

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
10 S. Market, Room 2078  
Topeka, KS 67202

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

API NUMBER 15-009-23,831-0000

LEASE NAME Weathers "C"

WELL NUMBER 1

         Ft. from S Section Line

         Ft. from E Section Line

SEC. 29 TWP. 20 RGE. 13W (E) or (W)

COUNTY Barton

Date Well Completed         

Plugging Commenced 12-10-98

Plugging Completed 12-15-98

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

LEASE OPERATOR Turnco Drilling, Inc.

ADDRESS Rt. 1 Box 129J Great Bend, Ks. 67530

PHONE(S) (316) 792-6144 OPERATORS LICENSE NO. 30517

Character of Well Oil

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

The plugging proposal was approved on          (date)

by Case Morris (KCC District Agent's Name).

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

Producing Formation          Depth to Top          Bottom          T.D. 3455'

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
				8-5/8"	366'	None
				5-1/2"	3452'	1800'

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 side. Plugged off bottom with sand to 3270' and 5 sks. cement. Shot pipe @2600', 2400', 2200', 2000' & 1800'. Pulled up to 1600', pumped 110 sks. cement w/300# hulls, pulled to 800', pumped 40 sks. cement w/100# hulls, pulled to 250', circulated 50 sks. cement w/100# hulls, pulled rest of casing, topped off with 15 sks. cement. 60/40 pos. 10% gel. Plugging Complete

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524 12-21-98

Name of Party Responsible for Plugging Fees: Turnco Drilling, Inc.

State of Kansas County of Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed therewith are true and correct, so help me God.

(Signature) Mike Kelso

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 18th day of December, 19 98

Irene Herzberg  
Notary Public

My Commission Expires:         

