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

Producing formation

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

API	NUMBER_	15-009-2	23,8	25.0000
	25 21445	C 1		

		·		TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.
				office within 30 days.
LEASE	OPERATOR	M.H.RES,	INC.	& Bill McBee Co.

LEASE NAME Soeken
WELL NUMBER 2
SPOT LOCATION C N/2 NE SW
SEC. 30 TWP 20 SRGE. 11 XB9% r(W)
COUNTY Barton
Date Well Completed 12-20-84

ADDRESS 4834 S. Quaker Tulsa, OK 74105

PHONE # (918) 743-5274 OPERATORS LICENSE NO. 8588

Plugging Commenced 12=20-84

Character of Well

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

Plugging Completed 12-20-84

Did you notify the KCC/KDHE	Joint District Office prior to plugging this well? yes.
Which KCC/KDHE Joint Office	did you notify?District #6
Is ACO-1 filed? Yes	_lf not, is well log attached?

Depth to top______bottom

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

Formation	Content	From	To	Size	Put in	Pulled out
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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 set. Bottom plug at 3375' with 20 sacks cement, second plug at 560' with 20 sacks cement, third plug at 300' with 75 sacks, top plug at 40' with 10 sacks, 10 sacks cement in rat hole. Cement: 50-50, 6% gel, 3% CC

(If additional description is necessary, use <u>BACK</u> of this form.)

Name of Plugging Contractor <u>Big Kat, Inc.</u> License No. 5839

Address P. O. Box 18154 Wichita, KS 67218

RECEIVED -----STATE COMPONENTION COMMISSION

STATE OF _____ COUNTY OF

_,ss.

Ken Holmquist

(employee of operator) or

(operator) of above-described well, being first duly sworn on oath, says: Theonservation Division
I have knowledge of the facts, statements, and matters herein contained and Wichita, Kansas
the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature)

(Address)

4834 S. Quaker

SUBSCRIBED AND SWORN TO before me this 30 day of ct , 19

Notary Public

My Commission expires:

Form CP-4