Section Platt.

Lease Owner LITZENBERGER EXPLORATION
 Lease Name MALONE Well No. 1-2
 Office Address BOX 217, WAYNOKA, OKLA 73860 405-824-9351
 Character of Well (Completed as Oil, Gas or Dry Hole): OIL
 Date Well Completed 08-16-82
 Application for plugging filed 11-12-82
 Plugging commenced 01-18-83
 Plugging completed 01-20-83
 Reason for abandonment of well or producing formation

NOT COMERCIAL
 Was permission obtained from the Conservation Division or it's
 Agent's before plugging was commenced? YES

Name of Conservation Agent who supervised plugging of this well GIB TOMAN
 Producing formation K. C. Lansing Depth to top 2897 bottom 2983 T.D. 3396
 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	245'	8 5/8"	245'	none
	long string	0	3396'	4 1/2"	3396'	2015'

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 hold. If cement or other plugs were used, state the character of same and depth placed, from _____ feet to _____ feet for each plug set. Well had plug set at 3000', put in sand plug from 3000' to 2750'. 4 sacks cement filled from 2750' to 2702'. Dowell pumped 5 sacks hulls and 25 sacks gel wood plug and pumped 100 sacks cement 50-50 doz mix 2% gel. Max. pressure 900 pounds. Well had 150 pounds pressure after pumping in cement.

Unit #1004

(If additional description is necessary, use BACK of this sheet)

Name of Plugging Contractor D S & W Well Servicing, Inc. P. O. Box 231, Claflin,
 Kansas 67525 Operator Contractor license #6901

STATE OF Kansas COUNTY OF Barton, ss.
Operator (employee of owner) or (owner or operator) of the
 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 and that the same are true and correct. So help me God.

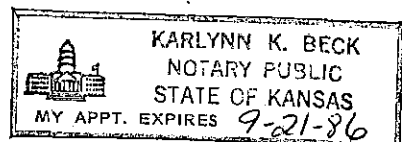
(Signature) Robert Strube DSW
Box 231, Claflin, Kansas 67525
 (Address)

SUBSCRIBED AND SWORN TO before me this 25 day of January, 19 83

STATES RE-25
 JAN 26 1983
 CONSERVATION DIVISION
 Wichita, Kansas

Karlyn K. Beck
 Notary Public.

My Commission expires: 9-21-86



1-26-83

CEMENTING SERVICE REPORT

15.159.21449.0000



DOWELL DIVISION OF DOW CHEMICALS
AN OPERATING UNIT OF THE DOW CHEMICAL COMPANY

TREATMENT NUMBER 03-20-3215	DATE 1-20-70
STAGE 77	DOWELL DISTRICT D-41-10

DWL-496-N PRINTED IN U.S.A.

WELL NAME AND NO. Maline 1-2	LOCATION (LEGAL) Sec 2-20-900
COUNTY/PARISH Rice	STATE Kansas
API NO.	
NAME Litzinger Exploration	
AND Box 217	
ADDRESS Waynoka, Oklahoma	
ZIP CODE 73860	

RIG NAME:	
WELL DATA:	BOTTOM TOP
BIT SIZE	CSG/LINER SIZE R 9 7/8
TOTAL DEPTH	WEIGHT
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE 245
MUD TYPE	GRADE
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD
MUD DENSITY	LESS FOOTAGE SHOE JOIN (SI) TOTAL
MUD VISC.	DISP. CAPACITY

SPECIAL INSTRUCTIONS

Plug to Abandon w/ 55K
Hulls 25 SK Bentonite
100 SK 5/8" port 2% gel 3% cacl

PRESSURE LIMIT 1000 PSI BUMP PLUG TO _____ PSI

ROTATE _____ RPM RECIPROCATATE _____ FT NO. OF CENTRALIZERS _____

NOTE: INCLUDE FOOTAGE FROM GROUND LEVEL TO HEAD IN DISP. CAPACITY					
SHOE FLOAT	TYPE	DEPTH	STAGE TOOL	TYPE	DEPTH
HEAD & PLUGS	<input type="checkbox"/> TBG <input type="checkbox"/> D.P.	SQUEEZE JOB			
<input type="checkbox"/> DOUBLE	SIZE	TOOL	TYPE		
<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> WEIGHT	DEPTH			
<input type="checkbox"/> SWAGE	<input type="checkbox"/> GRADE	TAIL PIPE: SIZE DEPTH			
<input type="checkbox"/> KNOCKOFF	<input type="checkbox"/> THREAD	TUBING VOLUME Bbls			
TOP <input type="checkbox"/> R <input type="checkbox"/> W	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL Bbls			
BOT <input type="checkbox"/> R <input type="checkbox"/> W	DEPTH	TOTAL Bbls			
		ANNUAL VOLUME Bbls			

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM.	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
12:00											
13:05		100	18		3						
13:13		300	40	18	3						
13:27				58	3						
13:37		200	22	57	2						
13:47		200			2						

PRE-JOB SAFETY MEETING

Start 5 SK Hulls

Start 25 SK gel

Drop Top Abandon Plug

Start 100 SK 5/8" port 2% gel 3% cacl

Stop Pump Cement

STATE RECEIVED
JAN 26 1970
CONVENTION DIVISION
Wichita, Kansas

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS			SLURRY MIXED	
			BBLs	DENSITY	BBLs	DENSITY	
1.	100	1.26	30/50 port	2% gel	3% cacl	22	11.5
2.							
3.							
4.							
5.							
6.							

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX. 900	MIN. 100
<input type="checkbox"/> HESITATION SO.	<input type="checkbox"/> RUNNING SO.	CIRCULATION LOST	<input type="checkbox"/> YES <input type="checkbox"/> NO		
BREAKDOWN	PSI	FINAL	PSI	DISPLACEMENT VOL.	Bbls
WASHED THRU PERFS <input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT	MEASURED DISPLACEMENT <input type="checkbox"/>	<input type="checkbox"/> WIRELINE	
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DOWELL SUPERVISOR	

